



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

Lori A. Shibanette
Commissioner

Katja S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

October 27, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into **Retroactive, Sole Source** amendments to existing contracts with the Contractors listed below in **bold** to continue providing a statewide network of Doorways for substance use disorder treatment and recovery support services access, by increasing the total price limitation by \$12,022,982 from \$48,807,502 to \$60,830,484 and by extending the completion dates from September 29, 2022 to September 29, 2023, effective retroactive to September 29, 2022 upon Governor and Council approval. 98% Federal Funds. 2% Other Funds (Governor Commission funds).

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

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Androscoggin Valley Hospital, Inc.	177220-B002	Berlin	\$2,619,257	\$661,075	\$3,280,332	O: 10/31/18 Item #17A A1: 8/28/19 Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10 A4: 10/13/21 Item #39
Catholic Medical Center	177240-B003	Greater Manchester	\$7,845,834	\$2,950,046	\$10,795,880	O: 3/11/20 Item #9A A1: 2/3/21 Item #10 A2: 10/13/21 Item #39
Concord Hospital, Inc.	177653-B003	Concord	\$3,424,065	\$807,683	\$4,231,748	O: 10/31/18 Item #17A A1: 8/28/19 Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10 A4: 10/13/21 Item #39
Concord Hospital, Inc. - Laconia	355356	Laconia	\$1,307,499	\$833,331	\$2,140,830	O: 8/2/21 Item #28 A1: 10/13/21 Item #39

*Granite Pathways Manchester	228900-B001	Manchester	\$3,831,170	\$0	\$3,831,170	O: 10/31/18 Item #17A A1: 9/18/19 Item #20
*Granite Pathways Nashua	228900-B001	Nashua	\$3,364,709	\$0	\$3,364,709	O: 10/31/18 Item #17A A1: 9/18/19 Item #20
Littleton Hospital Association	177162-B011	Littleton	\$2,873,301	\$700,947	\$3,574,248	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10 A4: 10/13/21 Item #39
*LRGHealthcare	177161-B006	Laconia	\$2,317,076	\$0	\$2,317,076	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Mary Hitchcock Memorial Hospital	177651-B001	Lebanon	\$6,817,031	\$1,499,129	\$8,316,160	O: 10/31/18 Item #17A A1: 11/14/18 Item #11 A2: 9/18/19 Item #20 A3: 6/24/20 Item #31 A4: 2/17/21 Item #18 A5: 10/31/21 Item #39
Southern New Hampshire Health System, Inc.	177321-B004	Greater Nashua	\$5,035,900	\$1,768,030	\$6,803,930	O: 3/11/20 Item #9A A1: 2/17/21 Item #18 A2: 10/13/21 Item #39
The Cheshire Medical Center	155405-B001	Keene	\$4,108,786	\$1,418,205	\$5,526,991	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10 A4: 10/13/21 Item #39
Wentworth-Douglass Hospital	177187-B001	Dover	\$5,262,874	\$1,384,536	\$6,647,410	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10 A4: 10/13/21 Item #39
		Total:	\$48,807,502	\$12,022,982	\$60,830,484	
*Indicates contracts that have expired or have been terminated.						

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

See attached fiscal details.

EXPLANATION

This request is **Retroactive** because the Department was notified by the Federal awarding agency on September 23, 2022 of the availability of funding beyond the contracts' completion dates of September 29, 2022. Due to the delayed notification from the Federal awarding agency, the Department was unable to present this request to the Governor and Council prior to the contracts expiring. This request is **Sole Source** because the Department is seeking to extend the contracts beyond the completion dates and there are no renewal options available. Any delays or gaps in service provision may result in reduced or loss of access to services and supports for individuals in need of these critical services.

The purpose of this request is to continue providing a network of Doorway programs to ensure access to substance use disorder treatment and recovery support services within 60 minutes of New Hampshire residents' homes.

Approximately 1,400 new and established individuals were served on average each month in the first three quarters of 2022. New individuals served has increased steadily since the height of the pandemic in March 2020. Utilization has risen from to approximately 650 new individuals per month in 2020 to 725 per month in 2022. Numbers of new and established individuals are expected to increase between September 30, 2022 and September 29, 2023.

The Contractors listed above in **bold** will continue providing a network of Doorways to ensure every resident in the State has access to substance use disorder treatment and recovery support services during typical business hours. Additionally, telephonic services for screening assessment, and evaluations for substance use disorders will continue to be available 24 hours per day, seven (7) days per week.

The Doorways provide resources that strengthen existing prevention, treatment, and recovery support programs by ensuring access and referral to critical services that decrease the number of substance use disorders including opioid and/or stimulant-related misuses, overdoses and death, and promote engagement in the recovery process.

The Department continues to monitor services by reviewing, analyzing, and engaging in quality improvements based on:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

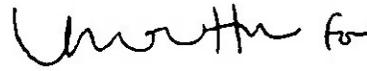
Should the Governor and Executive Council not authorize this request, individuals seeking treatment for opioid use and/or stimulant use disorders may experience difficulty navigating a complex system, may not receive the supports and clinical services needed, and may experience delays in receiving care.

Source of Federal Funds: Assistance Listing Number (ALN) 93.788, FAIN H79TI085759; ALN 93.959, FAIN B08TI083509 and FAIN TI084659.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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In the event that the Federal or Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Lori A. Shibinette for". The signature is written in a cursive, flowing style.

Lori A. Shibinette
Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS:
BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT
100% Federal Funds

Vendor Name Androscoggin Valley						Vendor # 177220
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$218,250.00	\$0.00	\$218,250.00
2020	102/500731	Contracts for Program Services	92057040	\$652,985.00	\$0.00	\$652,985.00
2021	102/500731	Contracts for Program Services	92057040	\$201,283.00	\$0.00	\$201,283.00
2021	102/500731	Contracts for Program Services	92057047	\$181,000.00	\$0.00	\$181,000.00
2021	102/500731	Contracts for Program Services	92057048	\$436,666.00	\$0.00	\$436,666.00
2022	102/500731	Contracts for Program Services	92057048	\$218,333.00	\$0.00	\$218,333.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$489,806.00	\$0.00	\$489,806.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$163,269.00	\$0.00	\$163,269.00
2023	074/500589	Welfare Assistance	92057058	\$0.00	\$489,806.00	\$489,806.00
2024	074/500589	Welfare Assistance	92057058	\$0.00	\$163,269.00	\$163,269.00
Sub Total				\$2,561,592.00	\$653,075.00	\$3,214,667.00

Vendor Name Concord Hospital, Inc.						Vendor # 177653
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$262,773.00	\$0.00	\$262,773.00
2020	102/500731	Contracts for Program Services	92057040	\$1,325,131.00	\$0.00	\$1,325,131.00
2021	102/500731	Contracts for Program Services	92057040	\$236,916.00	\$0.00	\$236,916.00
2021	102/500731	Contracts for Program Services	92057047	\$166,000.00	\$0.00	\$166,000.00
2021	102/500731	Contracts for Program Services	92057048	\$400,000.00	\$0.00	\$400,000.00
2022	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$538,954.00	\$0.00	\$538,954.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$179,652.00	\$0.00	\$179,652.00
2023	074/500589	Welfare Assistance	92057058	\$0.00	\$538,954.00	\$538,954.00
2024	074/500589	Welfare Assistance	92057058	\$0.00	\$179,652.00	\$179,652.00
Sub Total				\$3,309,426.00	\$718,606.00	\$4,028,032.00

Vendor Name The Cheshire Medical Center						Vendor # 155405
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$611,287.00	\$0.00	\$611,287.00
2020	102/500731	Contracts for Program Services	92057040	\$1,127,557.00	\$0.00	\$1,127,557.00
2021	102/500731	Contracts for Program Services	92057040	\$205,033.00	\$0.00	\$205,033.00
2021	102/500731	Contracts for Program Services	92057047	\$229,925.00	\$0.00	\$229,925.00
2021	102/500731	Contracts for Program Services	92057048	\$532,304.00	\$0.00	\$532,304.00
2022	102/500731	Contracts for Program Services	92057048	\$266,152.00	\$0.00	\$266,152.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$771,286.00	\$0.00	\$771,286.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$257,095.00	\$0.00	\$257,095.00
2023	074/500589	Welfare Assistance	92057058	\$0.00	\$996,525.00	\$996,525.00
2024	074/500589	Welfare Assistance	92057058	\$0.00	\$353,838.00	\$353,838.00
Sub Total				\$4,000,639.00	\$1,350,363.00	\$5,351,002.00

Vendor Name Granite Pathways Manchester						Vendor # 228900
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,331,471.00	\$0.00	\$1,331,471.00
2020	102/500731	Contracts for Program Services	92057040	\$2,349,699.00	\$0.00	\$2,349,699.00
Sub Total				\$3,681,170.00	\$0.00	\$3,681,170.00

Vendor Name Granite Pathways Nashua						Vendor # 228900
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,348,973.00	\$0.00	\$1,348,973.00
2020	102/500731	Contracts for Program Services	92057040	\$1,865,736.00	\$0.00	\$1,865,736.00
Sub Total				\$3,214,709.00	\$0.00	\$3,214,709.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

Vendor Name Littleton Regional						Vendor # 177162
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$223,135.00	\$0.00	\$223,135.00
2020	102/500731	Contracts for Program Services	92057040	\$882,805.00	\$0.00	\$882,805.00
2021	102/500731	Contracts for Program Services	92057040	\$203,750.00	\$0.00	\$203,750.00
2021	102/500731	Contracts for Program Services	92057047	\$175,000.00	\$0.00	\$175,000.00
2021	102/500731	Contracts for Program Services	92057048	\$423,333.00	\$0.00	\$423,333.00
2022	102/500731	Contracts for Program Services	92057048	\$211,666.00	\$0.00	\$211,666.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$521,960.00	\$0.00	\$521,960.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$173,987.00	\$0.00	\$173,987.00
2023	074/500589	Welfare Assistance	92057058	\$0.00	\$521,960.00	\$521,960.00
2024	074/500589	Welfare Assistance	92057058	\$0.00	\$173,987.00	\$173,987.00
Sub Total				\$2,815,636.00	\$695,947.00	\$3,511,583.00

Vendor Name LRGHealthcare						Vendor # 177161
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$500,000.00	\$0.00	\$500,000.00
2020	102/500731	Contracts for Program Services	92057040	\$642,114.00	\$0.00	\$642,114.00
2021	102/500731	Contracts for Program Services	92057040	\$205,000.00	\$0.00	\$205,000.00
2021	102/500731	Contracts for Program Services	92057047	\$178,000.00	\$0.00	\$178,000.00
2021	102/500731	Contracts for Program Services	92057048	\$430,000.00	\$0.00	\$430,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
Sub Total				\$2,170,114.00	\$0.00	\$2,170,114.00

Vendor Name Mary Hitchcock						Vendor # 177160
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$449,937.00	\$0.00	\$449,937.00
2020	102/500731	Contracts for Program Services	92057040	\$2,575,109.00	\$0.00	\$2,575,109.00
2021	102/500731	Contracts for Program Services	92057040	\$383,958.00	\$0.00	\$383,958.00
2021	102/500731	Contracts for Program Services	92057047	\$430,000.00	\$0.00	\$430,000.00
2021	102/500731	Contracts for Program Services	92057048	\$947,333.00	\$0.00	\$947,333.00
2022	102/500731	Contracts for Program Services	92057048	\$473,666.00	\$0.00	\$473,666.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$1,115,876.00	\$0.00	\$1,115,876.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$371,959.00	\$0.00	\$371,959.00
2023	074/500589	Welfare Assistance	92057058	\$0.00	\$1,086,549.00	\$1,086,549.00
2024	074/500589	Welfare Assistance	92057058	\$0.00	\$362,183.00	\$362,183.00
Sub Total				\$6,747,838.00	\$1,448,732.00	\$8,196,570.00

Vendor Name Wentworth Douglass						Vendor # 177187
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$537,063.00	\$0.00	\$537,063.00
2020	102/500731	Contracts for Program Services	92057040	\$1,806,752.00	\$0.00	\$1,806,752.00
2021	102/500731	Contracts for Program Services	92057040	\$240,675.00	\$0.00	\$240,675.00
2021	102/500731	Contracts for Program Services	92057047	\$299,000.00	\$0.00	\$299,000.00
2021	102/500731	Contracts for Program Services	92057048	\$691,360.00	\$0.00	\$691,360.00
2022	102/500731	Contracts for Program Services	92057048	\$345,680.00	\$0.00	\$345,680.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$852,607.00	\$0.00	\$852,607.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$284,203.00	\$0.00	\$284,203.00
2023	074/500589	Welfare Assistance	92057058	\$0.00	\$965,107.00	\$965,107.00
2024	074/500589	Welfare Assistance	92057058	\$0.00	\$321,703.00	\$321,703.00
Sub Total				\$5,057,340.00	\$1,286,810.00	\$6,344,150.00

Vendor Name Catholic Medical Center						Vendor # 177240
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$345,019.00	\$0.00	\$345,019.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

2021	102/500731	Contracts for Program Services	92057040	\$724,614.00	\$0.00	\$724,614.00
2021	102/500731	Contracts for Program Services	92057047	\$802,501.00	\$0.00	\$802,501.00
2021	102/500731	Contracts for Program Services	92057048	\$1,846,000.00	\$0.00	\$1,846,000.00
2022	102/500731	Contracts for Program Services	92057048	\$923,000.00	\$0.00	\$923,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$2,182,534.00	\$0.00	\$2,182,534.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$727,512.00	\$0.00	\$727,512.00
2023	074/500589	Welfare Assistance	92057058	\$0.00	\$2,182,534.00	\$2,182,534.00
2024	074/500589	Welfare Assistance	92057058	\$0.00	\$727,512.00	\$727,512.00
Sub Total				\$7,551,180.00	\$2,910,046.00	\$10,461,226.00

Vendor Name: Southern New Hampshire Health Systems, Inc.						Vendor # 177321
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$223,242.00	\$0.00	\$223,242.00
2021	102/500731	Contracts for Program Services	92057040	\$522,272.00	\$0.00	\$522,272.00
2021	102/500731	Contracts for Program Services	92057047	\$580,000.00	\$0.00	\$580,000.00
2021	102/500731	Contracts for Program Services	92057048	\$1,280,000.00	\$0.00	\$1,280,000.00
2022	102/500731	Contracts for Program Services	92057048	\$640,000.00	\$0.00	\$640,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$1,259,648.00	\$0.00	\$1,259,648.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$419,883.00	\$0.00	\$419,883.00
2023	074/500589	Welfare Assistance	92057058	\$0.00	\$1,259,648.00	\$1,259,648.00
2024	074/500589	Welfare Assistance	92057058	\$0.00	\$419,883.00	\$419,883.00
Sub Total				\$4,925,045.00	\$1,679,531.00	\$6,604,576.00

Vendor Name: Concord Hospital, Inc. - Laconia						Vendor # 355356
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
2022	074/500585	Contracts for Program Services	92057048	\$547,404.00	\$0.00	\$547,404.00
2023	074/500585	Contracts for Program Services	92057048	\$182,468.00	\$0.00	\$182,468.00
2023	074/500589	Welfare Assistance	92057058	\$0.00	\$547,404.00	\$547,404.00
2024	074/500589	Welfare Assistance	92057058	\$0.00	\$182,468.00	\$182,468.00
Sub Total				\$1,144,872.00	\$729,872.00	\$1,874,744.00

SOR Total	\$47,179,561.00	\$11,472,982.00	\$58,652,543.00
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05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS:
100% Federal Funds

Vendor Name: Androscoggin Valley						Vendor # 177220
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	92055501	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$0.00	\$3,600.00	\$3,600.00
Sub Total				\$16,665.00	\$3,600.00	\$20,265.00

Vendor Name: Concord Hospital, Inc.						Vendor # 177653
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	92055501	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$0.00	\$40,085.00	\$40,085.00
Sub Total				\$16,665.00	\$40,085.00	\$56,750.00

Vendor Name: The Cheshire Medical Center						Vendor # 155405
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	92055501	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$0.00	\$32,028.00	\$32,028.00
Sub Total				\$16,665.00	\$32,028.00	\$48,693.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

Vendor Name Littleton Regional						Vendor # 177162
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	92055501	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$0.00	\$2,250.00	\$2,250.00
Sub Total				\$16,665.00	\$2,250.00	\$18,915.00

Vendor Name Mary Hitchcock						Vendor # 177160
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	92055501	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$0.00	\$22,679.00	\$22,679.00
Sub Total				\$16,665.00	\$22,679.00	\$39,344.00

Vendor Name Wentworth Douglass						Vendor # 177187
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	92055501	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$0.00	\$44,977.00	\$44,977.00
Sub Total				\$16,665.00	\$44,977.00	\$61,642.00

Vendor Name Catholic Medical Center						Vendor # 177240
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	92055501	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$0.00	\$18,000.00	\$18,000.00
Sub Total				\$16,665.00	\$18,000.00	\$34,665.00

Vendor Name Southern New Hampshire Health Systems, Inc:						Vendor # 177321
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	92055501	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$0.00	\$39,824.00	\$39,824.00
Sub Total				\$16,665.00	\$39,824.00	\$56,489.00

Vendor Name Concord Hospital, Inc. - Laconia						Vendor # 355356
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	92055501	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$0.00	\$46,557.00	\$46,557.00
Sub Total				\$16,665.00	\$46,557.00	\$63,222.00

SABG Total	\$149,985.00	\$250,000.00	\$399,985.00
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05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS:
100% Other Funds

Vendor Name Androscoggin Valley						Vendor # 177220
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2023	501-500425	Payments to Clients	TBD	\$0.00	\$2,400.00	\$2,400.00
2024	501-500425	Payments to Clients	TBD	\$0.00	\$2,000.00	\$2,000.00
Sub Total				\$0.00	\$4,400.00	\$4,400.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

Vendor Name **Concord Hospital, Inc.** Vendor # **177653**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2023	501-500425	Payments to Clients	TBD	\$0.00	\$26,723.00	\$26,723.00
2024	501-500425	Payments to Clients	TBD	\$0.00	\$22,269.00	\$22,269.00
		Sub Total		\$0.00	\$48,992.00	\$48,992.00

Vendor Name **The Cheshire Medical Center** Vendor # **155405**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2023	501-500425	Payments to Clients	TBD	\$0.00	\$18,854.00	\$18,854.00
2024	501-500425	Payments to Clients	TBD	\$0.00	\$16,960.00	\$16,960.00
		Sub Total		\$0.00	\$35,814.00	\$35,814.00

Vendor Name **Littleton Regional** Vendor # **177162**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2023	501-500425	Payments to Clients	TBD	\$0.00	\$1,500.00	\$1,500.00
2024	501-500425	Payments to Clients	TBD	\$0.00	\$1,250.00	\$1,250.00
		Sub Total		\$0.00	\$2,750.00	\$2,750.00

Vendor Name **Mary Hitchcock** Vendor # **177160**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2023	501-500425	Payments to Clients	TBD	\$0.00	\$15,119.00	\$15,119.00
2024	501-500425	Payments to Clients	TBD	\$0.00	\$12,599.00	\$12,599.00
		Sub Total		\$0.00	\$27,718.00	\$27,718.00

Vendor Name **Wentworth Douglass** Vendor # **177167**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2023	501-500425	Payments to Clients	TBD	\$0.00	\$28,317.00	\$28,317.00
2024	501-500425	Payments to Clients	TBD	\$0.00	\$24,432.00	\$24,432.00
		Sub Total		\$0.00	\$52,749.00	\$52,749.00

Vendor Name **Catholic Medical Center** Vendor # **177240**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2023	501-500425	Payments to Clients	TBD	\$0.00	\$12,000.00	\$12,000.00
2024	501-500425	Payments to Clients	TBD	\$0.00	\$10,000.00	\$10,000.00
		Sub Total		\$0.00	\$22,000.00	\$22,000.00

Vendor Name **Southern New Hampshire Health Systems, Inc.** Vendor # **177321**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2023	501-500425	Payments to Clients	TBD	\$0.00	\$26,550.00	\$26,550.00
2024	501-500425	Payments to Clients	TBD	\$0.00	\$22,125.00	\$22,125.00
		Sub Total		\$0.00	\$48,675.00	\$48,675.00

Vendor Name **Concord Hospital, Inc. - Laconia** Vendor # **355356**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2023	501-500425	Payments to Clients	TBD	\$0.00	\$31,037.00	\$31,037.00
2024	501-500425	Payments to Clients	TBD	\$0.00	\$25,865.00	\$25,865.00
		Sub Total		\$0.00	\$56,902.00	\$56,902.00

SABG Total	\$0.00	\$300,000.00	\$300,000.00
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF,
100% Other Funds

Vendor Name Androscoggin Valley						Vendor # 177220	
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2021	102/500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00	
2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00	
Sub Total				\$25,000.00	\$0.00	\$25,000.00	

Vendor Name Concord Hospital, Inc.						Vendor # 177653	
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2021	102/500731	Contracts for Program Services	92058501	\$73,481.00	\$0.00	\$73,481.00	
2022	102/500731	Contracts for Program Services	92058501	\$24,493.00	\$0.00	\$24,493.00	
Sub Total				\$97,974.00	\$0.00	\$97,974.00	

Vendor Name The Cheshire Medical Center						Vendor # 155405	
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2021	102/500731	Contracts for Program Services	92058501	\$68,612.00	\$0.00	\$68,612.00	
2022	102/500731	Contracts for Program Services	92058501	\$22,870.00	\$0.00	\$22,870.00	
Sub Total				\$91,482.00	\$0.00	\$91,482.00	

Vendor Name Littleton Regional						Vendor # 177162	
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2021	102/500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00	
2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00	
Sub Total				\$25,000.00	\$0.00	\$25,000.00	

Vendor Name LRGHealthcare						Vendor # 177161	
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2021	102/500731	Contracts for Program Services	92058501	\$110,222.00	\$0.00	\$110,222.00	
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00	
Sub Total				\$146,962.00	\$0.00	\$146,962.00	

Vendor Name Mary Hitchcock						Vendor # 177160	
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2021	102/500731	Contracts for Program Services	92058501	\$39,396.00	\$0.00	\$39,396.00	
2022	102/500731	Contracts for Program Services	92058501	\$13,132.00	\$0.00	\$13,132.00	
Sub Total				\$52,528.00	\$0.00	\$52,528.00	

Vendor Name Wentworth Douglass						Vendor # 177167	
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2021	102/500731	Contracts for Program Services	92058501	\$141,652.00	\$0.00	\$141,652.00	
2022	102/500731	Contracts for Program Services	92058501	\$47,217.00	\$0.00	\$47,217.00	
Sub Total				\$188,869.00	\$0.00	\$188,869.00	

Vendor Name Catholic Medical Center						Vendor # 177240	
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2021	102/500731	Contracts for Program Services	92058501	\$208,492.00	\$0.00	\$208,492.00	
2022	102/500731	Contracts for Program Services	92058501	\$69,497.00	\$0.00	\$69,497.00	
Sub Total				\$277,989.00	\$0.00	\$277,989.00	

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

Vendor Name Southern New Hampshire Health Systems, Inc.						Vendor # 177321
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$70,643.00	\$0.00	\$70,643.00
2022	102/500731	Contracts for Program Services	92058501	\$23,547.00	\$0.00	\$23,547.00
Sub Total				\$94,190.00	\$0.00	\$94,190.00

Vendor Name Concord Hospital, Inc. - Laconia						Vendor # 355356
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$109,222.00	\$0.00	\$109,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
Sub Total				\$145,962.00	\$0.00	\$145,962.00

GC Total	\$1,145,956.00	\$0.00	\$1,145,956.00
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05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS:
100% Federal Funds

Vendor Name Androscoggin Valley						Vendor # 177220
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$16,000.00	\$0.00	\$16,000.00
Sub Total				\$16,000.00	\$0.00	\$16,000.00

Vendor Name Granite Pathways						Vendor # 228900
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$300,000.00	\$0.00	\$300,000.00
Sub Total				\$300,000.00	\$0.00	\$300,000.00

Vendor Name Littleton Regional Hospital						Vendor # 177162
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$16,000.00	\$0.00	\$16,000.00
Sub Total				\$16,000.00	\$0.00	\$16,000.00

STR Total	\$332,000.00	\$0.00	\$332,000.00
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GRAND TOTALS	\$48,807,502.00	\$12,022,982.00	\$60,830,484.00
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Contracts that have expired or have been terminated:
Granite Pathways Manchester
Granite Pathways Nashua
LRGHealthcare

**State of New Hampshire
Department of Health and Human Services
Amendment #5**

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Androscoggin Valley Hospital, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 31, 2018 (Item #17A), as amended on August 28, 2019 (Item #10), June 24, 2020 (Item #31), February 3, 2021 (Item #10), and most recently amended on October 13, 2021 (Item #39), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2023
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$3,280,332
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
Robert W. Moore, Director.
4. Modify Exhibit A – Amendment #3, Scope of Services, Section 8. Reporting Requirements, Subsection 8.4. by adding Paragraph 8.4.11. to read:
8.4.11. Client demographic data.
5. Modify Exhibit A – Amendment #3, Scope of Services, Section 10. Contract Management, by adding Subsection 10.4. to read:
10.4. The Contractor shall participate in meetings with Department leadership and State Opioid Response (SOR) staff on a quarterly basis, or as otherwise requested by the Department, to discuss program sustainability and ongoing access to vulnerable populations.
6. Modify Exhibit A – Amendment #3, Scope of Services, Section 11. SOR Grant Standards, by adding Subsection 11.15. to read:
11.15. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve Government Performance and Results Act (GPRA) collection.
7. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 1. to read:
 1. This Agreement is funded by:
 - 1.1 98% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as

awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 09/23/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI085759.

1.2 0.62% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, FAIN TI083509.

1.3 0.13% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG, as awarded on 02/10/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, FAIN TI084659.

1.4 0.76% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds, effective from 9/30/2020 through 9/29/2021.

1.5 0.49% Federal Funds from the Opioid SOR Grant, as awarded on 05/01/2017, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN TI080246

8. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 2. Governor Commission Funds to read:

2. RESERVED

9. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 3. SABG FY21 COVID Emergency Funds to read:

3. RESERVED

10. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 5, to read:

5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit B-1, Budget through Exhibit B-12 – Amendment #5 SORII Budget.

11. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1, Paragraph 7.1.3, Subparagraph 7.1.3.1, Part 7.1.3.1.4. to read:

7.1.3.1.4. Food or water.

12. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1, Paragraph 7.1.3, Subparagraph 7.1.3.1, Part 7.1.3.1.7. to read:

7.1.3.1.7. RESERVED

13. Add Exhibit B-11 – Amendment #5, SORII Budget, which is attached hereto and incorporated by reference herein.

14. Add Exhibit B-12 – Amendment #5, SORII Budget, which is attached hereto and incorporated by reference herein.

DS
MP

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to September 29, 2022, upon Governor and Council approval.

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

10/25/2022

Date

State of New Hampshire
Department of Health and Human Services

DocuSigned by:

Katja S. Fox

202003004003012

Name: Katja S. Fox

Title: Director

10/25/2022

Date

Androscoggin Valley Hospital, Inc.

DocuSigned by:

Michael Peterson

20200704024003

Name: Michael Peterson

Title: President & CEO

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

OFFICE OF THE ATTORNEY GENERAL

10/25/2022

Date

DocuSigned by:
Robyn Guarino
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

_____ Date

_____ Name:

Title:

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name:	Androscoggin Valley Hospital, Inc.
Budget Request for:	Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services
Budget Period:	FY23 - (September 30, 2022 - June 30, 2023)
Indirect Cost Rate (if applicable):	10.1%

Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$3,600	\$0	\$3,600
2. Fringe Benefits	\$360	\$0	\$360
3. Consultants	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0
5.(a) Supplies - Educational	\$1,200	\$0	\$1,200
5.(b) Supplies - Lab	\$7,500	\$0	\$7,500
5.(c) Supplies - Pharmacy	\$18,000	\$0	\$18,000
5.(d) Supplies - Medical	\$15,000	\$0	\$15,000
5.(e) Supplies Office	\$3,646	\$0	\$3,646
6. Travel	\$0	\$0	\$0
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$5,000	\$0	\$5,000
8. (b) Other - Education and Training	\$4,000	\$0	\$4,000
8. (c) Other - Other (please specify)			
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 3/14/23</i>	\$3,600	\$0	\$3,600
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23</i>	\$2,400	\$0	\$2,400
<i>Other (please specify)-Client Flex funds</i>	\$22,000	\$0	\$22,000
<i>Other (please specify)</i>	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
9. Subcontracts	\$364,000	\$0	\$364,000
Total Direct Costs	\$450,306	\$0	\$450,306
Total Indirect Costs	\$45,500	\$0	\$45,500
TOTAL	\$495,806	\$0	\$495,806

Contractor Initials MP

Date 10/25/2022

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: Androscoggin Valley Hospital, Inc.

Budget Request for: Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services

Budget Period: FY24 - (July 1, 2023 - September 29, 2023)

Indirect Cost Rate (if applicable): 10.4%

Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$1,200	\$0	\$1,200
2. Fringe Benefits	\$120	\$0	\$120
3. Consultants	\$1,300	\$0	\$1,300
4. Equipment	\$0	\$0	\$0
5.(a) Supplies - Educational	\$600	\$0	\$600
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$5,000	\$0	\$5,000
5.(d) Supplies - Medical	\$5,000	\$0	\$5,000
5.(e) Supplies Office	\$1,949	\$0	\$1,949
6. Travel	\$0	\$0	\$0
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$1,500	\$0	\$1,500
8. (b) Other - Education and Training	\$1,500	\$0	\$1,500
8. (c) Other - Other (please specify)			
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23</i>	\$2,000	\$0	\$2,000
<i>Other (please specify) Client Flex Funds</i>	\$10,000	\$0	\$10,000
<i>Other (please specify)</i>	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
9. Subcontracts	\$119,500	\$0	\$119,500
Total Direct Costs	\$149,669	\$0	\$149,669
Total Indirect Costs	\$15,600	\$0	\$15,600
TOTAL	\$165,269	\$0	\$165,269

Contractor Initials MP

Date 10/25/2022

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that ANDROSCOGGIN VALLEY HOSPITAL, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on November 28, 1969. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 61184

Certificate Number: 0005849670



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 23rd day of August A.D. 2022.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a horizontal line.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Donna Goodrich, Chair hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Androscoggin Valley Hospital
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on Sunday, 2022, at which a quorum of the Directors/shareholders were present and voting.
October 16 (Date)

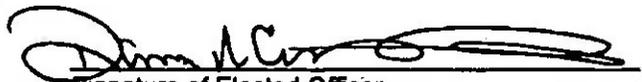
VOTED: That Michael D. Peterson, CEO (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Androscoggin Valley Hospital to enter into contracts or agreements with the State
(Name of Corporation/LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

Dated: 10/16/22



Signature of Elected Officer

Name:

Title:



(1)

AVH MISSION AND VISION STATEMENTS

The Mission Statement of Androscoggin Valley Hospital is:

Delivering the best healthcare experience for every patient, every day.

Our Mission Statement provides the underlying philosophy for all planning and strategy development.



**CONSOLIDATED FINANCIAL STATEMENTS
and
SUPPLEMENTARY INFORMATION**

September 30, 2021 and 2020

With Independent Auditor's Report



INDEPENDENT AUDITOR'S REPORT

The Board of Directors
Androscoggin Valley Hospital, Inc. and Subsidiaries

We have audited the accompanying consolidated financial statements of Androscoggin Valley Hospital, Inc. and Subsidiaries, which comprise the consolidated balance sheets as of September 30, 2021 and 2020, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated 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 consolidated financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Androscoggin Valley Hospital, Inc. and Subsidiaries as of September 30, 2021 and 2020, and the results of their operations, changes in their net assets, and their cash flows for the years ended September 30, 2021 and 2020, in accordance with U.S. generally accepted accounting principles.

The Board of Directors
Androscoggin Valley Hospital, Inc. and Subsidiaries

Other Matters

Change in Accounting Principle

As discussed in Note 2 in the consolidated financial statements, in 2021 the Hospital adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*. Our opinion is not modified with respect to this matter.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. Schedules 1 and 2 are presented for purposes of additional analysis, rather than to present the financial position and results of operations of the individual organizations, and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
January 28, 2022

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Consolidated Balance Sheets

September 30, 2021 and 2020

ASSETS

	<u>2021</u>	<u>2020</u>
Current assets		
Cash and cash equivalents	\$ 29,985,684	\$ 32,837,275
Patient accounts receivable, net	7,037,374	4,584,675
Other accounts receivable	2,351,592	2,582,061
Supplies	944,479	870,092
Prepaid expenses and other current assets	<u>696,872</u>	<u>1,085,809</u>
Total current assets	41,016,001	41,959,912
Assets limited as to use	30,145,786	26,302,711
Property and equipment, net	19,877,486	19,449,700
Other assets	<u>8,651,632</u>	<u>6,553,617</u>
Total assets	<u>\$ 99,690,905</u>	<u>\$ 94,265,940</u>

LIABILITIES AND NET ASSETS

	<u>2021</u>	<u>2020</u>
Current liabilities		
Current portion of long-term debt	\$ 858,905	\$ 917,956
Accounts payable and accrued expenses	2,975,427	4,952,852
Accrued salaries and related amounts	3,561,206	2,917,632
Deferred U.S. Department of Health and Human Services (HHS) Stimulus revenue	-	3,235,159
Paycheck Protection Program (PPP) refundable advance	-	5,179,000
Medicare accelerated payments	9,616,317	12,296,226
Estimated third-party payor settlements	<u>3,261,295</u>	<u>762,018</u>
Total current liabilities	20,273,150	30,260,843
Estimated third-party payor settlements	23,308,355	22,356,948
Long-term debt, excluding current portion	4,494,287	5,344,663
Deferred compensation	<u>8,636,249</u>	<u>6,541,431</u>
Total liabilities	<u>56,712,041</u>	<u>64,503,885</u>
Net assets		
Without donor restrictions	42,935,102	29,718,293
With donor restrictions	<u>43,762</u>	<u>43,762</u>
Total net assets	<u>42,978,864</u>	<u>29,762,055</u>
Total liabilities and net assets	<u>\$ 99,690,905</u>	<u>\$ 94,265,940</u>

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

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Consolidated Statements of Operations

Years Ended September 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Revenues and gains without donor restrictions		
Patient service revenue (net of contractual allowances and discounts)	\$ 64,406,863	\$ 57,958,391
Less provision for bad debts	<u>-</u>	<u>1,220,996</u>
Net patient service revenue	64,406,863	56,737,395
Other revenues	2,499,084	2,956,032
Refundable advance revenue	5,179,000	1,177,339
U.S. Department of Health and Human Services (HHS) stimulus revenue	<u>3,235,159</u>	<u>2,322,661</u>
Total revenues and gains without donor restrictions	<u>75,320,106</u>	<u>63,193,427</u>
Operating expenses		
Salaries, wages, and fringe benefits	35,848,351	33,671,898
Contract labor	5,342,006	4,830,601
Supplies and other	19,135,138	17,244,985
Medicaid enhancement tax	2,690,323	2,627,988
Depreciation	2,889,204	2,679,446
Interest	<u>206,677</u>	<u>236,471</u>
Total operating expenses	<u>66,111,699</u>	<u>61,291,389</u>
Operating income	<u>9,208,407</u>	<u>1,902,038</u>
Nonoperating gains (losses)		
Investment income, net	3,605,853	1,708,821
Contributions, net	(239,614)	(165,207)
Community benefit grant expense	(422,500)	(475,000)
Gain on investment in Great Northwoods Community Foundation	<u>3,197</u>	<u>4,997</u>
Nonoperating gains, net	<u>2,946,936</u>	<u>1,073,611</u>
Excess of revenues and gains over expenses and losses and net increase in net assets without donor restrictions	<u>\$ 12,155,343</u>	<u>\$ 2,975,649</u>

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

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Consolidated Statements of Changes in Net Assets

Years Ended September 30, 2021 and 2020

	Net Assets without Donor Restrictions	Net Assets with Donor Restrictions	Total
Balances, October 1, 2019	\$ 26,742,644	\$ 43,762	\$ 26,786,406
Excess of revenues and gains over expenses and losses	<u>2,975,649</u>	<u>-</u>	<u>2,975,649</u>
Change in net assets	<u>2,975,649</u>	<u>-</u>	<u>2,975,649</u>
Balances, September 30, 2020	29,718,293	43,762	29,762,055
Excess of revenues and gains over expenses and losses	<u>12,155,343</u>	<u>-</u>	<u>12,155,343</u>
Cumulative-effect adjustment from adoption of Accounting Standards Update No. 2014-09 (Note 2)	<u>1,061,466</u>	<u>-</u>	<u>1,061,466</u>
Change in net assets	<u>13,216,809</u>	<u>-</u>	<u>13,216,809</u>
Balances, September 30, 2021	<u>\$ 42,935,102</u>	<u>\$ 43,762</u>	<u>\$ 42,978,864</u>

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

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years Ended September 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities		
Increase in net assets	\$ 13,216,809	\$ 2,975,649
Adjustments to reconcile decrease in net assets to net cash provided by operating activities		
Depreciation and amortization	2,901,744	2,691,986
Net realized and unrealized gains on investments	(3,498,904)	(1,553,100)
Provision for bad debts	-	1,220,996
Gain on equity investment	(3,197)	(4,997)
Refundable advance revenue	(5,179,000)	(1,177,339)
(Increase) decrease in		
Patient accounts receivable	(2,452,699)	(1,418,096)
Other accounts receivable	230,469	(401,681)
Supplies	(74,387)	(48,576)
Prepaid expenses and other current assets	388,937	(343,011)
Increase (decrease) in		
Accounts payable and accrued expenses	(500,535)	583,468
Accrued salaries and related amounts	643,574	(59,299)
Deferred HHS stimulus revenue	(3,235,159)	3,356,085
Medicare accelerated payments	(2,679,909)	12,296,226
Estimated third-party payor settlements	<u>3,450,684</u>	<u>3,029,590</u>
Net cash provided by operating activities	<u>3,208,427</u>	<u>21,147,901</u>
Cash flows from investing activities		
Proceeds from sale of investments	10,877,284	25,339,244
Purchases of investments	(11,221,455)	(23,717,807)
Purchases of property and equipment	<u>(4,793,880)</u>	<u>(4,683,013)</u>
Net cash used by investing activities	<u>(5,138,051)</u>	<u>(3,061,576)</u>
Cash flows from financing activities		
Payments on long-term debt	(921,967)	(890,187)
Proceeds from refundable advances	<u>-</u>	<u>6,356,339</u>
Net cash used by financing activities	<u>(921,967)</u>	<u>5,466,152</u>
Net (decrease) increase in cash and cash equivalents	(2,851,591)	23,552,477
Cash and cash equivalents, beginning of year	<u>32,837,275</u>	<u>9,284,798</u>
Cash and cash equivalents, end of year	<u>\$ 29,985,684</u>	<u>\$ 32,837,275</u>
Supplemental disclosure of cash flow information:		
Cash paid for interest	<u>\$ 194,137</u>	<u>\$ 223,931</u>
Purchase of property and equipment in accounts payable and accrued expenses during 2020 paid in 2021	<u>\$ (1,476,890)</u>	<u>\$ 1,476,890</u>

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

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2021 and 2020

1. Nature of Business

Androscoggin Valley Hospital, Inc. and Subsidiaries (Hospital) is a critical access hospital (CAH) providing inpatient, outpatient, emergency care, specialty care and physician/provider services to residents of Berlin, New Hampshire and the surrounding communities. The Hospital's subsidiaries include Northcare, the former parent of the Hospital, an inactive entity, and Androscoggin Valley Hospital Foundation, Inc. (Foundation), a company formed to conduct fund-raising activities and manage trusteed investments that support health-related community programs.

On June 30, 2015, the Hospital along with three other hospitals in the North Country region of New Hampshire, Littleton Regional Hospital, Upper Connecticut Valley Hospital, and Weeks Medical Center, signed an Affiliation Agreement. The Boards of each of the hospitals approved the affiliation documents which consist of an Affiliation Agreement, Management Services Agreement, and proposed Bylaw changes. The application to the New Hampshire Attorney General's office and Charitable Trust Unit was approved in December 2015. On April 1, 2016, the hospitals closed on the formation of the new parent organization, North Country Healthcare. North Country Healthcare was established to coordinate activities of the four hospitals and an affiliated home health operating company. As a result of the affiliation, North Country Healthcare is the parent company of the Hospital. Effective September 30, 2019, Littleton Regional Hospital ended its participation in the affiliation.

2. Summary of Significant Accounting Policies

Principles of Consolidation and Reporting Entity

The consolidated financial statements include the accounts of Androscoggin Valley Hospital Inc., Northcare, and the Foundation. Intercompany accounts and transactions have been eliminated in the consolidated financial statements.

Basis of Financial Statement Presentation

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

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

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

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2021 and 2020

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 consolidated statements of operations and changes in net assets.

Use of Estimates

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

Newly Adopted Accounting Pronouncement

In 2021, the Hospital adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance, which supersedes accounting standards that previously existed under GAAP and provides a single revenue model to address revenue recognition to be applied by all companies. Under the new standard, companies recognize revenue when a customer obtains control of promised goods or services in an amount that reflects the consideration to which the company expects to be entitled in exchange for those goods and services. ASU No. 2014-09 also requires companies to disclose additional information, including the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The Hospital adopted this ASU for the year ended September 30, 2021 and elected the modified retrospective method; therefore, the consolidated financial statements and related notes have been presented accordingly. Under the modified retrospective method, the cumulative effect of applying the standard was recognized at the date of initial application and resulted in an increase in net net assets without donor restrictions of \$1,061,467, recording a increase in beginning patient accounts receivable in the same amount.

The effect of adopting Topic 606 changed the timing of when the Hospital recognizes uncollectible patient accounts receivable in full upon the recognition of patient service revenue. Previously, these uncollectible patient accounts receivable were recognized through an estimation process that occurred over a period of months.

The impact on the Hospital's financial statement line items from adopting Topic 606 was as follows:

	Balances Without the Adoption of Topic 606	Adjustments Due to Topic 606	As Reported Under Topic 606
Consolidated balance sheet			
Patient accounts receivable	\$ 4,584,675	\$ 1,061,467	\$ 5,646,142
Net assets without donor restrictions	29,718,293	1,061,467	30,779,760

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

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2021 and 2020

	October 1, 2020	September 30, 2021
Patient accounts receivable, net	\$ 5,646,142	\$ 7,037,374
Net assets without donor restrictions	30,779,760	42,935,102

	<u>As Reported</u>	<u>Balance Without ASC 606 Adoption</u>	<u>Effect of Change</u>
Consolidated statement of operations			
Net patient service revenue before provision for doubtful accounts	\$ 64,406,863	\$ 65,468,330	\$ 1,061,467
Less: Provision for doubtful accounts	<u>-</u>	<u>1,061,467</u>	<u>1,061,467</u>
Net patient service revenue	<u>\$ 64,406,863</u>	<u>\$ 64,406,863</u>	<u>\$ -</u>

Cash and Cash Equivalents

Cash equivalents include short-term investments which have a maturity of three months or less when purchased, and exclude amounts limited as to use by Board designation.

Net Patient Service Revenue and Patient Accounts Receivable

Net patient service revenue is reported at the amount that reflects the consideration to which the Hospital expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Hospital bills the patients and third-party payors several days after the services are performed or the patient is discharged from the hospital. Revenue is recognized as performance obligations are satisfied.

The Hospital has elected the practical expedient allowed under FASB ASC 606-10-32-18 and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the Hospital's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the Hospital does in certain instances enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

Performance obligations are determined based on the nature of the services provided by the Hospital. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Hospital believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in hospitals receiving inpatient acute care services or patients receiving services in outpatient centers. The Hospital measures the performance obligation from admission into the hospital or the commencement of an outpatient service to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or

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

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2021 and 2020

completion of the outpatient services. Revenue from performance obligations satisfied at a point in time is generally recognized when the goods are provided to patients and customers in a retail setting (for example, cafeteria) and the Hospital does not believe it is required to provide additional goods or services related to that sale.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Hospital has elected to apply the optional exemption provided in FASB ASC 606-10-50-14 (a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Hospital determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Hospital's policy, and implicit price concessions provided to uninsured patients. The Hospital determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Hospital determines its estimate of implicit price concessions based on its historical collection experience with this class of patients and records these as a direct reduction to net patient service revenue. Management continually reviews the contractual estimation process to consider and incorporate updates to laws and regulations and changes in commercial contractual terms resulting from contract negotiations and renewals.

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to operations and a credit to a valuation allowance based on its assessment of individual accounts and historical adjustments. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to patient accounts receivable.

The Hospital has agreements with third-party reimbursing agencies that provide for payments at amounts different from its established rates. A summary of the payment arrangements with major third-party reimbursing entities follows:

Medicare

Inpatient acute care services rendered to Medicare program beneficiaries are paid under a cost reimbursement methodology. Outpatient services are paid based on a combination of rate schedules and reimbursed cost. The Hospital is reimbursed for cost reimbursable items at an interim rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30, 2015. Revenues from the Medicare program accounted for approximately 51% and 50% of the Hospital's gross patient revenue for the years ended September 30, 2021 and 2020, respectively.

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES**Notes to Consolidated Financial Statements****September 30, 2021 and 2020****Medicaid**

Inpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors, and are not subject to retroactive adjustment. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the fiscal intermediary. The Hospital's Medicaid cost reports have been audited by the fiscal intermediary through September 30, 2015. Revenues from the Medicaid program accounted for approximately 16% and 17% of the Hospital's gross patient revenue for the years ended September 30, 2021 and 2020, respectively.

Other

The Hospital has entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the Hospital is primarily prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result of investigations by governmental agencies, various healthcare organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Hospital's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Hospital. In addition, the contracts the Hospital has with commercial and other payors also provide for retroactive audit and review of claims.

Settlements with third-party payors for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Hospital's historical settlement activity, including a determination it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from changes in transaction price in 2021 and 2020 increased net patient service revenue by approximately \$498,000 and \$989,000, respectively.

Consistent with the Hospital's mission, care is provided to patients regardless of their ability to pay. Therefore, the Hospital has determined it has provided implicit price concessions to uninsured patients and other uninsured balances (for example, copays and deductibles). The implicit price

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2021 and 2020

concessions included in estimating the transaction price represents the difference between amounts billed to patients and the amounts the Hospital expects to collect based on its collection history with those patients.

Patients who meet the Hospital's criteria for charity care are provided care without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as revenue. The Hospital estimates the costs associated with providing charity care by calculating a ratio of total cost to total gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of caring for charity care patients was approximately \$303,000 and \$653,000 for 2021 and 2020, respectively.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Hospital also provides services to uninsured patients and offers those uninsured patients a discount, either by policy or law, from standard charges. The Hospital estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions based on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense. Bad debt expense for the years ended September 30, 2021 and 2020 was not significant.

The Hospital has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the following factors:

- Payors (for example, Medicare, Medicaid, managed care or other insurance, patient) have different reimbursement and payment methodologies
- Length of the patient's service or episode of care
- Method of reimbursement (fee for service or fixed prospective payment)
- Organization's program that provided the service

For the years ended September 30, 2021 and 2020, the Hospital determined revenue recognized from goods and services that transfer to the customer at a point in time is not material to the consolidated financial statements.

Supplies

Supplies are carried at the lower of cost (determined by the first-in, first-out method) or net market realizable value.

Assets Limited as to Use

Assets limited as to use include designated assets set aside by the Board for future capital improvements over which the Board retains control, and which it may at its discretion subsequently use for other purposes.

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

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2021 and 2020

Investments and Investment Income

Investments are reported as assets limited as to use and deferred compensation investments. Investments in equity securities with readily determinable fair values, and all investments in debt securities, are recorded at fair value. Realized gains or losses on the sale of investments are determined by use of average cost.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the consolidated balance sheets. Debt investments are annually reviewed for impairment to determine if such declines are other than temporary. At September 30, 2021 and 2020, fair value exceeded historical costs for substantially all investments.

Property and Equipment

Property and equipment acquisitions are recorded at cost or, if contributed, at fair value determined at the date of donation, less accumulated depreciation. The Hospital's policy is to capitalize expenditures for major improvements and charge maintenance and repairs currently for expenditures which do not extend the useful lives of the related assets. The provision for depreciation has been computed using the straight-line method at rates which are intended to amortize the cost of assets over their estimated useful lives.

Bond Issuance Costs

The costs incurred to obtain long-term financing are being amortized by the straight-line method over the repayment period of the related debt. The costs are included in long-term debt in the balance sheets.

Employee Fringe Benefits

The Hospital has an "earned time" plan which provides benefits to employees for paid leave hours. Under this plan, each employee earns paid leave for each period worked. These hours of paid leave may be used for vacations, holidays, or illnesses. Hours earned, but not used, are vested with the employee. The Hospital accrues a liability for such paid leave as it is earned. The earned time plan does not cover the providers.

Medicaid Enhancement Tax

In New Hampshire, hospitals are subject to a 5.4% tax, the Medicaid Enhancement Tax, on net taxable revenues.

Operating Income

For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of healthcare services are reported in operating income. Gain or (loss) on disposal of property and equipment and investment income used to fund interest expense and other operating

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

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2021 and 2020

expenses are also included in operating income. Peripheral or incidental transactions and community benefit grants are reported as nonoperating gains (losses), which primarily include certain investment income (losses), contributions and support of community programs and community benefit grants.

Excess of Revenues and Gains Over Expenses and Losses

The consolidated statements of operations include the excess of revenues and gains over expenses and losses. Changes in unrestricted net assets which are excluded from this measure, consistent with industry practice, are net assets released from restrictions for capital acquisitions.

Income Taxes

The Hospital is a non-profit organization as described in Section 501(c)(3) of the Internal Revenue Code and therefore are exempt from federal income taxes on related income.

Nonoperating Gains (Losses)

Activities, other than in connection with providing healthcare services, are considered nonoperating. Nonoperating gains and losses consist primarily of income on invested funds, gifts without donor restrictions, community benefit and contribution expense and recovery of written-off related party receivables.

PPP Refundable Advance

During 2020, the Hospital qualified for and received a loan pursuant to the Paycheck Protection Program (PPP), a program implemented by the U.S. Small Business Administration (SBA) under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), in amounts totaling \$5,179,000. The PPP provides funds to pay up to 24 weeks of payroll and other specified costs, and forgiveness of the loan is dependent upon compliance with this and other terms and conditions of the CARES Act. During 2021, the Hospital applied for forgiveness under the provisions of the CARES Act and subsequently received the approval of the lending institution and the SBA in July 2021. The Hospital had chosen in 2020 to follow the conditional contribution model for the loan, and opted to not record any income until forgiveness was received. The full amount forgiven is reported as other operating revenue in the consolidated statement of operations at September 30, 2021.

CARES Act Provider Relief Stimulus Funds

The CARES Act provided funds to eligible healthcare providers to prevent, prepare for and respond to COVID-19. The funds were appropriated to reimburse healthcare providers for healthcare related expenses or lost revenues that are attributable to COVID-19. The CARES Act provides the U.S. Department of Health and Human Services (HHS) with discretion to operate the program and determine the reporting requirements. During 2020, the Hospital received \$6,735,159 of HHS Provider Relief Stimulus Funds (PRF Funds) and attested to the receipt of the PRF Funds and agreement with the associated terms and conditions. The Hospital has chosen to follow the conditional contribution model for the PRF Funds. At September 30, 2021 and 2020, the Hospital

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2021 and 2020

has recognized \$3,235,159 and \$2,322,661, respectively, of the PRF Funds in other operating revenue in the consolidated statements of operations. Management believes the conditions on which the PRF Funds depend were substantially met. Management believes the position taken is a reasonable interpretation of the rules currently available. Due to the complexity of the reporting requirements and the continued issuance of clarifying guidance, there is at least a reasonable possibility the amount of income recognized related to the lost revenues and qualifying expenses may change by a material amount. Any difference between amounts previously estimated and amounts subsequently determined to be recoverable or payable will be included in income in the year that such amounts become known.

In response to the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) made available an accelerated and advance payment program to Medicare providers. The Hospital received \$12,296,226 in April 2020. During 2021, CMS began recouping payment from claim payments, one year after the advance was made for a period of 17 months.

Subsequent Events

Management has considered transactions or events through January 28, 2022, which was the date the financial statements were available to be issued. Management has not considered transactions or events subsequent to this date for inclusion in the financial statements.

3. Liquidity and Availability of Financial Assets

As of September 30, 2021 and 2020, the Hospital has working capital of \$20,742,851 and \$11,699,069, respectively, and average days (based on normal expenditures) cash and cash equivalents on hand of 173 and 184, respectively. PRF Funds have been excluded from these amounts.

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs not financed with debt, were as follows as of September 30:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 29,985,684	\$ 29,602,116
Patient accounts receivable, net	7,037,374	4,584,675
Other receivables, net	<u>2,351,592</u>	<u>2,582,061</u>
Financial assets available at year end within one year for general expenditure	<u>\$ 39,374,650</u>	<u>\$ 36,768,852</u>

The Hospital has \$30,145,786 and \$26,302,711 at September 30, 2021 and 2020, respectively, that are designated assets set aside by the Board for future capital improvements. These assets limited as to use are not available for general expenditure within the next year; however, the internally designated amounts could be made available, if necessary. As of fiscal year-end, the Hospital's goal is to maintain cash and assets limited as to use balances to meet 186 days of operating expenses.

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

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2021 and 2020

4. Net Patient Service Revenue

Patient service revenue consists of the following for the years ended September 30:

	<u>2021</u>	<u>2020</u>
Patient services		
Inpatient	\$ 15,492,677	\$ 15,393,637
Outpatient	73,999,685	63,683,478
Provider services	<u>10,647,305</u>	<u>10,319,115</u>
Gross patient service revenue	100,139,667	89,396,230
Less Medicare and Medicaid allowances	21,653,710	18,032,031
Less other contractual allowances	13,609,565	12,452,614
Less community care	<u>469,529</u>	<u>953,194</u>
Patient service revenue (net of contractual allowances and discounts)	64,406,863	57,958,391
Less provision for bad debts	<u>-</u>	<u>1,220,996</u>
Net patient service revenue	<u>\$ 64,406,863</u>	<u>\$ 56,737,395</u>

Each performance obligation is separately identifiable from other promises in the customer contract. As the performance obligations are met (i.e., room, board, ancillary services, level of care), revenue is recognized based upon the allocated transaction price. The transaction price is allocated to separate performance obligations based upon the relative standalone selling price. In instances where management determines there are multiple performance obligations across multiple months, the transaction price is allocated by applying an estimated implicit and explicit rate to gross charges based on the separate performance obligations.

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

Net patient service revenue recognized for the years ended September 30, 2021 and 2020 from these major payors is as follows:

	<u>2021</u>	<u>2020</u>
Payor:		
Medicare and Medicaid revenue	\$ 36,119,522	\$ 28,963,610
Commercial	27,668,959	27,415,395
Self pay	<u>618,382</u>	<u>358,390</u>
Total	<u>\$ 64,406,863</u>	<u>\$ 56,737,395</u>

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

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2021 and 2020

5. Charity Care

The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy, the estimated cost of those services and supplies and equivalent service statistics. As defined by percentage of gross revenue, 0.5% and 1.0% of all services was provided on a charity care basis for the years ended September 30, 2021 and 2020, respectively.

The Hospital provided charity care for the following number of patient admissions/visits for the years ended September 30:

	2021		2020	
	<u>Charity</u>	<u>% of Total</u>	<u>Charity</u>	<u>% of Total</u>
Inpatient admissions	24	2%	47	4%
Outpatient visits	1,028	1%	2,695	3%

6. Medicaid Enhancement Tax and Disproportionate Share Payments

Section 1923 of the Social Security Act, as amended, requires that states make Medicaid disproportionate share hospital (DSH) payments to hospitals that serve disproportionately large numbers of low-income patients. The federal government distributes federal DSH funds to each state based on a statutory formula. The states, in turn, distribute their portion of the DSH funding among qualifying hospitals. The states are to use their federal DSH allotments to help cover costs of hospitals that provide care to low-income patients when those costs are not covered by other payors. DSH amounts recorded by the Hospital are therefore subject to change upon audit, and the Hospital has included a reserve of \$12,835,000 and \$13,625,000 in due to third-party payors at September 30, 2021 and 2020, respectively, related to potential audit and calculation adjustments. Any change in these reserves is included in the Medicare and Medicaid contractual allowances in net patient service revenue. The Hospital identifies the Medicaid enhancement tax paid on net patient revenue to the State of New Hampshire as a separate expense item.

7. Property and Equipment

The major categories of property and equipment were as follows as of September 30:

	2021	2020
Land	\$ 198,192	\$ 198,192
Land improvements	1,836,565	1,541,138
Buildings and fixtures	25,787,266	25,252,751
Fixed equipment	9,952,090	9,724,876
Major moveable equipment	<u>20,482,311</u>	<u>17,875,779</u>
	58,256,424	54,592,736
Less accumulated depreciation	<u>39,469,546</u>	<u>37,311,208</u>
	18,786,878	17,281,528
Construction in progress	<u>1,090,608</u>	<u>2,168,172</u>
	<u>\$ 19,877,486</u>	<u>\$ 19,449,700</u>

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

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES**Notes to Consolidated Financial Statements****September 30, 2021 and 2020**

The Hospital has various small projects included in construction in progress. As of September 30, 2021 there was approximately \$200,000 related to operating room renovations. The project is expected to be completed by August 2022 with an estimated cost to complete of approximately \$3,000,000. All projects are being funded through operations.

8. Other Assets

Other assets consist of the following at September 30:

	<u>2021</u>	<u>2020</u>
Deferred compensation assets	\$ 8,636,249	\$ 6,541,431
Equity interest in Great Northwoods Community Foundation	<u>15,383</u>	<u>12,186</u>
	<u>\$ 8,651,632</u>	<u>\$ 6,553,617</u>

The Hospital owns a 50% interest in Great Northwoods Community Foundation (GNCF). The investment in GNCF is reported in accordance with the equity method.

9. Assets Limited as to Use

Assets limited as to use consisted of the following as of September 30:

	<u>2021</u>	<u>2020</u>
Cash, cash equivalents, and short-term investments	\$ 625,550	\$ 1,623,200
Corporate bonds	-	525,184
Exchange traded funds	7,949,650	7,809,780
Mutual funds	<u>21,570,586</u>	<u>16,344,547</u>
	<u>\$30,145,786</u>	<u>\$26,302,711</u>

10. Fair Value Measurement

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

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

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

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2021 and 2020

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

Assets and liabilities measured at fair value on a recurring basis, and reconciliations to related amounts reported in the balance sheet, are summarized below.

	Total	Fair Value Measurements at September 30, 2021 Using	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Cash, cash equivalents, and short-term investments	\$ 625,550	\$ 625,550	\$ -
Exchange traded funds	7,949,650	7,949,650	-
Mutual funds	<u>21,570,586</u>	<u>21,570,586</u>	-
Total assets limited as to use reported at fair value	<u>\$ 30,145,786</u>	<u>\$ 30,145,786</u>	<u>\$ -</u>
Investments to fund deferred compensation			
Mutual funds	<u>\$ 8,636,249</u>	<u>\$ 8,636,249</u>	<u>\$ -</u>
Total investments to fund deferred compensation	<u>\$ 8,636,249</u>	<u>\$ 8,636,249</u>	<u>\$ -</u>
	Total	Fair Value Measurements at September 30, 2020 Using	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Cash and cash equivalents	\$ 1,623,200	\$ 1,623,200	\$ -
Corporate bonds	525,184	-	525,184
Exchange traded funds	7,809,780	7,809,780	-
Mutual funds	<u>16,344,547</u>	<u>16,344,547</u>	-
Total assets limited as to use measured at fair value	<u>\$ 26,302,711</u>	<u>\$ 25,777,527</u>	<u>\$ 525,184</u>
Investments to fund deferred compensation			
Mutual funds	<u>\$ 6,541,431</u>	<u>\$ 6,541,431</u>	<u>\$ -</u>
Total investments to fund deferred compensation	<u>\$ 6,541,431</u>	<u>\$ 6,541,431</u>	<u>\$ -</u>

The fair value for Level 2 assets is primarily based on quoted prices for similar assets.

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

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2021 and 2020

11. Long-Term Debt

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

	<u>2021</u>	<u>2020</u>
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bond, Androscoggin Valley Hospital Issue, Series 2012. Term bond, \$12,500,000, maturing on April 1, 2022, payable in equal monthly installments of \$88,530, including interest at 3.312%. ⁽¹⁾	\$ 5,349,913	\$ 6,222,397
Capital lease obligation payable in equal monthly installments of \$4,272, including interest at 5.20%, through November 2021; collateralized by leased equipment.	<u>8,492</u>	<u>57,975</u>
Total long-term debt, before unamortized bond issuance costs	5,358,405	6,280,372
Unamortized bond issuance costs	<u>(5,213)</u>	<u>(17,753)</u>
	5,353,192	6,262,619
Less current portion	<u>858,905</u>	<u>917,956</u>
Long-term debt, excluding current portion	<u>\$ 4,494,287</u>	<u>\$ 5,344,663</u>

The NHHEFA Revenue Bond (Androscoggin Valley Hospital Issue, Series 2012) in the amount of \$12,500,000 was issued in March 2012 for the purpose of refinancing existing indebtedness and retiring the Hospital's interest rate swap contract. The term of the bond is ten years (with a five-year renewal option).

⁽¹⁾ The Series 2012 Bond contained a provision for mandatory tender on April 1, 2022. The Hospital has requested that Northway Bank waive the mandatory tender and extend the life of the bond by 5 years through 2027. Northway Bank has approved this request and provided the Hospital with a commitment letter to extend the bond as requested and provided in the original bond documents. Closing for the reissue of the bond is set on or before April 1, 2022. The principal maturities presented below consider the terms of the refinancing.

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2021 and 2020

Scheduled principal repayments on long-term debt for the next five years are as follows:

<u>Year ending September 30,</u>	<u>Bonds Payable</u>	<u>Capital Lease Obligations</u>
2022 (included in current liabilities)	\$ 850,413	\$ 8,544
2023	986,585	-
2024	1,005,093	-
2025	1,023,948	-
2026	<u>1,043,156</u>	<u>-</u>
		8,544
Less amount representing interest under capital lease obligations		<u>52</u>
		<u>\$ 8,492</u>

The Series 2012 Revenue Bond Agreement contains various restrictive covenants, which include compliance with certain financial ratios and a detail of events constituting defaults. The Hospital is in compliance with these requirements at September 30, 2021.

12. Retirement Plan

The Hospital is part of the North Country Healthcare Retirement Plan that covers substantially all full-time employees and part-time employees who work over 1,000 hours. Contributions are computed as a percentage of earnings and are funded as accrued. The retirement plan expense for the years ended September 30, 2021 and 2020 was approximately \$818,000 and \$763,000.

13. Commitments and Contingencies

Malpractice Loss Contingencies

The Hospital insures its medical malpractice risks on a claims-made basis under a policy which covers all employees of the Hospital. A claims-made policy provides specified coverage for claims reported during the policy term. The policy contains a provision which allows the Hospital to purchase "tail" coverage for an indefinite period of time to avoid any lapse in insurance coverage. The Hospital is subject to complaints, claims and litigation due to potential claims which arise in the normal course of doing business. GAAP requires the Hospital to accrue the ultimate cost of malpractice claims when the incident that gives rise to the claim occurs, without consideration of insurance recoveries. Expected recoveries are presented as a separate asset. Amounts accrued under this provision are included in other current accounts receivable and accounts payable and accrued expenses in the balance sheet. The Hospital has evaluated its exposure to losses arising from potential claims and determined necessary accruals. The Hospital has obtained coverage on a claims-made basis and anticipates that such coverage will be available going forward.

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

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2021 and 2020

Asset Retirement Obligation

FASB ASC 410, *Asset Retirement and Environmental Obligations*, requires entities to record asset retirement obligations at fair value if they can be reasonably estimated. The State of New Hampshire requires special disposal procedures relating to building materials containing asbestos. The Hospital building contains some encapsulated asbestos, but a liability has not been recognized. This is because there are no current plans to renovate or dispose of the building that would require the removal of the asbestos; accordingly, the liability has an indeterminate settlement date and its fair value cannot be reasonably estimated.

14. Community Benefit Grant

The Hospital and Coos County Family Health Services (CCFHS) have entered into an agreement whereby the Hospital will provide funding in the form of a community benefit grant to CCFHS for the purpose of supporting a portion of the otherwise uncompensated costs incurred by CCFHS for provider services. The terms of the agreement require that the Hospital provide CCFHS with the agreed-upon community benefit grant funds on July 1 of the appropriate grant year. The amount of the community benefit grant to be awarded is determined on an annual basis in accordance with the terms of the agreement. The initial term of the community benefit grant agreement expires July 31, 2023. Grant expense of \$422,500 and \$475,000 was incurred for the years ended September 30, 2021 and 2020, respectively.

As of the year ended September 30, 2021, \$52,500 was refunded to the Hospital as a result of obligations in the contract that had not been fulfilled.

The community benefit grant has been negotiated to the following payment schedule, contingent upon CCFHS achieving certain annual encounter levels:

<u>On July 1</u>	<u>Not to Exceed</u>
2019 - 2023	\$475,000

In addition, as part of this agreement, the Hospital will establish a Community Initiative Grant Fund that will be used to fund community initiatives designed to provide or enhance healthcare services to the medically underserved residents of Coos County.

15. Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients. The mix of receivables from patients and third-party payors was as follows as of September 30:

	<u>2021</u>	<u>2020</u>
Medicare	34 %	35 %
Medicaid	21	16
Commercial insurances and other	29	31
Patients	<u>16</u>	<u>18</u>
	<u>100 %</u>	<u>100 %</u>

The Hospital maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Hospital has not experienced any losses in such accounts. Hospital management believes it is not exposed to any significant risk on cash and cash equivalents.

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

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2021 and 2020

16. Functional Expenses

The consolidated statements of operations report certain expense categories that are attributable to both healthcare services and support functions. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Benefits are allocated based on salaries and wages, and depreciation, interest, utilities, and equipment are allocated based on square footage and location. Expenses related to providing these services are as follows for the years ended September 30:

<u>2021</u>	<u>Program Services</u>	<u>General and Administrative</u>	<u>Total</u>
Salaries, wages, and fringe benefits	\$ 30,899,151	\$ 4,949,200	\$ 35,848,351
Contract labor	5,162,712	179,294	5,342,006
Supplies and other	13,674,581	5,460,557	19,135,138
Medicaid enhancement tax	2,690,323	-	2,690,323
Depreciation	2,568,516	320,688	2,889,204
Interest	206,677	-	206,677
	<u>\$ 55,201,960</u>	<u>\$ 10,909,739</u>	<u>\$ 66,111,699</u>
<u>2020</u>	<u>Program Services</u>	<u>General and Administrative</u>	<u>Total</u>
Salaries, wages, and fringe benefits	\$ 27,831,244	\$ 5,840,654	\$ 33,671,898
Contract labor	4,551,915	278,686	4,830,601
Supplies and other	12,780,440	4,464,545	17,244,985
Medicaid enhancement tax	2,627,988	-	2,627,988
Depreciation	2,382,040	297,406	2,679,446
Interest	236,471	-	236,471
	<u>\$ 50,410,098</u>	<u>\$ 10,881,291</u>	<u>\$ 61,291,389</u>

17. Related Party Transactions

As a subsidiary of North Country Healthcare, the Hospital shares in various services with the other member hospitals and the parent. For the years ended September 30, 2021 and 2020, the Hospital billed other member hospitals \$3,090,055 and \$7,574,481, respectively, and expensed \$4,071,164 and \$2,576,506, respectively, for shared services. At September 30, 2021 and 2020, the following amounts were due from the affiliates and the parent and are included in other accounts receivable:

	<u>2021</u>	<u>2020</u>
Upper Connecticut Valley Hospital	\$ 70,046	\$ 148,000
Weeks Medical Center	49,353	169,428
North Country Home Health & Hospice Agency, Inc.	448,521	542,790
North Country Healthcare	<u>(35,914)</u>	<u>-</u>
Total	<u>\$ 532,006</u>	<u>\$ 860,218</u>

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

SUPPLEMENTARY INFORMATION

Schedule 1
ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Consolidating Balance Sheets

September 30, 2021
(with comparative totals for September 30, 2020)

ASSETS

	<u>Androscoggin Valley Hospital, Inc.</u>	<u>Northcare</u>	<u>Androscoggin Valley Hospital Foundation, Inc.</u>	<u>Eliminations</u>	<u>2021 Consolidated</u>	<u>2020 Consolidated</u>
Current assets						
Cash and cash equivalents	\$ 29,985,684	\$ -	\$ -	\$ -	\$ 29,985,684	\$ 32,837,275
Patient accounts receivable, net	7,037,374	-	-	-	7,037,374	4,584,675
Other accounts receivable	2,351,592	-	-	-	2,351,592	2,582,061
Supplies	944,479	-	-	-	944,479	870,092
Prepaid expenses and other current assets	<u>696,872</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>696,872</u>	<u>1,085,809</u>
Total current assets	41,016,001	-	-	-	41,016,001	41,959,912
Due from affiliates	619,986	-	-	619,986		
Assets limited as to use	26,669,780	-	3,476,006	-	30,145,786	26,302,711
Property and equipment, net	19,877,486	-	-	-	19,877,486	19,449,700
Other assets	<u>8,651,632</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>8,651,632</u>	<u>6,553,617</u>
Total assets	<u>\$ 96,834,885</u>	<u>\$ -</u>	<u>\$ 3,476,006</u>	<u>\$ 619,986</u>	<u>\$ 99,690,905</u>	<u>\$ 94,265,940</u>

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Consolidating Balance Sheets

September 30, 2021
(with comparative totals for September 30, 2020)

LIABILITIES AND NET ASSETS (DEFICIT)

	Androscoggin Valley Hospital, Inc	Northcare	Androscoggin Valley Hospital Foundation, Inc.	Eliminations	2021 Consolidated	2020 Consolidated
Current liabilities						
Current portion of long-term debt	\$ 858,905	\$ -	\$ -	\$ -	\$ 858,905	\$ 917,956
Accounts payable and accrued expenses	2,975,427	-	-	-	2,975,427	4,952,852
Accrued salaries and related amounts	3,561,206	-	-	-	3,561,206	2,917,632
Deferred U.S. Department of Health and Human Services (HHS) Stimulus revenue	-	-	-	-	-	3,235,159
Paycheck Protection Program (PPP) refundable advances	-	-	-	-	-	5,179,000
Medicare accelerated payments	9,616,317	-	-	-	9,616,317	12,296,226
Estimated third-party payor settlements	<u>3,261,295</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>3,261,295</u>	<u>762,018</u>
Total current liabilities	20,273,150	-	-	-	20,273,150	30,260,843
Estimated third-party payor settlements	23,308,355	-	-	-	23,308,355	22,356,948
Long-term debt, excluding current portion	4,494,287	-	-	-	4,494,287	5,344,663
Due to affiliates	-	518,580	101,406	619,986	-	-
Deferred compensation	<u>8,636,249</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>8,636,249</u>	<u>6,541,431</u>
Total liabilities	<u>56,712,041</u>	<u>518,580</u>	<u>101,406</u>	<u>619,986</u>	<u>56,712,041</u>	<u>64,503,885</u>
Net assets (deficit)						
Without donor restrictions	40,122,844	(518,580)	3,330,838	-	42,935,102	29,718,293
With donor restrictions	<u>-</u>	<u>-</u>	<u>43,762</u>	<u>-</u>	<u>43,762</u>	<u>43,762</u>
Total net assets (deficit)	<u>40,122,844</u>	<u>(518,580)</u>	<u>3,374,600</u>	<u>-</u>	<u>42,978,864</u>	<u>29,762,055</u>
Total liabilities and net assets	<u>\$ 96,834,885</u>	<u>\$ -</u>	<u>\$ 3,476,006</u>	<u>\$ 619,986</u>	<u>\$ 99,690,905</u>	<u>\$ 94,265,940</u>

ANDROSCOGGIN VALLEY HOSPITAL, INC. AND SUBSIDIARIES

Schedule 2

Consolidating Statements of Operations

Year Ended September 30, 2021
(with comparative totals for the year ended September 30, 2020)

	Androscoggin Valley Hospital, Inc.	Androscoggin Valley Hospital Foundation, Inc.	Eliminations	2021 Consolidated	2020 Consolidated
Revenues and gains without donor restrictions					
Patient service revenue (net of contractual allowances and discounts)	\$ 64,406,863	\$ -	\$ -	\$ 64,406,863	\$ 57,958,391
Less provision for bad debts	-	-	-	-	1,220,996
Net patient service revenue	64,406,863	-	-	64,406,863	56,737,395
Other revenues	2,447,660	51,424	-	2,499,084	2,956,032
Refundable advances revenue	5,179,000	-	-	5,179,000	1,177,339
U.S. Department of Health and Human Services (HHS) stimulus revenue	3,235,159	-	-	3,235,159	2,322,661
Total revenues and gains without donor restrictions	<u>75,268,682</u>	<u>51,424</u>	<u>-</u>	<u>75,320,106</u>	<u>63,193,427</u>
Operating expenses					
Salaries, wages, and fringe benefits	35,848,297	54	-	35,848,351	33,671,898
Contract labor	5,342,006	-	-	5,342,006	4,830,601
Supplies and other	19,135,138	-	-	19,135,138	17,244,985
Medicaid enhancement tax	2,690,323	-	-	2,690,323	2,627,988
Depreciation and amortization	2,889,204	-	-	2,889,204	2,679,446
Interest	206,677	-	-	206,677	236,471
Total operating expenses	<u>66,111,645</u>	<u>54</u>	<u>-</u>	<u>66,111,699</u>	<u>61,291,389</u>
Operating income	<u>9,157,037</u>	<u>51,370</u>	<u>-</u>	<u>9,208,407</u>	<u>1,902,038</u>
Nonoperating gains (losses)					
Investment income, net	3,025,953	579,900	-	3,605,853	1,708,821
Contributions, net	(162,791)	(76,823)	-	(239,614)	(165,207)
Community benefit grant expense	(422,500)	-	-	(422,500)	(475,000)
Gain on investment in Great Northwoods Community Foundation	3,197	-	-	3,197	4,997
Nonoperating gains, net	<u>2,443,859</u>	<u>503,077</u>	<u>-</u>	<u>2,946,936</u>	<u>1,073,611</u>
Excess of revenues and gains over expenses and losses and net increase in net assets without donor restrictions	<u>\$ 11,600,896</u>	<u>\$ 554,447</u>	<u>\$ -</u>	<u>\$ 12,155,343</u>	<u>\$ 2,975,649</u>



**COMPOSITION OF AVH & SUBSIDIARY BOARDS
2021-2022**

AVH Board of Directors

Donna Goodrich, *Chair* (Independent) - 2023

Eric Johnson (Independent) - 2024

Jay Poulin, *Vice-Chair* (Independent) - 2024

Michael Peterson (Dependent, *Hospital President/CEO*)

Thomas McCue, *Treasurer* (Independent) - 2024

Daniel van Buren, MD (Dependent) - 2023

Martha Laflamme, *Secretary* (Independent) - 2022

Tim Godin (Independent) - 2022

Javier Cardenas, MD (Dependent) - 2022

Joan Merrill (Independent) - 2023

Jerry Rittenhouse, MD (Dependent, *Med Staff Pres.*)

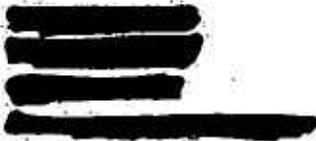
Sarah Verney Frechette (Independent) - 2023

Alta Chase (Independent) - 2023

Tyler White (Independent) - 2024

EFFECTIVE DATE: July 16, 2021

Lisa Romprey



LEADERSHIP SKILLS

- Dependability
- Positivity
- Effective Feedback
- Decisiveness
- Team Building
- Integrity
- Budgeting and Forecasting

EXPERIENCE

North Country Recovery Center/Weeks Medical Center,
Littleton— *Behavioral Health Case Manager & Certified Recovery Coach*

November 2019 - PRESENT

Provide services to clients seeking Medication- Assisted Treatment (MAT) including screenings, intake assessments, treatment planning, group therapy, referrals, coordination of care, and discharge planning. Provide training for new case management staff and support to Medical Assistants and Front Desk staff. Built community relationships on behalf of Weeks Medical Center and the individuals that we provide services to.

Crotched Mountain Residential Services, Whitefield — HUD Program
Coordinator and Crotched Mountain Community Care Team Leader

December 1996 - November 2019

Manager of 24 unit HUD subsidized property. Supervision of Maintenance personnel and Service Coordinator. Established in-house programs for tenants, marketing, and activities. Also responsible for supervision of HUD staff at five locations in NH, ME, and NY. HUD budget

oversight for all properties. Initiated private CFI Case Management program, secured staff. DHHS Littleton DO in transition of services. Coordinated home based service referrals and monitored/updated care plans.

White Mountain Mental Health and Developmental Services, Littleton
Community Support Services Team Leader and Case Manager

October 1991 - December 1996

Supervision and coordination of four community based support service programs: Case Management, Housing, Benefits, and Family Support. Provided direct staff supervision, education related state regulatory changes and agency policy updates. Assessment, interdisciplinary care planning and service coordination for individuals. Focus on enhancing individuals' role performance in the community.

EDUCATION

Certified Recovery Support Worker — Connecticut Community for Addiction Recovery

Springfield College, — Master of Science in Organizational Management and Leadership 2002

Plymouth State College, — Bachelor of Science in Social Work 1989

Certified Nurse Aide- 1989

MEMBERSHIP

NAADAC, Association for Addiction Professionals

References Available Upon Request

Laurie Collins

laune.collins@northcountryhealth.org

Education

WHITE MOUNTAIN COMMUNITY COLLEGE, Littleton NH
2017-2018
White Mountain Community College
Medical Assistant Program

PLYMOUTH STATE UNIVERSITY, Plymouth NH
2012-2013
Master of Education Curriculum and Instruction with a Concentration in K-12 Education

GRANITE STATE COLLEGE, Concord NH
2009-2011
Advanced Endorsements
Learning Disabilities
Emotional Behavioral Disorders
Intellectual and Developmental Disabilities
Certification for Early Childhood Special Education

OFFICE OF EDUCATION PROGRAMS, Concord NH
2007-2008
Special Education Teacher Training (SETT) Program

GRANITE STATE COLLEGE, Concord NH
2007
Bachelors in Child and Family Studies
Summa Cum Laude

HESSER COLLEGE, Manchester NH
1995
Associates in Criminal Justice
Magna Cum Laude
Phi Theta Kappa Honor Society

Experience

Weeks Medical Center, Lancaster, NH
NCRC Team Leader
Doorway At Androscoggin Valley Hospital Team Leader
December 2017- Current

- The MAT/Behavioral Health Team Leader will work full time and is responsible for clinical quality, oversight, coordination, and standardization of the MAT and Behavioral Health Teams.
- The MAT/Behavioral Health Team Leader is responsible for optimizing work flow, improving efficiency as well as overseeing clinical issues and ensuring day-to-day functions within the teams is well maintained.
- The MAT/Behavioral Health Team Leader also works as a member of the clinical team and is responsible for utilizing the Nursing Process to ensure that quality care is provided to patients of the Behavioral Health Team as well as those patients enrolled in the North Country Recovery Center program.

- She/he will oversee other non-provider team members in the provision of care to patients with behavioral health and substance misuse/addiction.
- Follows and promotes best practices in the treatment of healthcare and addiction.

Weeks Medical Center, Lancaster, NH

Behavioral Health Case Manager

November 2017-December 2017

- Perform appropriate interviews and case management assessments
- Identify related client specific plans, goals and methodology
- Develop and facilitate client specific services
- Monitor in various community based settings while working with a wide range of ages, and with individuals, groups and families, from diverse backgrounds and cultural orientations
- Conduct and record as assigned, face-to-face interviews with collateral and networking contacts, maintaining correspondence and case records in accordance with agency and regulatory standards and requirements
- Participate in inter- and intra-agency planning and service coordination to improve and enhance service continuity and effectiveness
- Medication monitoring in the community, where and when relevant and approved by medical staff, and documenting all relevant information
- Participate in regular interdisciplinary staff meetings and provide reports as assigned
- Possess knowledge of consumer rights, confidentiality laws and related policy and procedure
- Document and chart professionally
- Maintain effective community and interagency relations

Indian Stream Health Center, Colebrook, NH

Behavioral Health Case Manager

June 2016-November 2017

- Perform appropriate interviews and case management assessments
- Identify related client specific plans, goals and methodology
- Develop and facilitate client specific services
- Monitor in various community based settings while working with a wide range of ages, and with individuals, groups and families, from diverse backgrounds and cultural orientations
- Conduct and record as assigned, face-to-face interviews with collateral and networking contacts, maintaining correspondence and case records in accordance with agency and regulatory standards and requirements
- Participate in inter- and intra-agency planning and service coordination to improve and enhance service continuity and effectiveness
- Medication monitoring in the community, where and when relevant and approved by medical staff, and documenting all relevant information
- Participate in regular interdisciplinary staff meetings and provide reports as assigned
- Possess knowledge of consumer rights, confidentiality laws and related policy and procedure
- Document and chart professionally
- Maintain effective community and interagency relations

Colebrook Elementary School, Colebrook, NH

Pre-School Teacher/Special Educator/Case Manager

September 2011-June 2016

- Planning and implementing Preschool Curriculum
- Supervision of paraprofessionals
- Working with and developing curriculum for children with special needs within the preschool setting

Teacher, Case Manager

March 21, 2006-June 2016

- Planned curriculums
- Supervised of Paraprofessionals
- Provided resources for children with special needs
- Managed IEP meetings with all accompanying paperwork
- Collaborated with regular education teachers to develop and implement Individual Education Plans and 504 Plan

Paraprofessional

December 2, 2003-March 20, 2006

- Assisted students with activities initiated by the teachers.
- Supervised students during special activities as well as lunch, recess and hallway duties as requested by the supervisor
- Reinforced learning in small groups
- Assisted the teacher with everyday tasks such as observing, recording or charting behavior
- Carried out instructional programs

Special Training and Certifications

- EMT
- Certified Medical Assistant
- MOAB (Management of Aggressive Behavior)
- Certified CPR/1st Aid
- Certified Nonviolent Crisis Intervention
- Master of Education degree
- Certification in Early Childhood Special Education
- Advanced Endorsement Certification for Emotional Behavioral Disorders
- Advanced Endorsement Certification for Learning Disabilities
- Advanced Endorsement for Intellectual and Developmental Disabilities
- Certified Trainer for Suicide Prevention
- Certified Teacher Elementary Education K-6
- Certified General Special Education Teacher

References furnished upon request

SANDY POULIN

EXPERIENCE

AUG 2021-PRESENT

MEDICAL ASSISTANT, WEEKS MEDICAL CENTER

Preliminary exams, medications list, Wound care, podiatry care, removal of stitches.

MAY 2021-AUG 2021

MEDICAL ASSISTANT, MEMORIAL HOSPITAL (MAINE HEALTH)

Preliminary exams upon doctors' arrival. Overview of medications. Chief complaint of pt.

JULY 2019- MAY 2021

WELCOME CENTER REP, ANDROSCOGGIN VALLEY HOSPITAL

Answering Phone calls and transferring to correct department. Sort through mail for the departments.

DECEMBER 2016 - JUNE 2019

LNA/MNA, COOS COUNTY NURSING HOME

Daily tasks included assisting residents in personal care and physiotherapy. Documenting patient care for shift covered. MNA position includes providing patients with the correct medications and dosage. Other tasks include taking blood pressures, pulse rates, and temperatures.

EDUCATION

SEPTEMBER 2019- MAY 2021

MEDICAL ASSISTANT, WHITE MOUNTAINS COMMUNITY COLLEGE

JUNE 2016

MNA, COOS COUNTY NURSING HOME

This course was offered through my employer. This course a total of 8 weeks, twice a week. Through out this course, different medications were covered and the benefits they could provide for patients.

- CPR certified
- Hard working
- BLS Certified
- Med.Tech License (#003442; Exp. 4-30-23)
- Always arrive to work on time
- Competent with computers
- Able to manage time to ensure tasks are completed for my shift.

Nicole Ouellette



Availability: Job Type: Permanent
Work Schedule: Full-Time

Work

Experience: *U.S. Air Force Reserves*
Health Services Management
Chicopee, Massachusetts

12/2016 – Present

Duties and Related Skills:

- Prepare, file, safe-guard, transfer and retire patient health records
 - Process requests for diagnostic tests, consultations and referrals
 - Prepare patient related correspondence and orders for transfer, assignment and aeromedical evacuation
 - Manage healthcare resources and facilities, including financial statements and reports
 - Coordinate release of information functions
-

Coos County Nursing Home

License Nursing Assistant

364 Cates Hill Road

Berlin, NH 03570 United States

06/2016 – Present

Salary: \$12.45

Hours per week: Per diem

Duties and Related Skills:

- Provides for the needs of residents, such as cleanliness, nourishment, emotional comfort and activities such as sensory stimulation as directed by a nurse.
- Provides basic nursing care taking vital signs and collecting specific specimens for routine laboratory examinations.
- Completes daily assigned tasks such as clothing distribution, replenishing charts, emptying laundry hampers, and cleaning furniture.
- Observes and interacts with residents, reports observations to a Licensed Nursing Assistant II or nurse to assist in care planning.
- Documents in records all care rendered, describing behaviors and reactions of residents.
- Promotes resident independence in meeting individual needs.
- May act as preceptor for orientation of new staff as assigned by supervisor.
- Utilizes principles of infection control and universal precautions to foster resident treatment, recovery and/or prevention of infection.
- Prepares and assists with transferring residents to special functions, trips, consults, religious activities, and other places within and outside the facility.
- Encourages and maintains an open communication system and positive interactions with residents, families, and guardians.
- Participates in organizational meetings and committees.
- Attends and participates in in-service educational programs to broaden knowledge related to the position.
- Drive residents to medical appointments.

Saint Vincent de Paul Nursing Home

License Nursing Assistant

29 Providence Ave

Berlin, NH 03570 United States

01/2016 – 04/2017

Salary: \$10.45

Hours per week: 24-40

Duties and Related Skills:

- Provides for the needs of residents, such as cleanliness, nourishment, emotional comfort and activities such as sensory stimulation as directed by a nurse.
- Provides basic nursing care taking vital signs and collecting specific specimens for routine laboratory examinations.
- Completes daily assigned tasks such as clothing distribution, replenishing charts, emptying laundry hampers, and cleaning furniture.
- Observes and interacts with residents, reports observations to a Licensed Nursing Assistant II or nurse to assist in care planning.
- Documents in records all care rendered, describing behaviors and reactions of residents.

- Promotes resident independence in meeting individual needs.
 - May act as preceptor for orientation of new staff as assigned by supervisor.
 - Utilizes principles of infection control and universal precautions to foster resident treatment, recovery and/or prevention of infection.
 - Prepares and assists with transferring residents to special functions, trips, consults, religious activities, and other places within and outside the facility.
 - Encourages and maintains an open communication system and positive interactions with residents, families, and guardians.
 - Participates in organizational meetings and committees.
 - Attends and participates in in-service educational programs to broaden knowledge related to the position.
-

Mollidgewock State Park

Manager

1437 Berlin Road
Errol NH, 03579 United States

06/2018 -Current

Salary \$15.95

Hours per week: 20-40

Duties and Related Skills

- Advises and completes park work, such as maintenance and repair of buildings, shelters, tables, fireplaces, grounds, swimming areas, roads, trails, restrooms, and water systems.
 - Provides information to the public on state park facilities, rules and regulations, historical data, and related information.
 - Collects fees, assigns park areas, and ensures park services are provided.
 - Patrols park or historical site for detection of fires and compliance with rules and regulations.
 - Keeps records and makes necessary reports for state park system.
 - Conducts guided or informational tours of historical sites for the public.
 - Manage Staff Schedules, Retail products, and Equipment on the job
 - Provide training to new employees
-

Milan Hill State Park

Assistant Office Manager

427 Milan Hill Road
Milan NH, 03588 United States

06/2014 - 2018

Salary: \$12.63

Hours per week: 24-30

Duties and Related Skills:

- Advises and completes park work, such as maintenance and repair of buildings, shelters, tables, fireplaces, grounds, swimming areas, roads, trails, restrooms, and water systems.
 - Provides information to the public on state park facilities, rules and regulations, historical data, and related information.
 - Collects fees, assigns park areas, and ensures park services are provided.
 - Patrols park or historical site for detection of fires and compliance with rules and regulations.
 - Keeps records and makes necessary reports for state park system.
 - Conducts guided or informational tours of historical sites for the public.
-

White Mountain Community College Childcare Center

Substitute Teacher

2020 Riverside Drive
Berlin NH, 03570 United States

07/2015-03/2016

Salary: \$12.45

Hours per week: 20-30

Duties and Related Skills:

- Assists in planning and outlining classroom activities within a structural program.
 - Adapts instructional activities to students in both academic and vocational fields, as assigned by supervisor, providing tutorial and remedial assistance.
 - Completes accountability reports and maintains records for each student.
 - Conducts extra-curricular activities as assigned.
 - Serves as a member of a team evaluating students individual needs regarding behavioral and academic objectives.
 - Prepares material for use in classroom activities using duplicating equipment when appropriate.
 - Performs other tasks and duties, when assigned, to assist a teacher in increasing the effectiveness of a class of pupils.
-

Jericho Mountain State Park

Assistant Store Manger

298 Jericho Lake Road
Berlin, NH 03570 United States

06/2010 - 6/2014

Salary:

Hours per week:

Duties and Related Skills:

- Advises and completes park work, such as maintenance and repair of buildings, shelters, tables, fireplaces, grounds, swimming areas, roads, trails, restrooms, and water systems.
 - Provides information to the public on state park facilities, rules and regulations, historical data, and related information.
 - Collects fees, assigns park areas, and ensures park services are provided.
 - Patrols park or historical site for detection of fires and compliance with rules and regulations.
 - Keeps records and makes necessary reports for state park system.
 - Conducts guided or informational tours of historical sites for the public.
-

**Licenses and
Certifications:**

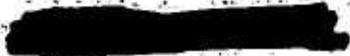
- Health Services Management Certificate
 - Basic Military Train Course
 - Flight Line Driving License (Military)
 - LNA License
 - Driver's License
 - Security Guard License
 - Child Care Certification
 - CPR Certification
-

Education:

- High School Diploma
- Enrolled in College @WMCC (Graduate In 2020 with Associates In Liberal Arts)
- Basic Training (Military)

References:

- Bill Chabot, Electrician at Androscoggin-Valley Hospital, 603-219-8085
- Pam Villeneuve, Home Health Care Provider, 603-723-7566
- Melissa Beaudoin, LNA at St Vincent De Paul, 603-348-3886
- Korin Villeneuve, LNA at Coos County Nursing Home, 603-723-2590
- William Potter, State Park Worker, 603-788-4312
- Douglas Goodwin, State DOT, 603-348-1705



Application for Employment



Weeks Medical Center

Name: Carlissa Rogers
Apply Date: March 26, 2020
Requisition #: 3110

Job Title: Certified Medical Assistant
Shift: Day shift
Schedule: Full-time
Organization: North Country Recovery Center - Weeks Medical Center

Introduction

Application for Employment

It is the intent of Weeks Medical Center to conform to Federal and State Laws pertaining to non-discrimination

*Required Information

Contact Info

Contact Information

First Name: *Carlissa
MI: Styles
Last Name: *Rogers
Last Four Digits of Social Security Number: [Redacted]
Email Address: [Redacted]

Mailing Address

Address: [Redacted]
City: [Redacted]
State: [Redacted]
Zip: [Redacted]

Phone Information

Home/Other Phone: [Redacted]
Work Phone: [Redacted]
Cell Phone: [Redacted]
Best Way to Contact? Cell Phone

Education

Education History

What is your highest level of education? *High School Diploma or equivalent.

Education History Review

Please review your education history. Use the Add More Education button to add additional education history.

Education History Review 1

School Information

Name of School: Groveton High School
Street: State Street
City: Groveton
State: NH
Province:
Zip: 03582
Country: USA

Degree Information

Degree Type: Diploma
Major:
Did you graduate? Yes

Education History Review 2

School Information

Name of School: White Mountains Community College
Street: Riverside Drive
City: Berlin
State: NH
Province:
Zip: 03570
Country: USA

Degree Information

Degree Type: Other
Major: Medical Assistant
Did you graduate? Yes

Additional Education

List scholastic honors, specialized training, apprenticeship, and extra-curricular activities that may be helpful in considering your application: Finished my Medical Assistant Internship at Weeks Medical Center in Groveton Primary Care Facility

Skills

Miscellaneous Skills

Foreign Languages:
Other Skills:
Membership in Professional or Civic Organizations:

Licensure

License/Certifications

Do you have state licensure for this position? *No

No License/Certifications added.

Work Experience

Work History

Please list your most recent first. Be specific and accurate. Complete even if attaching a resume. This information may be used for checking references.

How many years of relevant experience do you have in this position? *0-1 year

Are you currently employed? *Yes

Work Experience

Please review your employment history. Use the Add Work Experience button to list additional employment.

Work Experience 1

Company Information

Name of Company: *Northern Human Services
Street: Lancaster Road
City: Whitefield
State: NH
Zip: 03598
Employer's Phone: (603) 837-9547

Position Information

Job Title: *Community Intergrator
Employed From: *07/01/2019
Employed To: *03/26/2020
Starting Salary: *11.50
Ending Salary: *11.50
Supervisor Name: Stephany Boutin and Marta

Additional Details

Other Name(s) Used: Common Grounds
Employment Status: Full-time
Job Duties and Responsibilities: *Support Staff to adults with disabilities within the community, whether it be supporting them at work or in daily activities (shopping, exercises, library, volunteer work)
Reason for Leaving: *Graduating from College as a Medical Assistant with hopes of working as a Medical Assistant
May we contact this employer for a reference? Yes

Resume

Resume

Please upload your resume and/or cover letter below.

Resume: Carissa_Rogers_Resume (1).pdf
Cover Letter: Carissa_Rogers_Letter_1 (1).pdf

Military Service

Military Service

Were/Are you a member of the U.S. Armed Forces? No

Additional Info

Salary & Availability

Minimum Salary Desired: 15.00

When will you be available to begin work? As Soon as hired, will need to work at least 2 weeks notice.

Additional Questions

Are you under 16 years of age? *No

Are you presently authorized to work in the United States? *Yes

Have you ever been employed by Weeks Medical Center? *No

Do you have any limitations that would affect your ability to perform the essential job functions of the position(s)? *No

Have you ever been convicted of a crime other than a minor traffic offense (including Military Service)? *Yes

If yes, please explain. *DUI In 2007

Are you charged with an unresolved criminal charge? *No

Source of Referral

How did you find out about this position? *Employee Referral

If you were referred by a current employee, enter their

First Name: *Gillian

Last Name: *Ratliff

Department: *Certified Medical Assistant

Do you have any relatives currently employed by Weeks Medical Center? *No

Read and Sign

Read and Sign

Read the following carefully before signing.

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, education, educational background, credit record and for criminal history.

RAYLEEN ROY



OBJECTIVE

To secure a position as a phlebotomist and utilize newly acquired skills obtained through a phlebotomy certificate program.

PROFILE

Motivated, personable aesthetician that owns and operates a successful mini-spa. Provide high quality skin care services to clients of all ages. Use state-of-the-art equipment in recommending skin care strategies. Manage all aspects of the business in an efficient, time conscious way.

SKILLS SUMMARY

Customer Service	Bookkeeping	Fiscal Responsibility
Time Management	Advising Skin Care	Interpersonal Skills
Multi-Tasking	Scheduling	Inventory Control

RELEVANT EXPERIENCE

Customer Care:

Earned a reputation as being comfortable to be around.
Recommended doctor treatment in the early detection of skin cancer for several clients.

Advised healthy skin care strategies for the preservation of skin.

Kept clean and sterile equipment for the treatment of clients.

Stayed current on industry standards by attending continuing education workshops.

Provided a relaxing, pleasing spa area by focusing on cleanliness, color scheme, and décor.

Detail Mastery and Organization:

Created and managed a successful spa for sixteen years.
Expanded the service business by adding a retail area.
Purchased all products for retail business by attending trade shows.
Managed customer scheduling/appointment book to efficiently service customers all while providing a relaxing environment.

WORK HISTORY

Skinplicity – A Mini-Spa, Main Street, Berlin, NH
Owner and Operator – 2000 to present

Crown Vantage, 650 Main Street, Berlin, NH
Laborer - worked all over the mill at various jobs including towel packer, paper tester, and filter plant operator - 1986-1998

Gamm, Jericho Road, Berlin, NH
Crease Stitcher - 1982 to 1986

EDUCATION

White Mountains Community College, Berlin, NH
Phlebotomy Certificate – 1/2016 – 5/2016
33 credits accumulated at WMCC as it relates to business studies.

Catherine Hinds School of Esthetics, Woburn, MA
Esthetician – 10/1998-5/1999
First in history to complete program ahead of schedule.

Berlin High School, Berlin, NH
High School Graduate – 6/1981



Position Applied For

Position: Front Desk Reception
Facility: Hospital
Department: ADM/TT/COMM
Schedule: Full time
Req Num: 2078

Weeks Medical Center

Application for Employment

It is the intent of Weeks Medical Center to conform to Federal and State Laws pertaining to non-discrimination.

* Required Information

September 26, 2018

PERSONAL INFORMATION

First Name: Tracy M.

Last Name: Fortin

Address: [Redacted]

City: [Redacted]

State: [Redacted]

Zip: [Redacted]

Last 4 Digits of Social Security Number: [Redacted]

Home/Other Phone: [Redacted]

Work Phone: [Redacted]

Cell Phone: [Redacted]

Best way to contact: No Preference

Email Address: [Redacted]

EDUCATION

High School

Name of school: Berlin High School Years completed? 12

Street: 550 Ward Street Degree Type:

City: Berlin Did you graduate? Yes

State: NH Province:

Zip: 03570

Country: United States

List schoolastic honors, specialized training, apprenticeship, and extra curricular activities that may be helpful in considering your application:

SKILLS/EXPERIENCE

Check all that apply

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> Billing | <input type="checkbox"/> ICU/CCU | <input type="checkbox"/> Nursing Supervision | <input type="checkbox"/> Geriatric |
| <input type="checkbox"/> Hospital Administration | <input type="checkbox"/> Neurology | <input type="checkbox"/> Respiratory Therapy | <input type="checkbox"/> Med/Surg |
| <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> E.M.S. | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> X-Ray | <input type="checkbox"/> Lab/Chemistry | <input checked="" type="checkbox"/> Switchboard |
| <input checked="" type="checkbox"/> Transcription | <input type="checkbox"/> Collections | <input type="checkbox"/> Oncology | <input type="checkbox"/> Medical Transcription |
| <input checked="" type="checkbox"/> Accounting | <input type="checkbox"/> IV Therapy | <input type="checkbox"/> Surgery/Recovery Room | <input type="checkbox"/> Coding |

Typing Speed: WPM

Errors:

Medical Transcription: WPM: N/A

Word Processing/Computers: adequate

Office Equipment/Products/Mobile Machinery: adequate

Foreign Languages: N/A

Other skills not mentioned above: none currently

Membership in Professional or Civic Organizations:
 (You may exclude those which may disclose your race, color, religion or national origin.)

LICENSES/PERMITS/REGISTRATIONS

Professional Licensure

Type	State	Number	Date Issued	Expiration Date	Temp/Perm
------	-------	--------	-------------	-----------------	-----------

Have you ever had any action taken against your professional license?
 If yes, please explain circumstances and outcome.

WORK HISTORY

Please list your most recent first. Be specific and accurate. Complete even if attaching a resume. This information may be used for checking references.

Are you currently employed? Yes

1. Current/most recent employer:

Name of Company: Tr County, Cap Transit
 Address: 31 Pleasant Street
 City: Ber n
 State: NH
 Zip: 03570
 Employer Phone: 603-752-1741

Job Duties and Responsibilities:
 scheduling trips, local and long distance for passengers, answering phones, dealing with multiple computer screens and programs.

Reason For Leaving:
 miss working as an administrative assistant.

May we contact this employer for a reference?
 Yes

Other Name: J U ed Northern Human Services

Job Title: adm n strat ve/Rep Payee

Employed From: 05 2004

Employed To: 08 2017

Starting Salary: 7

Ending Salary: 14

Supervisor Name: Richard Lafamme
 Employer Address: Full Time

MILITARY SERVICE

Were/Are you a member of the U.S. Armed Forces? No

Branch of Service:

Period of Active Duty: From:
 To:

Highest rank held:

Type of Separation/Discharge:

REFERENCES

Please give three references (DO NOT list relatives)

Name	Phone Number	Email Address	Relationship
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

ADDITIONAL INFORMATION

Minimum Salary Desired:

When will you be available to begin work? need to give two weeks notice

How did you find out about this position? Relative
If you selected other, please enter "Other" source:

If you were referred by a current employee, enter the

First Name: [Redacted]
Last Name: [Redacted]
Department: [Redacted]

If you have any relatives currently employed by Weeks
Medical Center, at the

First Name: [Redacted]
Last Name: [Redacted]
Department: [Redacted]

Which job status/shift would you accept? (Please check
all that apply)

Status Shift
 Full Time Day
 Part Time Evening
 PRN Night
 Flex Time Weekend
 Temporary Rotating Shifts

Please answer all of the following questions.

- Are you under 16 years of age?
- Are you presently authorized to work in the United States?
- Have you ever been employed by Weeks Medical Center?
If yes, hire date and department?
Hire Date: Department:
- Have you previously filed an application with Weeks Medical Center or any of its affiliates?
Do you have any limitations that would affect your ability to perform the essential job functions of the position(s)?
If yes, please explain.
- Have you ever been convicted of a crime other than a minor traffic offense (including Military Services)?
If yes, please explain.
(Weeks Medical Center conducts criminal record checks. Failure to divulge complete information will disqualify you from employment. However, conviction will not necessarily disqualify an applicant from employment)
- Are you charged with an unresolved criminal charge? (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?)
If yes, explain fully.

READ AND SIGN

Read the following carefully before signing.

I certify that the information on this application and any attached documents is true and complete, and I understand that false statements as well as omissions of fact may be considered grounds for termination if I am hired.

I understand that my employment is contingent upon the satisfactory completion of a post offer physical examination.

I authorize individuals, companies, or other organizations mentioned in this application or in correspondence submitted in connection with it to release information about me to Weeks Medical Center. I further authorize Weeks Medical Center to make information about me available to a prospective employer, government agency, or licensing, certification, or regulatory organization. I release these parties and Weeks Medical Center from any liability requesting or releasing such information.

I understand that any employment given me will start with a 90 day introductory period, and that my status is that of an employee at will, meaning that I have no contractual right, express or implied, to remain in Weeks Medical Center employment. I agree to conform to the rules of the hospital and that my employment and compensation can be terminated at any time at the option of either the hospital or myself. I understand that no officer or representative of Weeks Medical Center has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the previous.

HEIDI RICHARD



PROFESSIONAL SUMMARY

Compassionate and accomplished human services provider and Certified Recovery Support Worker with a passion for supporting those with substance abuse problems. Ability to create, implement, and work with families to achieve independence.

KEY QUALIFICATIONS

- Microsoft Office | Documentation
- Hard Worker | Team Player
- Flexible & Adaptable
- Communication, Written & Verbal
- Critical Thinking | Problem Solving
- Project Management

EDUCATION AND CERTIFICATES

Master of Science, Human and Social Sciences, *Walden University, Missouri, MI*

Bachelor of Science, Human Services, *Granite State College, Concord, NH*

Associate in Science, Certificate in Medical Assisting, *White Mountains Community College, Berlin NH*

Certified Recovery Support Worker | Sober Parenting Journey Facilitator | Positive Solutions

For Families Facilitator | Growing Great Kids Facilitator

EMPLOYMENT HISTORY

Data Coordinator/Quality Assurance, *Family Resource Center, Gorham NH*, 10/2020-Present

- Routine check of all charts
- Routine checks of EMR System
- Collect and analyze all data
- Train new staff on CFSS Process of paperwork
- Coordinate and set up Parent Cafe for the community

Family Support Specialist/CRSW, *Family Resource Center of Gorham, Gorham NH*, 1/2018- 10/2020

- Develop Family Goal Plans with the family

How
Richard

- Motivate parents to connect with community resources
- Motivate individuals to seek out treatment
- Coordinate care between two agencies, working with a family
- Work on the Parent Café Team

Certified Medical Assistant, *Littleton Regional Health Care*, Littleton NH, 9/2014-9/2017

- Collect and record Patient Vitals
- Assist Provider with Procedures
- Coordinate Care for patient between Specialist and Primary Care

Phlebotomist, Cottage Hospital, *Woodsville NH*, 2/2013-12/2013

- Collect Patient Data and record in the Medical Record
- Collect samples and record into medical record, assign to providers

LYDIA ANNE MCKENZIE DNP, APRN, PMHNP-BC

PROFESSIONAL SUMMARY

Board certified as a Psychiatric Mental Health Nurse Practitioner since 2018; with experience in Outpatient Behavioral Health and Addictions care. Over 21 years of bedside Registered Nursing experience in the Emergency, Intensive Care and Toxicology settings. Educated at the doctoral level in the assessment, diagnosis, treatment planning, and medication management of mental illness and psychiatric disorders across the lifespan. Brief solution-focused therapy followed by referral to a professional counselor for ongoing therapy needs.

Committed to providing holistic, evidence-based, trauma-informed care based on the scientific principles of psychoneuroimmunology and with the ultimate goal of recovery and overall wellness.

SKILLS

Critical thinker
Self-directed
Team player

Highly dependable
Detail oriented
Evidence based care

WORK HISTORY

Psychiatric Mental Health Nurse Practitioner, 10/22/2018-Present
Weeks Medical Center - Lancaster, New Hampshire

Assessment, diagnosis and medication management of addiction, psychiatric disorders and mental health conditions in ages 6 years old and greater. Work collaboratively with Primary Care Providers and a team of Behavioral Health and Drug and Alcohol Counselors to provide holistic patient-centered care in the outpatient setting. Actively engaged in prescribing for Medication Assisted Recovery at The Doorway at Androscoggin Valley Hospital and the North Country Recovery Center. Hold a DEA waiver to prescribe buprenorphine products for the treatment of Opioid Use Disorder. Utilize an Electronic Health Record for documentation in compliance with CMS requirements. NPI 1386129856

Poison Information Specialist, 01/2014 to 09/30/2018

Banner Poison and Drug Information Center - PHOENIX, ARIZONA

Manage poison and drug exposure calls from the public and health care facilities by telephone. Recommend treatment modalities to physicians, nurses, and emergency services providers based upon reported history, described physical assessment, vital signs and laboratory results. Determine criteria for medical clearance for Emergency department and inpatient toxicology patients. Critical thinking and autonomous decision-making is expected. No protocol algorithms used.

Adjunct Faculty, 08/2013 to 05/2014

Phoenix College School of Nursing - PHOENIX, ARIZONA

Instructor for associate degree registered nursing program; working primarily with senior nursing students in the ICU clinical setting, skills lab and simulation hospital.

ICU Resource and ICU SWAT RN, 01/2011 to 01/2014

Banner University Medical Center Phoenix Campus - Phoenix, AZ

Academic Level 1 Trauma teaching facility. Primary care, assessment and evaluation of critically ill adults in the medical/surgical, neurological/neurosurgical, cardiovascular and trauma intensive care settings. Provided relief staffing for all adult ICUs and for the ICU SWAT position as an expert critical care nurse. SWAT responsibilities included troubleshooting lines and equipment, post-cardiac arrest hypothermia protocol, RN leader of the Rapid Response Team, ultrasound guided IV insertion and difficult IV insertions in both the medical/surgical and ICU settings.

Travel Registered Nurse, 01/2003 to 10/2010

Fastaff Travel Nursing - Greenwood Village, CO

Travel nurse in both emergency and critical care units. Diverse settings including rural critical-access hospitals to large urban tertiary care facilities across the United States. Experience in all ICU specialty units, including Burn ICU. Provided high quality care with a minimum of orientation time and limited familiarity with equipment.

Staff Registered Nurse, 12/2005 to 12/2006

UnityPoint Health - Iowa Methodist Medical Center - Des Moines, IA

Staff nurse in Level 1 Trauma Center in the ICU setting. Provided care to adult medical/surgical, neuro, cardiovascular and trauma patients in a patient and family-focused environment. Completed a critical care nursing course as part of the orientation process. Functioned in both full-time and per-diem capacities.

Travel Registered Nurse, 02/2000 to 12/2002

American Mobile Healthcare - San Diego, CA

Travel nurse in the emergency department setting caring for patients across the lifespan in a variety of settings ranging from small critical-access hospitals to high-volume inner-city facilities.

Staff Registered Nurse, 01/1997 to 03/2000

Lakeland Medical Center - Niles, MI

Staff nurse in a busy community-based emergency department caring for patients across the lifespan. Completed a class on cardiac rhythm identification as part of the orientation process.

EDUCATION

Graduate Certificate in Addictions: September 2019 and completed in August 2020

Massachusetts General Hospital-Institute for Health Professions - Boston, MA

Curriculum focuses on using evidence-based information related to addiction to offer patients compassionate and holistic care. Objectives of this 10-credit graduate level certificate program include: Exploring the principles of screening, assessment and diagnosis of addiction disorders. Acquire in-depth knowledge and application of principles of addiction pharmacology. Provide a strong foundation in the theory, clinical foundation, and evidence for various psycho-social models of treatment for addiction, recovery, relapse prevention, and continuing care. Preparation for the Certified Addictions Registered Nurse-Advanced Practice examination.

Doctor of Nursing Practice: Psychiatric Mental Health Nurse Practitioner, 2018

University of Arizona - Tucson, AZ

Completed 735 clinical hours and participated in the care of 1001 cases during the course of this doctoral education. Clinical settings included outpatient general mental health-adult only (185 hours), Outpatient general mental health-ages 6 to geriatric (290 hours), Outpatient Child/adolescent only (150 hours), Telepsychiatry seeing seriously mentally ill adults (60 hours), and the Inpatient adult, geriatric, and integrated med/psych setting (50 hours).

Doctoral project titled: The Psychological Response of Police Trainees during a 16-week Regional Police Academy: A Needs Assessment.

Overall GPA: 3.889

Master of Science: Criminal Justice with an emphasis in Law Enforcement, 2014

Grand Canyon University - Phoenix, AZ

Graduated with honors

Member of Alpha Chi

Overall GPA: 3.93

Bachelor of Science in Nursing: 2012

Grand Canyon University - Phoenix, AZ

Graduated with honors

Member of Sigma Theta Tau International

Overall GPA: 4.0

Associate of Applied Science: Registered Nursing, 1996

Southwestern Michigan College - Dowagiac, MI

Associate of Arts: Liberal Arts, 1994

Kalamazoo Valley Community College, Kalamazoo, MI
Emphasis in Law Enforcement

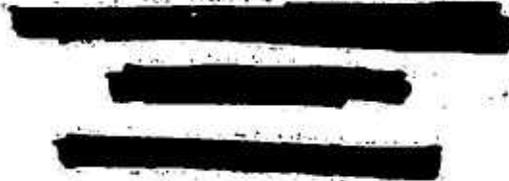
CERTIFICATION

• **Nursing Licenses and Certifications:**

- **New Hampshire Advanced Practice Registered Nurse, License # 079038-23**
Issued October 2, 2018, Expires September 27, 2022
- **New Hampshire Registered Nurse, License # 079038-21**
Issued December 2, 2018, Expires September 27, 2022
- **Michigan Registered Nurse, License # 4704210807. Issued January 1997, Expires January 2023**
- **Psychiatric Mental Health Nurse Practitioner by the American Nursing Credentialing Center**
Certificate # 2018072402. Issued September 19, 2018, Expires September 18, 2023

- **BLS certified November 2020. Expires November 2022**
- **ACLS certified December 27, 2020. Expires 12/27/2022**
- **Certified Specialist in Poison Information by the American Association of Poison Control Centers**
Issued: June 2016, Expires June 2023

Scott Parent, BS, LADC, CCS



OBJECTIVE:

To obtain a full time position treating individuals negatively impacted by Substance Use/ Co-Occurring Disorders, by assisting them in developing healthy skills and supports they can use to improve their stability, functioning and lives.

EXPERIENCE:

Acadia Health Care – Discovery House

400 Western Avenue, South Portland, ME 04106

August 2016 - Present

LADC – Lead Substance Abuse Counselor (Suboxone Program)

Position responsibilities include:

- *Providing Assessment, Referral and Treatment Services for Opioid and Other Substance Use Disorder Patients in the Suboxone Opioid Health Home program.
- *Completing Bio-Psycho Social Assessment to determine appropriateness for Patients seeking admission to the Suboxone/ Methadone MAT programs.
- *Providing Motivational Interviewing, Person Centered and Behavioral Techniques to treat patients receiving Individual, Group and/ or IOP services.
- *Competently completing agency paperwork to document patient needs, goals and progress in order to provide quality care and meet administrative targets.
- *Providing Comprehensive Patient Care through Coordinating with Internal/ External providers, supports and resources.

Scott Parent, BS, LADC, CCS



EXPERIENCE:

Northern Human Services/ White Mountain Mental Health

29 Maple Street, PO Box 599, Littleton, NH 03561

December 2012 – August 2016

LADC - Case Manager / MH Court / Substance Use Disorder Counselor

Position responsibilities include:

*Providing Assessment, Planning, Monitoring and Referral services for Community Support/ MH Court clients to assist them in meeting identified goals.

*Completing Comprehensive Bio-Psycho Social Assessments and Co-Occurring Treatment for clients referred by the MH Court Program.

*Providing Case Management, MH Functional Support and Substance Abuse Treatment for clients in the Community Support and MH Court programs.

*Completing Court Ordered Alcohol and Drug Assessments to determine appropriateness for Substance Abuse and/or Mental Health Services.

*Competently completing agency paperwork to document client's needs, goals and progress in order to provide quality of care and meet administrative targets.

*Providing Emergency and Crisis Stabilization Services as part of the Clinical Crisis Team to support clients in addressing acute Mental Health crisis needs.

The Doorway at Androscoggin Valley Hospital FY 2023 SOR III
Key Personnel

Name	Job Title	As of 8/29/22 Salary	% Paid from this Contract	Amount Paid from this Contract
Lisa Romprey	Manager	\$94,515	50%	47257.50
Laurie Collins	Team Lead	\$58,781	50%	29390
Sandy Poulin	Medical Assistant	\$43,368	100%	43368
Nicole Ouellette	Medical Assistant	\$32,531	50%	16265.5
Carissa Rogers	Medical Assistant	\$44,658	Back up	
Rayleen Roy	Covid Screener	\$39,998	100%	3998
Tracy Fortin	Patient Coordinator	\$50,877	100%	50877
Heidi Richard	CRSW	\$52,458	100%	52458
Lydia McKenzie,	Psychiatric Nurse Practitioner	\$226,181	50%	113090.5
Scott Parent	LADC	\$62,003	100%	62003



Lori A. Shilbette
Commissioner

39 mac

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
GOVERNOR'S COMMISSION ON ALCOHOL & OTHER DRUGS

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9564 1-800-804-0909
Fax: 603-271-6105 TDD Access: 1-800-735-2964 www.dhhs.nh.gov/dcbcs/bdas

August 30, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, on behalf of the Governor's Commission on Alcohol and Other Drugs, to amend existing contracts with the Contractors listed below in **bold** to continue providing a statewide network of Doorways for substance use disorder treatment and recovery support services access, by exercising contract renewal options by increasing the total price limitation by \$11,190,088 from \$37,617,414 to \$48,807,502 and extending the completion dates from September 29, 2021 to September 29, 2022, effective upon Governor and Council approval. 97.28% Federal Funds, 2.72% Other Funds.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Androscoggin Valley Hospital, Inc.	177220-B002	Berlin	\$1,949,517	\$669,740	\$2,619,257	O: 10/31/18 Item #17A A1: 8/28/19 Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
The Cheshire Medical Center	155405-B001	Keene	\$3,063,740	\$1,045,046	\$4,108,786	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Concord Hospital, Inc.	177653-B003	Concord	\$2,688,794	\$735,271	\$3,424,065	O: 10/31/18 Item #17A A1: 8/28/19, Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Mary Hitchcock Memorial Hospital	177651-B001	Lebanon	\$5,312,531	\$1,504,500	\$6,817,031	O: 10/31/18 Item #17A A1: 11/14/18 Item #1 A2: 9/18/19 Item #20 A3: 6/24/20 Item #31 A4: 2/17/21 Item #18
*LRGHealthcare	177161-B006	Laconia	\$2,317,076	\$0	\$2,317,076	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
*Granite Pathways Manchester	228900-B001	Manchester	\$3,831,170	\$0	\$3,831,170	O: 10/31/18 Item #17A A1: 9/18/19 Item #20
*Granite Pathways Nashua	228900-B001	Nashua	\$3,364,709	\$0	\$3,364,709	O: 10/31/18, Item #17A A1: 9/18/19, Item #20
Littleton Hospital Association	177162-B011	Littleton	\$2,160,689	\$712,612	\$2,873,301	O: 10/31/18, Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

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Wentworth-Douglass Hospital	177187-B001	Dover	\$4,109,399	\$1,153,475	\$5,262,874	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Catholic Medical Center	177240-B003	Greater Manchester	\$4,919,123	\$2,926,711	\$7,845,834	O: 3/11/20 Item #9A A1: 2/3/21 Item #10
Southern New Hampshire Health System, Inc.	177321-R004	Greater Nashua	\$3,339,704	\$1,696,196	\$5,035,900	O: 3/11/20 Item #9A A1: 2/17/21 Item #18
Concord Hospital, Inc. – Laconia	355356	Laconia	\$560,962	\$746,537	\$1,307,499	O: 6/2/21 Item #28
		Total:	\$37,617,414	\$11,190,088	\$48,807,502	
<i>*Indicates contracts that are okay to expire or have been terminated.</i>						

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is to continue to provide a network of Doorway programs to ensure access to substance use disorder treatment and recovery services within sixty (60) minutes of State residents' homes.

Approximately 4,000 individuals will be served between September 30, 2021 to September 29, 2022.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire at a minimum has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week.

The Doorways provide resources to strengthen existing prevention, treatment and recovery programs by ensuring access to critical services in order to decrease the number of opioid and/or stimulant-related misuses, overdoses and deaths in New Hampshire as well as promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants also are being served and referred to the appropriate services.

His Excellency, Governor Christopher T. Sununu,
and the Honorable Council
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The Department continues to monitor services by reviewing, analyzing and engaging in quality improvements based on:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language, or Exhibit A, Revisions to Standard Contract Provisions in the cases of Catholic Medical Center and Southern New Hampshire Health System, Inc. and Concord Hospital – Laconia, of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the one (1) year available.

Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care, which would negatively impact recovery and increase the risk of relapse.

Source of Federal Funds: Assistance Listing Number #93.788, FAIN #H79TI083326 and CFDA #93.959, FAIN #B08TI083509.

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

Respectfully submitted,

DocuSigned by:
Lori A. Weaver
4C4A82984125473

for

Lori A. Shibinette

Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

05-02-02-020510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT

100% Federal Funds

Vendor Name: Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$218,250.00	\$0.00	\$218,250.00
2020	102/500731	Contracts for Program Services	92057040	\$652,985.00	\$0.00	\$852,985.00
2021	102/500731	Contracts for Program Services	92057040	\$201,283.00	\$0.00	\$201,283.00
2021	102/500731	Contracts for Program Services	92057047	\$181,000.00	\$0.00	\$181,000.00
2021	102/500731	Contracts for Program Services	92057048	\$438,866.00	\$0.00	\$438,866.00
2022	102/500731	Contracts for Program Services	92057048	\$218,333.00	\$0.00	\$218,333.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$489,806.00	\$489,806.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$163,269.00	\$163,269.00
Sub Total				\$1,908,517.00	\$653,075.00	\$2,561,592.00

Vendor Name: Concord Hospital, Inc.				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$262,773.00	\$0.00	\$262,773.00
2020	102/500731	Contracts for Program Services	92057040	\$1,325,131.00	\$0.00	\$1,325,131.00
2021	102/500731	Contracts for Program Services	92057040	\$238,916.00	\$0.00	\$238,916.00
2021	102/500731	Contracts for Program Services	92057047	\$168,000.00	\$0.00	\$168,000.00
2021	102/500731	Contracts for Program Services	92057048	\$400,000.00	\$0.00	\$400,000.00
2022	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$538,954.00	\$538,954.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$179,652.00	\$179,652.00
Sub Total				\$2,590,820.00	\$718,606.00	\$3,309,426.00

Vendor Name: Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$611,287.00	\$0.00	\$611,287.00
2020	102/500731	Contracts for Program Services	92057040	\$1,127,557.00	\$0.00	\$1,127,557.00
2021	102/500731	Contracts for Program Services	92057040	\$205,033.00	\$0.00	\$205,033.00
2021	102/500731	Contracts for Program Services	92057047	\$229,925.00	\$0.00	\$229,925.00
2021	102/500731	Contracts for Program Services	92057048	\$532,304.00	\$0.00	\$532,304.00
2022	102/500731	Contracts for Program Services	92057048	\$266,152.00	\$0.00	\$266,152.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$771,286.00	\$771,286.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$257,095.00	\$257,095.00
Sub Total				\$2,972,258.00	\$1,028,381.00	\$4,000,639.00

Vendor Name: Granite Pathways Manchester				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,331,471.00	\$0.00	\$1,331,471.00
2020	102/500731	Contracts for Program Services	92057040	\$2,349,699.00	\$0.00	\$2,349,699.00
Sub Total				\$3,681,170.00	\$0.00	\$3,681,170.00

Vendor Name: Granite Pathways Nashua				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,348,973.00	\$0.00	\$1,348,973.00
2020	102/500731	Contracts for Program Services	92057040	\$1,865,736.00	\$0.00	\$1,865,736.00
Sub Total				\$3,214,709.00	\$0.00	\$3,214,709.00

Vendor Name: Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$223,135.00	\$0.00	\$223,135.00
2020	102/500731	Contracts for Program Services	92057040	\$882,805.00	\$0.00	\$882,805.00
2021	102/500731	Contracts for Program Services	92057040	\$203,750.00	\$0.00	\$203,750.00
2021	102/500731	Contracts for Program Services	92057047	\$175,000.00	\$0.00	\$175,000.00
2021	102/500731	Contracts for Program Services	92057048	\$423,333.00	\$0.00	\$423,333.00
2022	102/500731	Contracts for Program Services	92057048	\$211,866.00	\$0.00	\$211,866.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$521,960.00	\$521,960.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$173,987.00	\$173,987.00
Sub Total				\$2,119,698.00	\$695,947.00	\$2,815,645.00

Vendor Name: LRGHealthcare				Vendor # 177161		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
Sub Total				\$0.00	\$0.00	\$0.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$500,000.00	\$0.00	\$500,000.00
2020	102/500731	Contracts for Program Services	92057040	\$642,114.00	\$0.00	\$642,114.00
2021	102/500731	Contracts for Program Services	92057040	\$205,000.00	\$0.00	\$205,000.00
2021	102/500731	Contracts for Program Services	92057047	\$178,000.00	\$0.00	\$178,000.00
2021	102/500731	Contracts for Program Services	92057048	\$430,000.00	\$0.00	\$430,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
		Sub Total		\$2,170,114.00	\$0.00	\$2,170,114.00

Vendor # 177180

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$449,937.00	\$0.00	\$449,937.00
2020	102/500731	Contracts for Program Services	92057040	\$2,575,109.00	\$0.00	\$2,575,109.00
2021	102/500731	Contracts for Program Services	92057040	\$383,958.00	\$0.00	\$383,958.00
2021	102/500731	Contracts for Program Services	92057047	\$430,000.00	\$0.00	\$430,000.00
2021	102/500731	Contracts for Program Services	92057048	\$947,333.00	\$0.00	\$947,333.00
2022	102/500731	Contracts for Program Services	92057048	\$473,686.00	\$0.00	\$473,686.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,115,876.00	\$1,115,876.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$371,959.00	\$371,959.00
		Sub Total		\$5,260,003.00	\$1,487,835.00	\$6,747,838.00

Vendor # 177187

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$537,063.00	\$0.00	\$537,063.00
2020	102/500731	Contracts for Program Services	92057040	\$1,806,752.00	\$0.00	\$1,806,752.00
2021	102/500731	Contracts for Program Services	92057040	\$240,875.00	\$0.00	\$240,875.00
2021	102/500731	Contracts for Program Services	92057047	\$299,000.00	\$0.00	\$299,000.00
2021	102/500731	Contracts for Program Services	92057048	\$691,360.00	\$0.00	\$691,360.00
2022	102/500731	Contracts for Program Services	92057048	\$345,680.00	\$0.00	\$345,680.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$852,607.00	\$852,607.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$284,203.00	\$284,203.00
		Sub Total		\$3,920,530.00	\$1,138,810.00	\$5,057,340.00

Vendor # 177240

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$345,019.00	\$0.00	\$345,019.00
2021	102/500731	Contracts for Program Services	92057040	\$724,614.00	\$0.00	\$724,614.00
2021	102/500731	Contracts for Program Services	92057047	\$802,501.00	\$0.00	\$802,501.00
2021	102/500731	Contracts for Program Services	92057048	\$1,848,000.00	\$0.00	\$1,848,000.00
2022	102/500731	Contracts for Program Services	92057048	\$923,000.00	\$0.00	\$923,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$2,182,534.00	\$2,182,534.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$727,512.00	\$727,512.00
		Sub Total		\$4,841,134.00	\$2,910,046.00	\$7,551,180.00

Vendor # 177321

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$223,242.00	\$0.00	\$223,242.00
2021	102/500731	Contracts for Program Services	92057040	\$522,272.00	\$0.00	\$522,272.00
2021	102/500731	Contracts for Program Services	92057047	\$580,000.00	\$0.00	\$580,000.00
2021	102/500731	Contracts for Program Services	92057048	\$1,280,000.00	\$0.00	\$1,280,000.00
2022	102/500731	Contracts for Program Services	92057048	\$640,000.00	\$0.00	\$640,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,259,848.00	\$1,259,848.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$419,883.00	\$419,883.00
		Sub Total		\$3,245,514.00	\$1,679,531.00	\$4,925,045.00

Vendor # 355358

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
2022	074/500585	Contracts for Program Services	92057048	\$0.00	\$547,404.00	\$547,404.00
2023	074/500585	Contracts for Program Services	92057048	\$0.00	\$182,468.00	\$182,468.00
		Sub Total		\$415,000.00	\$729,872.00	\$1,144,872.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

SOR Total	\$36,139,438.00	\$11,040,103.00	\$47,179,541.00
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05-02-02-020510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SABG ADDITIONAL

100% Federal Funds

Vendor Name Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Concord Hospital, Inc.				Vendor # 177853		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Littleton Regional				Vendor # 177182		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Wentworth Douglass				Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Concord Hospital, Inc. - Laconia				Vendor # 355358		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

SABG Total	\$0.00	\$149,985.00	\$149,985.00
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05-05-02-020510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

100% Other Funds

Vendor Name Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	02058501	\$18,750.00	\$0.00	\$18,750.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
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2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		Sub Total		\$25,000.00	\$0.00	\$25,000.00

Vendor Name Concord				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$73,481.00	\$0.00	\$73,481.00
2022	102/500731	Contracts for Program Services	92058501	\$24,493.00	\$0.00	\$24,493.00
		Sub Total		\$97,974.00	\$0.00	\$97,974.00

Vendor Name Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$68,612.00	\$0.00	\$68,612.00
2022	102/500731	Contracts for Program Services	92058501	\$22,870.00	\$0.00	\$22,870.00
		Sub Total		\$91,482.00	\$0.00	\$91,482.00

Vendor Name Littleton Regional				Vendor # 177182		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		Sub Total		\$25,000.00	\$0.00	\$25,000.00

Vendor Name LRGHealthcare				Vendor # 177181		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$110,222.00	\$0.00	\$110,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
		Sub Total		\$146,962.00	\$0.00	\$146,962.00

Vendor Name Mary Hitchcock				Vendor # 177180		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$39,396.00	\$0.00	\$39,396.00
2022	102/500731	Contracts for Program Services	92058501	\$13,132.00	\$0.00	\$13,132.00
		Sub Total		\$52,528.00	\$0.00	\$52,528.00

Vendor Name Wentworth Douglass				Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$141,652.00	\$0.00	\$141,652.00
2022	102/500731	Contracts for Program Services	92058501	\$47,217.00	\$0.00	\$47,217.00
		Sub Total		\$188,869.00	\$0.00	\$188,869.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$208,492.00	\$0.00	\$208,492.00
2022	102/500731	Contracts for Program Services	92058501	\$69,497.00	\$0.00	\$69,497.00
		Sub Total		\$277,989.00	\$0.00	\$277,989.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$70,643.00	\$0.00	\$70,643.00
2022	102/500731	Contracts for Program Services	92058501	\$23,547.00	\$0.00	\$23,547.00
		Sub Total		\$94,190.00	\$0.00	\$94,190.00

Vendor Name Concord Hospital - Leconia				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$109,222.00	\$0.00	\$109,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
		Sub Total		\$145,962.00	\$0.00	\$145,962.00

GC Total				\$1,145,956.00	\$0.00	\$1,145,956.00
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05-05-02-020310-2569 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

100% Federal Funds

Vendor Name Androskoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$16,000.00	\$0.00	\$16,000.00
		<i>Sub Total</i>		\$16,000.00	\$0.00	\$16,000.00

Vendor Name Granite Pathways Manchester				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$150,000.00	\$0.00	\$150,000.00
		<i>Sub Total</i>		\$150,000.00	\$0.00	\$150,000.00

Vendor Name Granite Pathways Nashua				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$150,000.00	\$0.00	\$150,000.00
		<i>Sub Total</i>		\$150,000.00	\$0.00	\$150,000.00

Vendor Name Littleton Regional Hospital				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$16,000.00	\$0.00	\$16,000.00
		<i>Sub Total</i>		\$16,000.00	\$0.00	\$16,000.00

STR Total	\$332,000.00	\$0.00	\$332,000.00
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GRAND TOTALS	\$37,617,414.00	\$11,180,088.00	\$48,807,502.00
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**State of New Hampshire
Department of Health and Human Services
Amendment #4**

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Androscoggin Valley Hospital, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 31, 2018 (Item #17A), as amended on August 28, 2019 (Item #10), as amended June 24, 2020 (Item #31), as amended February 3, 2021, (Item #10), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Section 3, Renewal, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$2,619,257.
3. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, Subsection 11.1., to read:
11.1. Reserved
4. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, Subsection 11.11., to read:
 - 11.11. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide marijuana or provide treatment using marijuana. The Contractor shall ensure:
 - 11.11.1. Treatment in this context includes the treatment of opioid use disorder (OUD).
 - 11.11.2. Grant funds are not provided to any individual who, or organization that, provides or permits marijuana use for the purposes of treating substance use or mental health disorders.
 - 11.11.3. This marijuana restriction applies to all subcontracts and memorandums of understanding (MOU) that receive SOR funding.
5. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, Subsection 11.12., to read:
 - 11.12. The Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes:
 - 11.12.1. Internal policies for the distribution of Fentanyl strips;
 - 11.12.2. Distribution methods and frequency; and
 - 11.12.3. Other key data, as requested by the Department.

DS
MP

6. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, by adding Subsection 11.13., to read:

11.13. The Contractor shall provide a contingency management plan to the Department for approval prior to implementation of the contingency management plan. The Contractor shall ensure the contingency management plan includes:

11.13.1. Contingency management strategies to reward and incentivize individual treatment compliance;

11.13.2. Identified allowable contingency rewards, as approved by the Department, ensuring:

11.13.2.1. The maximum value per contingency does not exceed \$15; and

11.13.2.2. The maximum number of contingencies per year per individual does not exceed five (5); and

11.13.2.3. The maximum dollar value of all contingencies per individual does not exceed \$75 per year; and

11.13.3. Other key data, as requested by the Department.

7. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, by adding Subsection 11.14., to read:

11.14. The Contractor shall refer to Exhibit B – Amendment #4 for grant terms and conditions including, but not limited to:

11.14.1. Invoicing.

11.14.2. Funding restrictions.

11.14.3. Billing.

8. Modify Exhibit B Amendment #3 Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, in order to update payment terms, billing standards and various references to budgets, which is attached hereto and incorporated by reference herein.
9. Add Exhibit B-9 Amendment #4, SOR II Budget which is attached hereto and incorporated by reference herein.
10. Add Exhibit B-10 Amendment #4, SOR II Budget which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire
Department of Health and Human Services

9/16/2021

Date

DocuSigned by:

Katja Fox

ED0C05B04C83443

Name: Katja Fox

Title: Director

Androscoggin Valley Hospital, Inc.

9/16/2021

Date

DocuSigned by:



07C0B78C281A477

Name: Michael Peterson

Title: president & CEO

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

OFFICE OF THE ATTORNEY GENERAL

9/16/2021

Date

DocuSigned by:
J. Christopher Marshall
Name: J. Christopher Marshall
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

Methods and Conditions Precedent to Payment

1. This Agreement is funded by:

- 1.1. 98.41% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326; and
- 1.2. 0.64% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, FAIN TI083509.
- 1.3. 0.95% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds, effective from 9/30/2020 through 9/29/2021.

2. Governor Commission Funds

- 2.1. The Contractor shall utilize funds in Exhibit B-5 Amendment #3 GovComm and Exhibit B-7 Amendment #3 GovComm for the purpose of providing services and supports to clients whose needs do not make them eligible to receive SOR-funded services and supports.
- 2.2. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.

3. SABG FY21 COVID Emergency Funds

- 3.1. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.

4. For the purposes of this Agreement:

- 4.1. The Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR §200.330.
- 4.2. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.87.
- 4.3. The de minimis Indirect Cost Rate of 10% applies in accordance with 2 CFR §200.414.

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9/3/2021

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit B-1, Budget through Exhibit B-10 Amendment #4 SOR II Budget.
6. The Contractor shall seek payment for services, as follows:
 - 6.1. First, the Contractor shall charge the client's private insurance or other payor sources.
 - 6.2. Second, the Contractor shall charge Medicare.
 - 6.3. Third, the Contractor shall charge Medicaid enrolled individuals, as follows:
 - 6.3.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
 - 6.3.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
 - 6.4. Fourth, the Contractor shall charge the client in accordance with the Sliding Fee Scale Program.
 - 6.5. Lastly, if any portion of the amount specified in the Sliding Fee Scale remains unpaid, charge the Department for the unpaid balance.
7. The Contractor shall submit an invoice and supporting backup documentation in a form satisfactory to the State by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment. Invoices shall be net any other revenue received towards the services billed in fulfillment of this agreement. The Contractor shall ensure:
 - 7.1. Backup documentation includes, but is not limited to:
 - 7.1.1. General Ledger showing revenue and expenses for the contract.
 - 7.1.2. Timesheets and/or time cards that support the hours employees worked for wages reported under this contract.
 - 7.1.2.1. Per 45 CFR Part 75.430(i)(1) Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed.
 - 7.1.2.2. Attestation and time tracking templates, which are available to the Department upon request.
 - 7.1.3. Invoices supporting expenses reported:
 - 7.1.3.1. Unallowable expenses include, but are not limited to:
 - 7.1.3.1.1. amounts belonging to other programs.
 - 7.1.3.1.2. Amounts prior to effective date of contract.

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9/3/2021

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

- 7.1.3.1.3. Construction or renovation expenses.
 - 7.1.3.1.4. Food or water for employees.
 - 7.1.3.1.5. Directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana.
 - 7.1.3.1.6. Fines, fees, or penalties.
 - 7.1.3.1.7. Per SAMSHA requirements, meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed three dollars (\$3.00) per person for clients.
 - 7.1.3.1.8. Cell phones and cell phone minutes for clients.
 - 7.1.4. Receipts for expenses within the applicable state fiscal year.
 - 7.1.5. Cost center reports.
 - 7.1.6. Profit and loss report.
 - 7.1.7. Remittance Advices from the insurances billed. Remittance Advices do not need to be supplied with the invoice, but should be retained to be available upon request.
 - 7.1.8. Information requested by the Department verifying allocation or offset based on third party revenue received.
 - 7.1.9. Summaries of patient services revenue and operating revenue and other financial information as requested by the Department.
9. The Contractor is responsible for reviewing, understanding, and complying with further restrictions included in the Funding Opportunity Announcement (FOA).
10. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to DHHS.DBHInvoicesBDAS@dhhs.nh.gov, or invoices may be mailed to:
- SOR Financial Manager
Department of Health and Human Services
105 Pleasant Street
Concord, NH 03301
11. The Contractor agrees that billing submitted for review after twenty (20) business days of the last day of the billing month may be subject to non-payment.
12. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
13. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
14. The Contractor must provide the services in Exhibit A – Amendment #3, Scope of Services, in compliance with funding requirements.

MP

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

15. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit A – Amendment #3, Scope of Services, including failure to submit required monthly and/or quarterly reports.
16. Notwithstanding Paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
17. Audits
 - 17.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:
 - 17.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 17.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 17.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
 - 17.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
 - 17.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
 - 17.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
 - 17.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

18. Maintenance of Fiscal Integrity

DS
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9/3/2021
Date

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

- 18.1. In order to enable the Department to evaluate the Contractor's fiscal integrity, the Contractor agrees to submit to the Department monthly, the Balance Sheet, Profit and Loss Statement (total organization and program-level), and Cash Flow Statement for the Contractor. Program-level Profit and Loss Statement shall include all revenue sources and all related expenditures for that program. The program-level Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. Outside of the program-level Profit and Loss Statement and budget to actual analysis, all other statements shall be reflective of the entire Partnership for Successful Living organization and shall be submitted on the same day the reports are submitted to the Board, but no later than the fourth Wednesday of the month. Additionally, the contractor will provide interim profit and loss statements for every program area, reported as of the 20th of the month, by the last day of every month.
- 18.2. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement.
- 18.3. The Contractor shall inform the Department by phone and by email within five business days when any Executive Management, Board Officers, or Program Managers for Department contracts submits a resignation or leaves for any other reason.

DS
MP

Exhibit B-4 Amendment #4 BOR 1 Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Androscoggin Valley Hospital, Inc.

Project Title: Access and Delivery Hub for Opioid Use Disorder Services

Budget Period: 8FY22 09/30/21-09/30/22

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHH&S contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 4,200.00	\$ -	\$ 4,200.00	\$ -	\$ -	\$ -	\$ 4,200.00	\$ -	\$ 4,200.00
2. Employee Benefits	\$ 420.00	\$ -	\$ 420.00	\$ -	\$ -	\$ -	\$ 420.00	\$ -	\$ 420.00
3. Consultants	\$ 4,200.00	\$ -	\$ 4,200.00	\$ -	\$ -	\$ -	\$ 4,200.00	\$ -	\$ 4,200.00
4. Equipment:	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 500.00	\$ -	\$ 500.00	\$ -	\$ -	\$ -	\$ 500.00	\$ -	\$ 500.00
5. Supplies:	\$ 42,000.00	\$ -	\$ 42,000.00	\$ -	\$ -	\$ -	\$ 42,000.00	\$ -	\$ 42,000.00
Educational	\$ 1,200.00	\$ -	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00	\$ -	\$ 1,200.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 3,500.00	\$ -	\$ 3,500.00	\$ -	\$ -	\$ -	\$ 3,500.00	\$ -	\$ 3,500.00
7. Occupancy	\$ 40,000.00	\$ -	\$ 40,000.00	\$ -	\$ -	\$ -	\$ 40,000.00	\$ -	\$ 40,000.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,495.00	\$ -	\$ 1,495.00	\$ -	\$ -	\$ -	\$ 1,495.00	\$ -	\$ 1,495.00
Printing	\$ 520.00	\$ -	\$ 520.00	\$ -	\$ -	\$ -	\$ 520.00	\$ -	\$ 520.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. No Items	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 4,000.00	\$ -	\$ 4,000.00	\$ -	\$ -	\$ -	\$ 4,000.00	\$ -	\$ 4,000.00
11. Staff Education and Training	\$ 4,000.00	\$ -	\$ 4,000.00	\$ -	\$ -	\$ -	\$ 4,000.00	\$ -	\$ 4,000.00
12. Subcontract/Agreements	\$ 334,771.00	\$ -	\$ 334,771.00	\$ -	\$ -	\$ -	\$ 334,771.00	\$ -	\$ 334,771.00
13. Other (Support Client Unmet needs)	\$ 18,865.00	\$ -	\$ 18,865.00	\$ -	\$ -	\$ -	\$ 18,865.00	\$ -	\$ 18,865.00
14. Other Flex Funds	\$ 32,500.00	\$ -	\$ 32,500.00	\$ -	\$ -	\$ -	\$ 32,500.00	\$ -	\$ 32,500.00
15. Contingency Management	\$ 15,000.00	\$ -	\$ 15,000.00	\$ -	\$ -	\$ -	\$ 15,000.00	\$ -	\$ 15,000.00
TOTAL	\$ 586,471.00	\$ -	\$ 586,471.00	\$ -	\$ -	\$ -	\$ 586,471.00	\$ -	\$ 586,471.00

Indirect As A Percent of Direct 0.0%

Exhibit B-10 Amendment #4 BOR II Budget

New Hampshire Department of Health and Human Services
 COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Androscoogan Valley Hospital, Inc.

Project Title: Access and Delivery Hub for Opioid Use Disorder Services

Budget Period: SFY23 87A1/2023-09/29/2022

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHDH contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 1,400.00	\$ -	\$ 1,400.00	\$ -	\$ -	\$ -	\$ 1,400.00	\$ -	\$ 1,400.00
2. Employee Benefits	\$ 140.00	\$ -	\$ 140.00	\$ -	\$ -	\$ -	\$ 140.00	\$ -	\$ 140.00
3. Consultants	\$ 1,344.00	\$ -	\$ 1,344.00	\$ -	\$ -	\$ -	\$ 1,344.00	\$ -	\$ 1,344.00
4. Equipment:	\$ 450.00	\$ -	\$ 450.00	\$ -	\$ -	\$ -	\$ 450.00	\$ -	\$ 450.00
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 250.00	\$ -	\$ 250.00	\$ -	\$ -	\$ -	\$ 250.00	\$ -	\$ 250.00
5. Supplies:	\$ 14,783.00	\$ -	\$ 14,783.00	\$ -	\$ -	\$ -	\$ 14,783.00	\$ -	\$ 14,783.00
Educational	\$ 750.00	\$ -	\$ 750.00	\$ -	\$ -	\$ -	\$ 750.00	\$ -	\$ 750.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00
7. Occupancy	\$ 13,200.00	\$ -	\$ 13,200.00	\$ -	\$ -	\$ -	\$ 13,200.00	\$ -	\$ 13,200.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 500.00	\$ -	\$ 500.00	\$ -	\$ -	\$ -	\$ 500.00	\$ -	\$ 500.00
Postage	\$ 200.00	\$ -	\$ 200.00	\$ -	\$ -	\$ -	\$ 200.00	\$ -	\$ 200.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Bond Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00
11. Staff Education and Training	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00
12. Subcontracts/Agreements	\$ 114,250.00	\$ -	\$ 114,250.00	\$ -	\$ -	\$ -	\$ 114,250.00	\$ -	\$ 114,250.00
13. Other (Fees/Funds):	\$ 11,500.00	\$ -	\$ 11,500.00	\$ -	\$ -	\$ -	\$ 11,500.00	\$ -	\$ 11,500.00
TOTAL	\$ 163,269.00	\$ -	\$ 163,269.00	\$ -	\$ -	\$ -	\$ 163,269.00	\$ -	\$ 163,269.00

Indirect As A Percent of Direct 0.0%

JAN20'21 PM 3:57 RCVD

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Lori A. Shibiakette
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

January 19, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to **retroactively** amend existing **Sole Source** contracts with the vendors listed in bold below to continue a statewide system of Doorways that provide access to substance use disorder treatment and recovery services and supports, by exercising renewal options by increasing the total price limitation by \$6,898,532 from \$27,125,987 to \$34,024,519 and by extending the completion dates from September 29, 2020 to September 29, 2021 effective retroactive to September 29, 2020 upon Governor and Council approval. 97.28% Federal and 2.72% Other Funds.

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

Vendor Name	Vendor Code	Area Served	Current Amount	Increase/ (Decrease)	New Amount	G&C Approval
Androscoggin Valley Hospital, Inc., Berlin, NH	177220 -B002	Berlin	\$1,670,051	\$279,466	\$1,949,517	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 6/24/20 (Item #31)
Concord Hospital, Inc., Concord, NH	177653 -B003	Concord	\$2,272,793	\$416,001	\$2,688,794	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 6/24/20 (Item #31)
Granite Pathways, Concord, NH	228900 -B001	Concord	\$6,895,879	\$0	\$6,895,879	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Littleton Regional Hospital, Littleton, NH	177162 -B011	Littleton	\$1,713,805	\$446,884	\$2,160,689	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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LRGHealthcare Laconia, NH	177161 -B006	Laconia	\$1,987,673	\$329,403	\$2,317,076	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Mary Hitchcock Memorial Hospital, Lebanon, NH	177651 -B001	Lebanon	\$4,349,314	\$0	\$4,349,314	O: 10/31/18 Item #17A A1: 11/14/19 (Item #11) A2: 9/18/19, (Item #20) A3: 6/24/20 (Item #31)
The Cheshire Medical Center, Keene, NH	155405 -B001	Keene	\$1,947,690	\$1,116,050	\$3,063,740	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Wentworth- Douglass, Hospital, Dover, NH	177187 -B001	Dover	\$2,769,452	\$1,339,947	\$4,109,399	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Catholic Medical Center, Manchester, NH	177240 -B003	Greater Manchester	\$1,948,342	\$2,970,781	\$4,919,123	O: 3/11/20 (Item #9A)
Southern New Hampshire Health System, Inc., Nashua, NH	177321 -R004	Greater Nashua	\$1,570,988	\$0	\$1,570,988	O: 3/11/20 (Item #9A)
		Total	\$27,125,987	\$8,898,532	\$34,024,519	

Funds are available in the following accounts for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Years 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Retroactive** because sufficient funds in State Fiscal Year 2021 were not available in the operating budget considering the grant amount awarded, and due to delay by the Substance Abuse and Mental Health Services Administration in approving New Hampshire's requests for continued State Opioid Response Grant funding the efforts to add the state appropriations were deferred. This request is **Sole Source** because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labelled as sole source.

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

The purpose of this request is to continue providing services through the Doorways by utilizing unexpended funds from the first round of State Opioid Response funding, adding funding from the second round of State Opioid Response, and adding funding to address the needs of individuals with substance use disorders not covered under State Opioid Response.

Approximately 2,000 individuals will be served from September 30, 2020 to September 29, 2021.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week, to ensure no one in New Hampshire has to travel more than 60 minutes to access services.

The Doorways' services provide resources to strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in New Hampshire; and promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants are also being seen and referred to the appropriate services by the Doorways.

The Department will monitor contracted services using the following methods:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Regular review and monitoring of Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language; Paragraph 3. Renewals, or Exhibit A, Revisions to Standard Contract Provisions, Subsection 1 – Revisions to Form P-37, General Provisions, in the case of Catholic Medical Center and Southern New Hampshire Health System, Inc., of the original contracts the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the two (2) years available.

Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care that negatively impact recovery and increase the risk of relapse.

Areas served: Statewide.

Source of Funds: CFDA #93.788, FAIN #H79TI081685 and H79TI083326.

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

Respectfully submitted,



Lori A. Weaver
Deputy Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 SFY 2016 FINANCIAL DETAIL

63-63-62-828110-78400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS; BEHAVIORAL HEALTH DIV OF BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT 100% Federal Funds CFDA #93.788 FAIN H79T081685 and H79T081326

Androscoggin Valley

Vendor # 177220

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 619,850.00	\$ (385,600.00)	\$ 234,250.00
2020	102/500731	Contracts for Program Services	92057040	\$ 848,918.00	\$ (195,933.00)	\$ 652,985.00
2021	102/500731	Contracts for Program Services	92057040	\$ 201,283.00	\$ -	\$ 201,283.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 181,000.00	\$ 181,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 436,666.00	\$ 436,666.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 218,333.00	\$ 218,333.00
		<i>Sub Total</i>		\$ 1,670,051.00	\$ 254,466.00	\$ 1,924,517.00

Concord

Vendor # 177853

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 710,746.00	\$ (447,973.00)	\$ 262,773.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,325,131.00	\$ -	\$ 1,325,131.00
2021	102/500731	Contracts for Program Services	92057040	\$ 236,916.00	\$ -	\$ 236,916.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 166,000.00	\$ 166,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 400,000.00	\$ 400,000.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 200,000.00	\$ 200,000.00
		<i>Sub Total</i>		\$ 2,272,793.00	\$ 318,027.00	\$ 2,590,820.00

Cheshire

Vendor # 155405

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 615,100.00	\$ (3,813.00)	\$ 611,287.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,127,557.00	\$ -	\$ 1,127,557.00
2021	102/500731	Contracts for Program Services	92057040	\$ 205,033.00	\$ -	\$ 205,033.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 229,925.00	\$ 229,925.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 532,304.00	\$ 532,304.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 266,152.00	\$ 266,152.00
		<i>Sub Total</i>		\$ 1,947,690.00	\$ 1,024,568.00	\$ 2,972,258.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS -
SFY 2016 FINANCIAL DETAIL**

Granite Pathways Manchester

Vendor #228900

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,331,471.00	\$ -	\$ 1,331,471.00
2020	102/500731	Contracts for Program Services	92057040	\$ 2,349,699.00	\$ -	\$ 2,349,699.00
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ -	\$ -
		Sub Total		\$ 3,681,170.00	\$ -	\$ 3,681,170.00

Granite Pathways Nashua

Vendor # 228900

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,348,973.00	\$ -	\$ 1,348,973.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,865,736.00	\$ -	\$ 1,865,736.00
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ -	\$ -
		Sub Total		\$ 3,214,709.00	\$ -	\$ 3,214,709.00

Lindseton Regional

Vendor # 177162

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 627,250.00	\$ (368,115.00)	\$ 239,135.00
2020	102/500731	Contracts for Program Services	92057040	\$ 882,805.00	\$ -	\$ 882,805.00
2021	102/500731	Contracts for Program Services	92057040	\$ 203,750.00	\$ -	\$ 203,750.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 175,000.00	\$ 175,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 423,333.00	\$ 423,333.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 211,666.00	\$ 211,666.00
		Sub Total		\$ 1,713,805.00	\$ 421,884.00	\$ 2,135,689.00

LRGHealthcare

Vendor # 177181

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 615,000.00	\$ (115,000.00)	\$ 500,000.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,167,673.00	\$ (525,559.00)	\$ 642,114.00
2021	102/500731	Contracts for Program Services	92057040	\$ 205,000.00	\$ -	\$ 205,000.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 178,000.00	\$ 178,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 430,000.00	\$ 430,000.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 215,000.00	\$ 215,000.00
		Sub Total		\$ 1,987,673.00	\$ 182,441.00	\$ 2,170,114.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
SFY 2016 FINANCIAL DETAIL

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Mary Hitchcock

Vendor # 177180

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,390,247.00		\$ 1,390,247.00
2020	102/500731	Contracts for Program Services	92057040	\$ 2,575,109.00		\$ 2,575,109.00
2021	102/500731	Contracts for Program Services	92057040	\$ 383,958.00		\$ 383,958.00
2021	102/500731	Contracts for Program Services	92057047	\$		\$
2021	102/500731	Contracts for Program Services	92057048	\$		\$
2022	102/500731	Contracts for Program Services	92057048	\$		\$
		Sub Total		\$ 4,349,314.00	\$	\$ 4,349,314.00

Wentworth Douglass

Vendor # 177187

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 722,025.00	\$ (184,962.00)	\$ 537,063.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,806,752.00		\$ 1,806,752.00
2021	102/500731	Contracts for Program Services	92057040	\$ 240,675.00		\$ 240,675.00
2021	102/500731	Contracts for Program Services	92057047	\$	\$ 299,000.00	\$ 299,000.00
2021	102/500731	Contracts for Program Services	92057048	\$	\$ 691,360.00	\$ 691,360.00
2022	102/500731	Contracts for Program Services	92057048	\$	\$ 345,680.00	\$ 345,680.00
		Sub Total		\$ 2,769,452.00	\$ 1,151,678.00	\$ 3,921,130.00

Catholic Medical Center

Vendor # 177240

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2018	102/500731	Contracts for Program Services	92057040	\$	\$	\$
2020	102/500731	Contracts for Program Services	92057040	\$ 1,223,728.00	\$ (878,709.00)	\$ 345,019.00
2021	102/500731	Contracts for Program Services	92057040	\$ 724,614.00	\$	\$ 724,614.00
2021	102/500731	Contracts for Program Services	92057047	\$	\$ 802,501.00	\$ 802,501.00
2021	102/500731	Contracts for Program Services	92057048	\$	\$ 1,846,000.00	\$ 1,846,000.00
2022	102/500731	Contracts for Program Services	92057048	\$	\$ 923,000.00	\$ 923,000.00
		Sub Total		\$ 1,948,342.00	\$ 2,632,792.00	\$ 4,641,134.00

Southern New Hampshire Health Systems, Inc.

Vendor # 177321

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$		\$
2020	102/500731	Contracts for Program Services	92057040	\$ 1,048,716.00		\$ 1,048,716.00
2021	102/500731	Contracts for Program Services	92057040	\$ 522,272.00		\$ 522,272.00
2021	102/500731	Contracts for Program Services	92057047	\$		\$
2021	102/500731	Contracts for Program Services	92057048	\$		\$
2022	102/500731	Contracts for Program Services	92057048	\$		\$
		Sub Total		\$ 1,570,988.00	\$	\$ 1,570,988.00
		Total SDR		\$ 27,125,897.00	\$ 6,045,256.00	\$ 33,171,153.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 SFY 2016 FINANCIAL DETAIL

05-03-02-020510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Vendor # 177220

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 18,750.00	\$ 18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 6,250.00	\$ 6,250.00
		Sub Total		\$ -	\$ 25,000.00	\$ 25,000.00

Vendor # 177853

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 73,481.00	\$ 73,481.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 24,493.00	\$ 24,493.00
		Sub Total		\$ -	\$ 97,974.00	\$ 97,974.00

Vendor # 155405

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 68,612.00	\$ 68,612.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 22,870.00	\$ 22,870.00
		Sub Total		\$ -	\$ 91,482.00	\$ 91,482.00

Vendor # 177162

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 18,750.00	\$ 18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 6,250.00	\$ 6,250.00
		Sub Total		\$ -	\$ 25,000.00	\$ 25,000.00

Vendor # 177181

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 110,222.00	\$ 110,222.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 36,740.00	\$ 36,740.00
		Sub Total		\$ -	\$ 146,962.00	\$ 146,962.00

Vendor # 177180

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
		Sub Total		\$ -	\$ -	\$ -

Vendor # 177187

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 141,652.00	\$ 141,652.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 47,217.00	\$ 47,217.00
		Sub Total		\$ -	\$ 188,869.00	\$ 188,869.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 SFY 2016 FINANCIAL DETAIL

Catholic Medical Center

Vendor # 177240

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 208,492.00	\$ 208,492.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 69,497.00	\$ 69,497.00
		Sub Total		\$ -	\$ 277,989.00	\$ 277,989.00

Southern New Hampshire Health Systems, Inc.

Vendor # 177321

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -		\$ -
2022	102/500731	Contracts for Program Services	92058501	\$ -		\$ -
		Sub Total		\$ -	\$ -	\$ -
		Total Gov Comms/tecon		\$ -	\$ 853,376.00	\$ 853,376.00
		Total All		\$ 27,123,887.00	\$ 6,394,532.00	\$ 34,024,519.00

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Lori A. Shibiotta
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

June 2, 2020

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing Sole Source contracts with the vendors listed below, except for Granite Pathways, that provide a statewide network of Doorways for substance use disorder treatment and recovery support services access, by adding budgets for State Fiscal Year 2021, with no change to the price limitation of \$23,606,657 and no change to the contract completion dates of September 29, 2020 effective upon Governor and Council approval.

The contracts were approved by the Governor and Executive Council as indicated in the table below.

Vendor Name	Vendor Code	Area Served	Current Amount	Increase/ (Decrease)	New Amount	G&C Approval
Androscoggin Valley Hospital, Inc., Berlin, NH	TBD	Berlin	\$1,670,051	\$0	\$1,670,051	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10)
Concord Hospital, Inc., Concord, NH	177653-B003	Concord	\$2,272,793	\$0	\$2,272,793	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10)
Granite Pathways, Concord, NH	228900-B001	N/A	\$6,895,879	\$0	\$6,895,879	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Littleton Regional Hospital, Littleton, NH	TBD	Littleton	\$1,713,805	\$0	\$1,713,805	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
LRGHealthcare, Laconia, NH	TBD	Laconia	\$1,987,873	\$0	\$1,987,873	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)

His Excellency, Governor Christopher T. Sununu
and the Honorable Council.
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Mary Hitchcock Memorial Hospital, Lebanon, NH	177651-B001	Lebanon	\$4,349,314	\$0	\$4,349,314	O: 10/31/18 Item #17A A1: 11/14/18 (Item #11) A2: O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
The Cheshire Medical Center, Keene, NH	155405-B001	Keene	\$1,947,690	\$0	\$1,947,690	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Wentworth-Douglass Hospital, Dover, NH	TBD	Dover	\$2,769,452	\$0	\$2,769,452	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
		Total	\$23,606,657	\$0	\$23,606,657	

Funds are available in the following accounts for State Fiscal Year 2021 with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details

EXPLANATION

This request is Sole Source because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labelled as sole source. Upon the initial award of State Opioid Response funding from the federal Substance Abuse and Mental Health Services Administration, the Department restructured the State's service delivery system to provide individuals a more streamlined process to access substance use disorder and opioid use disorder services. The vendors above were identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the restructured system. As part of the ongoing improvement of the Doorway system, Granite Pathways has been replaced as the Doorway provider in Manchester (Catholic Medical Center) and Nashua (Southern New Hampshire Medical Center). This action was approved by Governor and Executive Council on March 11, 2020, item 9A.

The purpose of this request is add budgets to the contracts for State Fiscal Year 2021. In accordance with the terms of Exhibit B Method and Conditions Precedent to Payment, the budgets are to be submitted to Governor and Executive Council for approval no later than June 30, 2020. State Fiscal Year 2019 budgets are being reduced by a total amount of \$2,271,726 which is identified as unspent funding that is being carried forward to fund activities in the contract for State Fiscal Year 2021, specifically July 1, 2020 through September 29, 2020. The new Manchester and Nashua Doorway contracts already include budgets for July 1, 2020 through September 29, 2020.

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

Approximately 2,000 individuals will be served from July 1, 2020 to September 30, 2020.

These contractors provide a network of Doorways to ensure that every resident in NH has access to substance use disorder treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for substance use disorders, in order to ensure no one in NH has to travel more than sixty (60) minutes to access services. The Doorways increase and standardize services for individuals with opioid use disorders; strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in NH; and promote engagement in the recovery process. Because no one will be turned away from the Doorway, individuals outside of opioid use disorders are also being seen and referred to the appropriate services.

The Department has been monitoring the contracted services using the following performance measures:

- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow-ups through the Web Information Technology System (WITS) database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is not exercising its option to renew at this time.

Should the Governor and Council not authorize this request, the Department may not have the ability to ensure proper billing and proper use of funding by the vendors.

Area served: Statewide

Respectfully submitted,


Lori A. Shibanette
Commissioner

Financial Detail

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT					
100% Federal Funds CFDA #93.788 FAIN T1081685					
Activity Code: 92057040					
Androscoggin Valley					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 821,133.00	\$ (201,283.00)	\$ 619,850.00
2020	Contracts for Prog Svs	102-500731	\$ 848,918.00		\$ 848,918.00
2021	Contracts for Prog Svs	102-500731		\$ 201,283.00	\$ 201,283.00
Subtotal			\$ 1,670,051.00	\$ -	\$ 1,670,051.00
Concord					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 947,682.00	\$ (236,916.00)	\$ 710,746.00
2020	Contracts for Prog Svs	102-500731	\$ 1,325,131.00		\$ 1,325,131.00
2021	Contracts for Prog Svs	102-500731		\$ 236,916.00	\$ 236,916.00
Subtotal			\$ 2,272,793.00	\$ -	\$ 2,272,793.00
Cheshire					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,133.00	\$ (205,033.00)	\$ 615,100.00
2020	Contracts for Prog Svs	102-500731	\$ 1,127,557.00		\$ 1,127,557.00
2021	Contracts for Prog Svs	102-500731		\$ 205,033.00	\$ 205,033.00
Subtotal			\$ 1,947,690.00	\$ -	\$ 1,947,690.00
Mary Hitchcock					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,774,205.00	\$ (383,958.00)	\$ 1,390,247.00
2020	Contracts for Prog Svs	102-500731	\$ 2,575,109.00		\$ 2,575,109.00
2021	Contracts for Prog Svs	102-500731		\$ 383,958.00	\$ 383,958.00
Subtotal			\$ 4,349,314.00	\$ -	\$ 4,349,314.00
LRGHealthcare					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,000.00	\$ (205,000.00)	\$ 615,000.00
2020	Contracts for Prog Svs	102-500731	\$ 1,167,673.00		\$ 1,167,673.00
2021	Contracts for Prog Svs	102-500731		\$ 205,000.00	\$ 205,000.00
Subtotal			\$ 1,987,673.00	\$ -	\$ 1,987,673.00

Financial Detail

Granite Pathways Manchester					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,331,471.00		\$ 1,331,471.00
2020	Contracts for Prog Svs	102-500731	\$ 2,349,699.00		\$ 2,349,699.00
2021	Contracts for Prog Svs	102-500731			\$ -
Subtotal			\$ 3,681,170.00	\$ -	\$ 3,681,170.00
Granite Pathways Nashua					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,348,973.00		\$ 1,348,973.00
2020	Contracts for Prog Svs	102-500731	\$ 1,865,736.00		\$ 1,865,736.00
2021	Contracts for Prog Svs	102-500731			\$ -
Subtotal			\$ 3,214,709.00	\$ -	\$ 3,214,709.00
Provider name here					
Littleton Regional					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 831,000.00	\$ (203,750.00)	\$ 627,250.00
2020	Contracts for Prog Svs	102-500731	\$ 882,805.00		\$ 882,805.00
2021	Contracts for Prog Svs	102-500731		\$ 203,750.00	\$ 203,750.00
Subtotal			\$ 1,713,805.00	\$ -	\$ 1,713,805.00
Wentworth Douglass					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 962,700.00	\$ (240,675.00)	\$ 722,025.00
2020	Contracts for Prog Svs	102-500731	\$ 1,808,752.00		\$ 1,808,752.00
2021	Contracts for Prog Svs	102-500731		\$ 240,675.00	\$ 240,675.00
Subtotal			\$ 2,769,452.00	\$ -	\$ 2,769,452.00
Subtotal			\$ 23,606,657.00	\$ -	\$ 23,606,657.00



Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF DRUG AND ALCOHOL SERVICES

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6110 1-800-852-3345 Ext. 6738
Fax: 603-271-6105 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

August 13, 2019

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing sole source agreements with the two (2) vendors listed in bold below, to implement and operationalize a statewide network of Doorways for substance use disorder treatment and recovery support services access, by increasing the total price limitation by \$537,976 from \$19,106,657 to \$19,644,633, with no change to the completion date of September 29, 2020, effective upon Governor and Executive Council approval. 100% Federal Funds.

These agreements were originally approved by the Governor and Executive Council on October 31, 2018 (Item #17A) and Mary Hitchcock Memorial Hospital amended on November 14, 2018 (Item #11).

Vendor Name	Vendor ID	Vendor Address	Current Budget	Increase/ (Decrease)	Updated Budget
Androscoggin Valley Hospital, Inc.	TBD	59 Page Hill Rd. Berlin, NH 03570	\$1,559,611	\$110,440	\$1,670,051
Concord Hospital, Inc.	177653-B003	250 Pleasant St. Concord, NH, 03301	\$1,845,257	\$427,536	\$2,272,793
Granite Pathways	228900-B001	10 Ferry St, Ste. 308, Concord, NH, 03301	\$5,008,703	\$0	\$5,008,703
Littleton Regional Hospital	TBD	600 St. Johnsbury Road, Littleton, NH 03561	\$1,572,101	\$0	\$1,572,101
LRGHealthcare	TBD	80 Highland St. Laconia, NH 03246	\$1,593,000	\$0	\$1,593,000
Mary Hitchcock Memorial Hospital	177651-B001	One Medical Center Drive Lebanon, NH 03756	\$4,043,958	\$0	\$4,043,958
The Cheshire Medical Center	155405-B001	580 Court St. Keene, NH 03431	\$1,593,611	\$0	\$1,593,611
Wentworth-Douglass Hospital	TBD	789 Central Ave. Dover, NH 03820	\$1,890,418	\$0	\$1,890,418
		Total	\$19,106,657	\$537,976	\$19,644,633

Funds to support this request are anticipated to be available in the following accounts for State Fiscal Years 2020 and 2021 upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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will align evidence-based methods to expand treatment, recovery, and prevention services to individuals with OUD in NH. During the first six (6) months of implementation, the Department identified these factors as inhibitors to the long-term success of the program. The outcomes from this amendment align with the original contract to connect individuals with needed services to lower the deaths from OUD in NH and increase the use of Medication Assisted Treatment.

Approximately 9,700 individuals are expected to be served from August 1, 2019 through June 30, 2020. During the first six (6) months of service, the vendors completed 1,571 clinical evaluations, conducted 2,219 treatment referrals, and served 3,239 individuals.

These contracts will allow the Doorways to continue to ensure that every resident in NH has access to SUD treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for SUD, in order to ensure no one in NH has to travel more than sixty (60) minutes to access services. The Doorways increase and standardize services for individuals with OUD; strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in NH; and promote engagement in the recovery process. Because no one will be turned away from the Doorway, individuals outside of OUD are also being seen and referred to the appropriate services.

The Department will monitor the effectiveness and the delivery of services required under this agreement using the following performance measures:

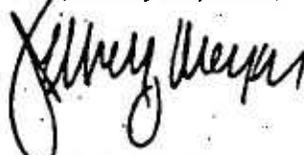
- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow ups through the Web Information Technology System (WITS) database.

Should Governor and Executive Council not authorize this request, individuals seeking help for OUD in NH may experience difficulty navigating a complex system, may not receive the supports and clinical services they need, and may experience delays in receiving care.

Area served: Statewide

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration. CFDA # 93.788, FAIN #H79TI081685 and FAIN #TI080246.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

State Fiscal Year	Class/ Account	Class Title	Job Number	Current Funding	Increase/ (Decrease)	Updated Funding
2019	102-500731	Contracts for Prog Svc	92057040	\$9,325,277	\$0	\$9,325,277
2020	102-500731	Contracts for Prog Svc	92057040	\$9,449,380	\$537,976	\$9,987,356
2021	102-500731	Contracts for Prog Svc	92057040	\$0	\$0	\$0
			Sub-Total	\$18,774,657	\$537,976	\$19,312,633

05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

State Fiscal Year	Class/ Account	Class Title	Job Number	Current Funding	Increase/ (Decrease)	Updated Funding
2019	102-500731	Contracts for Prog Svc	92052561	\$332,000	\$0	\$332,000
2020	102-500731	Contracts for Prog Svc	92052561	\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	92052561	\$0	\$0	\$0
			Sub-Total	\$332,000	\$0	\$332,000
			Grand Total	\$19,106,657	\$537,976	\$19,644,633

EXPLANATION

This request is sole source because upon the initial award of State Opioid Response (SOR) funding from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Department restructured the State's service delivery system to provide individuals a more streamlined process to access substance use disorder (SUD) and Opioid Use Disorder (OUD) services. The vendors above were identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the restructured system.

The purpose of this request is to add funding for: Naloxone kits to distribute to individuals and community partners; additional flexible funds to address barriers to care such as transportation and childcare; and respite shelter vouchers to assist in accessing short-term, temporary housing. This action

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STATE OF NEW HAMPSHIRE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION FOR BEHAVIORAL HEALTH
 BUREAU OF DRUG AND ALCOHOL SERVICES

Jeffrey A. Meyers
 Commissioner
 Katja S. Fox
 Director

105 PLEASANT STREET, CONCORD, NH 03301
 603-271-6110 1-800-852-3345 Ext. 6738
 Fax: 603-271-6105 TDD Access: 1-800-735-2964
 www.dhhs.nh.gov

October 17, 2018

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, Bureau of Drug and Alcohol Services, to enter into sole source agreements with the eight (8) vendors listed below, in an amount not to exceed \$16,606,487, to develop, implement and operationalize a statewide network of Regional Hubs for opioid use disorder treatment and recovery support services, effective upon date of Governor and Council approval, through September 29, 2020. Federal Funds 100%.

Vendor Name	Vendor ID	Vendor Address	Amount
Androscoggin Valley Hospital, Inc.	TBD	59 Page Hill Rd. Berlin, NH 03570	\$1,559,611
Concord Hospital, Inc.	177653-8003	250 Pleasant St. Concord, NH, 03301	\$1,845,257
Granite Pathways	228900-8001	10 Ferry St, Ste. 308, Concord, NH, 03301	\$5,008,703
Littleton Regional Hospital	TBD	600 St. Johnsbury Road Littleton, NH 03561	\$1,572,101
LRGHealthcare	TBD	80 Highland St. Laconia, NH 003246	\$1,593,000
Mary Hitchcock Memorial Hospital	177651-8001	One Medical Center Drive Lebanon, NH 03756	\$1,543,788
The Cheshire Medical Center	155405-8001	580 Court St. Keene, NH 03431	\$1,593,611
Wentworth-Douglass Hospital	TBD	789 Central Ave. Dover, NH 03820	\$1,890,416
		Total	\$16,606,487

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Funds are available in the following account(s) for State Fiscal Year (SFY) 2019, and are anticipated to be available in SFY 2020 and SFY 2021, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from the Governor and Executive Council.

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2019	102-500731	Contracts for Prog Svc	92057040	\$8,281,704
SFY 2020	102-500731	Contracts for Prog Svc	92057040	\$7,992,783
SFY 2021	102-500731	Contracts for Prog Svc	92057040	\$0
			Sub-Total	\$16,274,487

06-95-92-920510-2659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2019	102-500731	Contracts for Prog Svc	92052561	\$332,000
SFY 2020	102-500731	Contracts for Prog Svc	92052561	\$0
SFY 2021	102-500731	Contracts for Prog Svc	92052561	\$0
			Sub-Total	\$332,000
			Grand Total	\$16,606,487

EXPLANATION

This request is sole source because the Department is seeking to restructure its service delivery system in order for individuals to have more rapid access to opioid use disorder (OUD) services. The vendors above have been identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the service restructure. Presently, the Department funds a separate contract with Granite Pathways through December 31, 2018 for Regional Access Points, which provide screening and referral services to individuals seeking help with substance use disorders. The Department is seeking to re-align this service into a streamlined and standardized approach as part of the State Opioid Response (SOR) grant, as awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). With this funding opportunity, New Hampshire will use evidence-based methods to expand treatment, recovery, and prevention services to individuals with OUD in NH. The establishment of nine (9) Regional Hubs (hereafter referred to as Hubs) is critical to the Department's plan.

The Hubs will ensure that every resident in NH has access to SUD treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for substance use disorders. The statewide telephone coverage will be accomplished

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 4

evaluations for substance use disorders. The statewide telephone coverage will be accomplished through a collaborative effort among all of the Hubs for overnight and weekend access to a clinician, which will be presented to the Governor and Executive Council at the November meeting. The Hubs will be situated to ensure that no one in NH has to travel more than sixty (60) minutes to access their Hub and initiate services. The vendors will be responsible for providing screening, evaluation, closed-loop referrals, and care coordination for clients along the continuum of care.

In the cities of Manchester and Nashua, given the maturity of the Safe Stations programs as access points in those regions, Granite Pathways, the existing Regional Access Point contractor, was selected to operate the Hubs in those areas to ensure alignment with models consistent with ongoing Safe Station's operations. To maintain fidelity to existing Safe Stations operations, Granite Pathways will have extended hours of on-site coverage from 8am-11pm on weekdays and 11am-11pm on weekends.

The Hubs will receive referrals for OUD services through a new contract with the crisis call center (2-1-1 NH) operated by Granite United Way and through existing referral networks. Consumers and providers will also be able to directly contact their local Hub for services. The Hubs will refer clients to services for all American Society of Addiction Medicine (ASAM) levels of care. This approach eliminates consumer confusion caused by multiple access points to services and ensures that individuals who present for help with OUD are receiving assistance immediately.

Funds for each Hub were determined based on a variety of factors, including historical client data from Medicaid claims and State-funded treatment services based on client address, naloxone administration and distribution data, and hospital admissions for overdose events. Funds in these agreements will be used to establish the necessary infrastructure for Statewide Hub access and to pay for naloxone purchase and distribution. The vendors will also have a flexible needs fund for providers to access for OUD clients in need of financial assistance for services and items such as transportation, childcare, or medication co-pays not otherwise covered by another payer.

Unique to this service redesign is a robust level of client-specific data that will be available. The SOR grant requires that all individual served receive a comprehensive assessment at several time intervals, specifically at intake, three (3) months, six (6) months and upon discharge. Through care coordination efforts, the Regional Hubs will be responsible for gathering data on items including, but not limited to recovery status, criminal justice involvement, employment, and housing needs at the time intervals listed above. This data will enable the Department to measure short and long-term outcomes associated with SOR-funded initiatives and to determine which programs are generating the best results for the clients served.

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

Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 and SFY 2022-2023 biennia.

Should Governor and Executive Council not authorize this request, individuals seeking help for OUD in NH may experience difficulty navigating a complex system; may not receive the supports and clinical services they need, and may experience delays in receiving care.

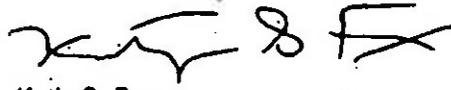
Area served: Statewide

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration. CFDA # 93.788, FAIN #H79TI081685 and FAIN #TI080246.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Katja S. Fox
Director

Approved by:



Jeffrey A. Meyers
Commissioner

Financial Detail

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT. OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT			
100% Federal Funds			
Activity Code: 92057040			
Androscoggin Valley Hospital, Inc			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 805,133.00
2020	Contracts for Prog Svs	102-500731	\$ 738,478.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 1,643,611.00
Concord Hospital, Inc			
Vendor # 177653-B003			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 947,662.00
2020	Contracts for Prog Svs	102-500731	\$ 897,595.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 1,845,257.00
Granite Pathways			
Vendor # 228900-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 2,380,444.00
2020	Contracts for Prog Svs	102-500731	\$ 2,328,259.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 4,708,703.00
Littleton Regional Hospital			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 815,000.00
2020	Contracts for Prog Svs	102-500731	\$ 741,101.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 1,556,101.00
LRGHealthcare			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,000.00
2020	Contracts for Prog Svs	102-500731	\$ 773,000.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 1,593,000.00

Financial Detail

Mary Hitchcock Memorial Hospital			
Vendor # 177651-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 730,632.00
2020	Contracts for Prog Svs	102-500731	\$ 813,156.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,543,788.00
The Cheshire Medical Center			
Vendor # 155405-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,133.00
2020	Contracts for Prog Svs	102-500731	\$ 773,478.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,593,611.00
Wentworth-Douglas Hospital			
Vendor # 157797			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 962,700.00
2020	Contracts for Prog Svs	102-500731	\$ 927,716.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,890,416.00

SUB TOTAL			\$ 16,274,487.00
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05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT			
100% Federal Funds			
Activity Code: 92052561			
Androscoggin Valley Hospital, Inc			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 16,000.00
Concord Hospital, Inc			
Vendor # 177653-B003			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -

Financial Detail

Granite Pathways			
Vendor # 228900-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 300,000.00
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 300,000.00
Littleton Regional Hospital			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 16,000.00
LRGHealthcare			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$
Mary Hitchcock Memorial Hospital			
Vendor # 177651-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$
The Cheshire Medical Center			
Vendor # 155405-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$
Wentworth-Douglas Hospital			
Vendor # 157797			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$
SUB TOTAL			\$ 332,000.00
TOTAL			\$ 16,606,487.00

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

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Catholic Medical Center ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 11, 2020 (Item #9A), as amended February 3, 2021 (Item #10), and most recently amended on October 13, 2021 (Item #39), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2023
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$10,795,880
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
Robert W. Moore, Director.
4. Modify Exhibit B – Amendment #1, Scope of Services, Section 8. Reporting Requirements, Subsection 8.4. by adding Paragraph 8.4.11 to read:
8.4.11. Client demographic data.
5. Modify Exhibit B – Amendment #1, Scope of Services, Section 10. Contract Management, by adding Subsection 10.4 to read:
10.4. The Contractor shall participate in meetings with Department leadership and State Opioid Response (SOR) staff on a quarterly basis, or as otherwise requested by the Department, to discuss program sustainability and ongoing access to vulnerable populations.
6. Modify Exhibit B – Amendment #1, Scope of Services, Section 11, SOR Grant Standards, by adding Subsection 11.15. to read:
11.15. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve Government Performance and Results Act (GPRA) collection.
7. Modify Exhibit C – Amendment #2, Methods and Conditions Precedent to Payment, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1. 96.90% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services,

RM

Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326; and as awarded on 09/23/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI085759

- 1.2. 0.32% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, CFDA #93.959, FAIN B08TI083509.
 - 1.3. 0.20% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG, as awarded on 02/10/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, FAIN TI084659.
 - 1.4. 2.57% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds effective from 9/30/2020 through 9/29/2021.
8. Modify Exhibit C – Amendment #2, Methods and Conditions Precedent to Payment, Section 2, Governor Commission Funds, to read:
 2. RESERVED
 9. Modify Exhibit C – Amendment #2, Methods and Conditions Precedent to Payment, Section 3, SABG FY21 COVID Emergency Funds, to read:
 3. RESERVED
 10. Modify Exhibit C – Amendment #2, Methods and Conditions Precedent to Payment, Section 5, to read:
 5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit C-1, Budget through Exhibit C-11 – Amendment #3 – SOR II Budget.
 11. Modify Exhibit C, Amendment #2, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1, Paragraph 7.1.3, Subparagraph 7.1.3.1, Part 7.1.3.1.4. to read:
 - 7.1.3.1.4. Food or water.
 12. Modify Exhibit C, Amendment #2, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1, Paragraph 7.1.3, Subparagraph 7.1.3.1, Part 7.1.3.1.7. to read:
 - 7.1.3.1.7. RESERVED
 13. Add Exhibit C-10 – Amendment #3 – SOR II Budget, which is attached hereto and incorporated by reference herein.
 14. Add Exhibit C-11 – Amendment #3 – SOR II Budget, which is attached hereto and incorporated by reference herein.

ds
AW

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to September 29, 2022, upon Governor and Council approval.

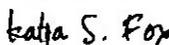
IN WITNESS WHEREOF, the parties have set their hands as of the date written below:

State of New Hampshire
Department of Health and Human Services

10/10/2022

Date

DocuSigned by:



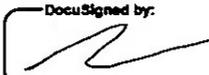
220570094000153

Name: Katja S. Fox

Title: Director

Catholic Medical Center

DocuSigned by:



220570094000153

Name: ALEXANDER WALKER

Title: President & CEO

10/10/2022

Date

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

OFFICE OF THE ATTORNEY GENERAL

10/11/2022

Date

DocuSigned by:
Robyn Guarino
Robyn Guarino
Name:
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services			
Complete one budget form for each budget period.			
Contractor Name:		Catholic Medical Center	
Budget Request for:		Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services	
Budget Period:		FY23 - (September 30, 2022 - June 30, 2023)	
Indirect Cost Rate (if applicable):		3.00%	
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$252,658	\$0	\$252,658
2. Fringe Benefits	\$50,532	\$0	\$50,532
3. Consultants	\$0	\$0	\$0
4. Equipment	\$900	\$0	\$900
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$437,400	\$0	\$437,400
5.(d) Supplies - Medical	\$1,800	\$0	\$1,800
5.(e) Supplies Office	\$4,500	\$0	\$4,500
6. Travel	\$1,217	\$0	\$1,217
7. Software	\$1	\$0	\$1
8. (a) Other - Marketing/Communications	\$900	\$0	\$900
8. (b) Other - Education and Training	\$900	\$0	\$900
8. (c) Other -			
8. (c) Other - Other (please specify)			
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 3/14/23</i>	\$18,000	\$0	\$18,000
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23</i>	\$12,000	\$0	\$12,000
<i>Other - Respite</i>	\$684,375	\$0	\$684,375
<i>Other - Flex Funds</i>	\$412,000	\$0	\$412,000
<i>Other (please specify)</i>	\$0	\$0	\$0
9. Subcontracts	\$272,351	\$0	\$272,351
Total Direct Costs	\$2,149,534	\$0	\$2,149,534
Total Indirect Costs	\$63,000	\$0	\$63,000
TOTAL	\$2,212,534	\$0	\$2,212,534


 Contractor Initials _____
 Date 10/10/2022

New Hampshire Department of Health and Human Services			
Complete one budget form for each budget period.			
Contractor Name:		Catholic Medical Center	
Budget Request for:		Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services	
Budget Period:		FY24 - (July 1, 2023 - September 29, 2023)	
Indirect Cost Rate (if applicable):		3.00%	
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$84,220	\$0	\$84,220
2. Fringe Benefits	\$16,844	\$0	\$16,844
3. Consultants	\$0	\$0	\$0
4. Equipment	\$300	\$0	\$300
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$145,800	\$0	\$145,800
5.(d) Supplies - Medical	\$600	\$0	\$600
5.(e) Supplies Office	\$1,500	\$0	\$1,500
6. Travel	\$406	\$0	\$406
7. Software	\$1	\$0	\$1
8. (a) Other - Marketing/Communications	\$300	\$0	\$300
8. (b) Other - Education and Training	\$300	\$0	\$300
8. (c) Other - Other (please specify)			
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23</i>	\$10,000	\$0	\$10,000
<i>Other - Respite</i>	\$228,125	\$0	\$228,125
<i>Other - Flex Funds</i>	\$137,331	\$0	\$137,331
<i>Other (please specify)</i>	\$0	\$0	\$0
9. Subcontracts	\$90,785	\$0	\$90,785
Total Direct Costs	\$716,512	\$0	\$716,512
Total Indirect Costs	\$21,000	\$0	\$21,000
TOTAL	\$737,512	\$0	\$737,512


 Contractor Initials _____
 Date 10/10/2022

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that CATHOLIC MEDICAL CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on November 07, 1974. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 62116

Certificate Number: 0005766058



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 25th day of April A.D. 2022.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Matthew Kfoury, do hereby certify that:

1. I am the duly elected Secretary of Catholic Medical Center, a New Hampshire voluntary corporation ("CMC");
2. Alexander J. Walker, is the duly elected President & CEO of CMC;
3. The attached Exhibit A is a true copy of resolutions duly adopted by written unanimous consent on June 24, 2021;
4. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of the 4th day of November, 2021 and this authority remains valid for thirty (30) days from the date of this Certificate of Authority; and
5. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence from CMC that I am the Secretary of CMC and that Mr. Walker has the authority to bind CMC. To the extent that there are any limits on the authority of Mr. Walker or myself to bind CMC in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

I have hereunto set my hand as the Secretary of CMC this 11th day of October 2022.

s/ Matthew Kfoury
Matthew Kfoury, Secretary

Exhibit A

PROPOSED RESOLUTIONS

OF THE

BOARD OF TRUSTEES

OF CATHOLIC MEDICAL CENTER ("CMC")

Authorizing CMC to enter into Contracts with the State of New Hampshire

June 24, 2021

RESOLVED: That CMC be authorize to enter into contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hampshire, including any of its agencies or departments.

RESOLVED: That effective July 1, 2021, Alexander J. Walker, as President & CEO of CMC, is hereby authorized on behalf of CMC to enter into contracts with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he may deem necessary, desirable, or appropriate.

From: Matt Kfoury
To: Golon, Lee
Cc: Perry, Carrie; Soucy, Timothy
Subject: RE: Secretary Certificate of Authority - Action Required
Date: Tuesday, October 11, 2022 11:15:46 AM
Attachments: image001.png

WARNING: This email originated outside of CMC. Exercise caution when clicking links or opening attachments.

I approve

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: "Golon, Lee" <Lee.Golon@cmc-nh.org>
Date: 10/11/22 11:13 AM (GMT-05:00)
To: Matt Kfoury <mkfoury@k4ecompany.com>
Cc: "Golon, Lee" <Lee.Golon@cmc-nh.org>, "Perry, Carrie" <carrie.perry@cmc-nh.org>, "Soucy, Timothy" <timothy.soucy@cmc-nh.org>
Subject: Secretary Certificate of Authority - Action Required

To Matt Kfoury, Secretary of the CMC Board of Trustees,

I hope that you are doing well and enjoying your summer.

Jason requested that I send you the attached Certificate of Authority for your approval.

If you approve of the Certificate of Secretary, then please respond "I approve" to this email.

Thank you,

Best regards,

- Lee

Lee M. Golon
Executive Assistant
Legal, Risk, Compliance & Philanthropy
Global System Contract Administrator
Catholic Medical Center
100 McGregor Street
Manchester, NH 03102
Office: (603) 665-2575
Lee.Golon@cmc-nh.org



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2022 CATHOLIC MEDICAL CENTER

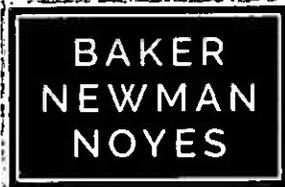
MISSION: The heart of Catholic Medical Center is to carry out Christ's healing ministry by offering **health, healing and hope** to every individual who seeks our care.

**BAKER
NEWMAN
NOYES**

CMC Healthcare System, Inc.

Audited Consolidated Financial Statements

*Years Ended September 30, 2021 and 2020
With Independent Auditors' Report*



Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
800.244.7444 | www.bnnn CPA.com

INDEPENDENT AUDITORS' REPORT

Board of Trustees
CMC Healthcare System, Inc.

We have audited the accompanying consolidated financial statements of CMC Healthcare System, Inc., which comprise the consolidated balance sheets as of September 30, 2021 and 2020, the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of CMC Healthcare System, Inc. as of September 30, 2021 and 2020, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Baker Newman & Noyes LLC

Manchester, New Hampshire
February 18, 2022

CMC HEALTHCARE SYSTEM, INC.
CONSOLIDATED BALANCE SHEETS

September 30, 2021 and 2020

ASSETS

	<u>2021</u>	<u>2020</u>
Current assets:		
Cash and cash equivalents	\$110,979,667	\$151,551,269
Short-term investments	3,582,157	3,572,434
Accounts receivable	71,559,507	62,791,576
Inventories	3,912,718	4,836,875
Other current assets	<u>18,861,756</u>	<u>16,427,148</u>
Total current assets	208,895,805	239,179,302
Property, plant and equipment, net	144,872,110	147,642,544
Other assets:		
Intangible assets and other	18,557,706	17,118,765
Assets whose use is limited:		
Pension and insurance obligations	24,811,739	20,198,308
Board designated and donor restricted investments and restricted grants	168,473,103	151,252,801
Held by trustee under revenue bond agreements	<u>1,250,410</u>	<u>1,345,012</u>
	<u>194,535,252</u>	<u>172,796,121</u>
Total assets	<u>\$566,860,873</u>	<u>\$576,736,732</u>

LIABILITIES AND NET ASSETS

	<u>2021</u>	<u>2020</u>
Current liabilities:		
Accounts payable and accrued expenses	\$ 36,430,319	\$ 57,352,176
Accrued salaries, wages and related accounts	25,875,831	24,549,719
Amounts payable to third-party payors	52,285,526	21,159,306
Current portion of long-term debt	<u>3,422,609</u>	<u>2,708,585</u>
Total current liabilities	118,014,285	105,769,786
Accrued pension and other liabilities, less current portion	145,078,198	242,628,999
Long-term debt, less current portion	<u>160,872,424</u>	<u>161,871,837</u>
Total liabilities	423,964,907	510,270,622
Net assets:		
Without donor restrictions	112,328,045	39,470,152
With donor restrictions	<u>30,567,921</u>	<u>26,995,958</u>
Total net assets	142,895,966	66,466,110
	<hr/>	<hr/>
Total liabilities and net assets	<u>\$566,860,873</u>	<u>\$576,736,732</u>

See accompanying notes.

CMC HEALTHCARE SYSTEM, INC.**CONSOLIDATED STATEMENTS OF OPERATIONS**

Years Ended September 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Operating revenues:		
Patient service revenues	\$ 455,963,619	\$ 391,158,922
Other revenue	40,909,118	35,839,402
Disproportionate share funding	<u>21,483,694</u>	<u>18,380,790</u>
Total operating revenues	518,356,431	445,379,114
Operating expenses:		
Salaries, wages and fringe benefits	281,520,814	278,916,574
Supplies and other	192,476,393	170,961,809
New Hampshire Medicaid enhancement tax	19,248,461	22,054,486
Depreciation and amortization	13,005,133	16,221,934
Interest	<u>5,007,696</u>	<u>4,334,625</u>
Total operating expenses	<u>511,258,497</u>	<u>492,489,428</u>
Income (loss) from operations	7,097,934	(47,110,314)
Nonoperating gains (losses):		
Investment income, net	26,082,136	9,801,818
Net periodic pension cost, other than service cost	(903,813)	(598,353)
Contributions without donor restrictions	551,406	1,337,194
Development costs	(577,663)	(570,636)
Forgiveness of PPP loan	618,500	-
Other nonoperating expenses and losses	<u>(10,449,058)</u>	<u>(3,744,929)</u>
Total nonoperating gains, net	<u>15,321,508</u>	<u>6,225,094</u>
Excess (deficiency) of revenues and gains over expenses	22,419,442	(40,885,220)
Unrealized (depreciation) appreciation on investments	(4,872)	13,723
Change in fair value of interest rate swap agreement	204,639	(261,651)
Assets released from restriction used for capital	70,304	159,168
Pension-related changes other than net periodic pension cost	<u>50,168,380</u>	<u>(23,927,903)</u>
Change in net assets without donor restrictions	72,857,893	(64,901,883)
Net assets without donor restrictions at beginning of year	<u>39,470,152</u>	<u>104,372,035</u>
Net assets without donor restrictions at end of year	<u>\$ 112,328,045</u>	<u>\$ 39,470,152</u>

See accompanying notes.

CMC HEALTHCARE SYSTEM, INC.**CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS**

Years Ended September 30, 2021 and 2020

	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total Net Assets
Balances at September 30, 2019	\$104,372,035	\$11,244,891	\$115,616,926
Deficiency of revenues and gains over expenses	(40,885,220)	—	(40,885,220)
Restricted investment income	—	28,891	28,891
Changes in interest in perpetual trust	—	104,885	104,885
Donor restricted contributions	—	16,173,712	16,173,712
Unrealized appreciation on investments	13,723	69,508	83,231
Change in fair value of interest rate swap agreement	(261,651)	—	(261,651)
Assets released from restriction used for operations	—	(466,761)	(466,761)
Assets released from restriction used for capital	159,168	(159,168)	—
Pension-related changes other than net periodic pension cost	<u>(23,927,903)</u>	<u>—</u>	<u>(23,927,903)</u>
	<u>(64,901,883)</u>	<u>15,751,067</u>	<u>(49,150,816)</u>
Balances at September 30, 2020	39,470,152	26,995,958	66,466,110
Excess of revenues and gains over expenses	22,419,442	—	22,419,442
Restricted investment income	—	542,188	542,188
Changes in interest in perpetual trust	—	1,546,976	1,546,976
Donor restricted contributions	—	2,854,022	2,854,022
Unrealized depreciation on investments	(4,872)	(254,325)	(259,197)
Change in fair value of interest rate swap agreement	204,639	—	204,639
Assets released from restriction used for operations	—	(1,046,594)	(1,046,594)
Assets released from restriction used for capital	70,304	(70,304)	—
Pension-related changes other than net periodic pension cost	<u>50,168,380</u>	<u>—</u>	<u>50,168,380</u>
	<u>72,857,893</u>	<u>3,571,963</u>	<u>76,429,856</u>
Balances at September 30, 2021	<u>\$112,328,045</u>	<u>\$30,567,921</u>	<u>\$142,895,966</u>

See accompanying notes.

CMC HEALTHCARE SYSTEM, INC.

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended September 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Operating activities:		
Change in net assets	\$ 76,429,856	\$ (49,150,816)
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities:		
Depreciation and amortization	13,005,133	16,221,934
Pension-related changes other than net periodic pension cost	(50,168,380)	23,927,903
Restricted gifts and investment income	(3,396,210)	(16,202,603)
Net realized and unrealized gains on sales of investments	(23,060,105)	(6,130,421)
Forgiveness of PPP loan	(618,500)	-
Change in interest in perpetual trust	(1,546,976)	(104,885)
Change in fair value of interest rate swap agreement	(204,639)	261,651
Bond discount/premium and issuance cost amortization	(238,116)	(256,596)
Changes in operating assets and liabilities:		
Accounts receivable	(8,767,931)	16,531,066
Inventories	924,157	(236,073)
Other current assets	3,240,997	(2,228,925)
Other assets	(1,438,941)	1,481,849
Accounts payable and accrued expenses	(20,921,857)	19,617,964
Accrued salaries, wages and related accounts	1,326,112	1,576,241
Amounts payable to third-party payors	31,126,220	9,702,839
Accrued pension and other liabilities	<u>(47,190,175)</u>	<u>46,377,405</u>
Net cash (used) provided by operating activities	<u>(31,499,355)</u>	<u>61,388,533</u>
Investing activities:		
Purchases of property, plant and equipment	(8,482,503)	(21,738,820)
Net change in assets held by trustee under revenue bond agreements	94,602	17,500,343
Proceeds from sales of investments	114,881,518	40,581,691
Purchases of investments	<u>(116,623,848)</u>	<u>(51,180,354)</u>
Net cash used by investing activities	<u>(10,130,231)</u>	<u>(14,837,140)</u>
Financing activities:		
Payments on long-term debt	(2,672,713)	(3,814,000)
Proceeds from issuance of long-term debt	1,727,235	42,993,018
Payments on capital leases	(223,098)	(426,101)
Bond issuance costs	-	(211,510)
Restricted gifts and investment income	<u>2,226,560</u>	<u>10,208,979</u>
Net cash provided by financing activities	<u>1,057,984</u>	<u>48,750,386</u>
(Decrease) increase in cash and cash equivalents	<u>(40,571,602)</u>	<u>95,301,779</u>
Cash and cash equivalents at beginning of year	<u>151,551,269</u>	<u>56,249,490</u>
Cash and cash equivalents at end of year	<u>\$ 110,979,667</u>	<u>\$ 151,551,269</u>

Supplemental disclosure:

During 2021 and 2020, the System entered into capital lease obligations to finance certain equipment totaling \$1,739,803 and \$253,781, respectively.

See accompanying notes.

CMC HEALTHCARE SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended September 30, 2021 and 2020

1. Organization

CMC Healthcare System, Inc. (the System) is a New Hampshire voluntary corporation and Internal Revenue Service (IRS) recognized not-for-profit organization formed effective July 1, 2001. The System functioned as the parent company and sole member of Catholic Medical Center (the Medical Center) (until December 31, 2016, as discussed below), Catholic Medical Center Physician Practice Associates, Inc. (PPA), Alliance Enterprises, Inc. (Enterprises), Alliance Resources, Inc. (Resources), Alliance Ambulatory Services, Inc. (AAS), Alliance Health Services, Inc. (AHS), Doctors Medical Association, Inc. (DMA) (dissolved during 2020) and St. Peter's Home, Inc. (SPH).

On December 30, 2016, the System became affiliated with Huggins Hospital (HH), a 25-bed critical access hospital in Wolfeboro, New Hampshire, and Monadnock Community Hospital (MCH), a 25-bed critical access hospital in Peterborough, New Hampshire, through the formation of a common parent, GraniteOne Health (GraniteOne). GraniteOne is a New Hampshire voluntary corporation that is recognized as being a Section 501(c)(3) tax-exempt and "supporting organization" within the meaning of Section 509(a)(3) of the Internal Revenue Code of 1986, as amended (the Code). GraniteOne serves as the sole member of HH and MCH and co-member of the Medical Center, along with the System. GraniteOne is governed by a thirteen-member Board of Trustees appointed by each of the respective hospitals within the GraniteOne system. The GraniteOne Board of Trustees governs the GraniteOne system through the existence and execution of reserved powers to approve certain actions by the Boards of Trustees of each of the hospitals. Through GraniteOne, this more integrated healthcare system enhances the affiliated hospitals' ability to coordinate the delivery of patient care, implement best practices, eliminate inefficiencies and collaborate on regional healthcare planning. These efforts strengthen the hospitals' ability to meet the healthcare needs of their respective communities and provide for a more seamless patient experience across the continuum of care. The accompanying consolidated financial statements for the years ended September 30, 2021 and 2020 do not include the accounts and activity of GraniteOne, HH and MCH.

On September 30, 2019, GraniteOne, the Medical Center, the System, certain subsidiaries of the System, HH and MCH entered into a Combination Agreement (the Agreement) with Dartmouth-Hitchcock Health (D-HH) to combine GraniteOne and D-HH and its members into a more fully integrated healthcare delivery system. Pursuant to the terms of the Agreement, the parties intend to revise D-HH's corporate name to Dartmouth-Hitchcock Health GraniteOne (D-HH GO), which will continue to serve as the sole corporate member of the existing D-HH System Members (Mary Hitchcock Memorial Health and Dartmouth-Hitchcock Clinic, New London Hospital (NLH), Cheshire Medical Center (Cheshire), Mt. Ascutney Hospital and Health Center (MAHHC), Alice Peck Day Memorial Hospital (APD) and Visiting Nurse and Hospice for Vermont and New Hampshire (VNH)), and which will be substituted for GraniteOne as the sole corporate member of HH and MCH and as co-member, of the Medical Center and certain subsidiaries of the System (the Combination). The overarching goal of the Combination is to create a New Hampshire-based, integrated and regionally distributed health care delivery system that better serves its patients and communities. While the System will not be a component of the D-HH GO System, it will continue to serve as the corporate vehicle through which the Bishop of the Diocese of Manchester (the Bishop) ensures the Medical Center's adherence to the Ethical and Religious Directives for Catholic Health Care Services and moral Catholic teachings. Neither the System nor the Bishop will have authority over any other D-HH GO System Member, including HH and MCH. Subject to certain rights reserved to the Bishop and the System with respect to the Medical Center and the System's subsidiaries, D-HH GO will reserve to itself certain approval and initiation powers over the governance, financial, programmatic, administrative, and strategic decisions of D-HH GO System Members.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

1. Organization (Continued)

On December 30, 2019, GraniteOne, the Medical Center, HH and MCH submitted a Joint Notice of Change of Control to the New Hampshire Attorney General, Director of Charitable Trusts pursuant to New Hampshire RSA 7:19-b beginning the regulatory review and approval process of the Combination. Subsequent to that date, the parties also continue to participate in the nonpublic antitrust regulatory review process. If all necessary approvals are obtained and closing conditions satisfied, D-HH GO will consist of a major academic medical center offering tertiary and quaternary services, an acute care community hospital in an urban setting (the Medical Center), an acute care community hospital in a rural setting (Cheshire), five rural critical access hospitals (NLH, MAHHC, APD, HH and MCH), a post-acute home health and hospice provider (VNH), and nearly 1,800 employed and affiliated primary and specialty care physicians. D-HH GO System Members will combine their resources to offer a broader array of inpatient, outpatient and ambulatory services.

2. Significant Accounting Policies

Basis of Presentation

The accompanying consolidated financial statements have been prepared using the accrual basis of accounting.

Principles of Consolidation

The consolidated financial statements include the accounts of the Medical Center, PPA, Enterprises, Resources, AAS, AHS, DMA and SPH. Significant intercompany accounts and transactions have been eliminated in consolidation.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (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 as of the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates are made in the areas of valuation of accounts receivable, estimated settlements with third-party payors, accrued compensation and benefits, conditional asset retirement obligations, and insurance-related reserves.

Income Taxes

The System and all related entities, with the exception of Enterprises and DMA, are not-for-profit corporations as described in Section 501(c)(3) of the Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Management evaluated the System's tax positions and concluded the System has maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment to the consolidated financial statements.

CMC HEALTHCARE SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended September 30, 2021 and 2020

2. Significant Accounting Policies (Continued)

Enterprises and DMA are for-profit organizations and, in accordance with federal and state tax laws, file income tax returns, as applicable. There was no significant provision for income taxes for the years ended September 30, 2021 and 2020. There are no significant deferred tax assets or liabilities. These entities have concluded there are no significant uncertain tax positions requiring disclosure and there is no material liability for unrecognized tax benefits. It is the policy of these entities to recognize interest related to unrecognized tax benefits in interest expense and penalties in income tax expense.

Charity Care

The System has a formal charity care policy under which patient care is provided to patients who meet certain criteria without charge or at amounts less than its established rates. The System does not pursue collection of amounts determined to qualify as charity care; therefore, they are not reported as revenues.

Of the System's \$511,258,497 total expenses reported for the year ended September 30, 2021, an estimated \$5,400,000 arose from providing services to charity patients. Of the System's \$492,489,428 total expenses reported for the year ended September 30, 2020, an estimated \$7,900,000 arose from providing services to charity patients. The estimated costs of providing charity services are based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charges is calculated based on the System's total expenses divided by gross patient service revenue.

Concentration of Credit Risk

Financial instruments which subject the System to credit risk consist primarily of cash equivalents, accounts receivable and investments. The risk with respect to cash equivalents is minimized by the System's policy of investing in financial instruments with short-term maturities issued by highly rated financial institutions. The System's accounts receivable are primarily due from third-party payors and amounts are presented net of expected explicit and implicit price concessions, including estimated implicit price concessions from uninsured patients. The System's investment portfolio consists of diversified investments, which are subject to market risk. Investments that exceeded 10% of investments include the Fidelity 500 Index Fund and SSGA S&P 500 Tobacco Free Fund as of September 30, 2021 and 2020, respectively.

Cash and Cash Equivalents

Cash and cash equivalents include certificates of deposit with maturities of three months or less when purchased and investments in overnight deposits at various banks. Cash and cash equivalents exclude amounts whose use is limited by board designation and amounts held by trustees under revenue bond and other agreements. The System maintains approximately \$106,000,000 and \$147,000,000 at September 30, 2021 and 2020, respectively, of its cash and cash equivalent accounts with a single institution. The System has not experienced any losses associated with deposits at this institution.

CMC HEALTHCARE SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended September 30, 2021 and 2020

2. Significant Accounting Policies (Continued)**Accounts Receivable**

Patient accounts receivable for which the unconditional right to payment exists are receivables if the right to consideration is unconditional and only the passage of time is required before payment of that consideration is due. Accounts receivable at September 30, 2021 and 2020 reflect the fact that any estimated uncollectible amounts are generally considered implicit price concessions that are a direct reduction to accounts receivable rather than allowance for doubtful accounts. At September 30, 2021 and 2020, estimated implicit price concessions of \$23,128,679 and \$28,756,009, respectively, have been recorded as reductions to accounts receivable balances to enable the System to record revenues and accounts receivable at the estimated amounts expected to be collected.

Inventories

Inventories of supplies are stated at the lower of cost (determined by the first-in, first-out method) or net realizable value.

Related Party Activity

The Medical Center has engaged in various transactions with GraniteOne, HH and MCH. The Medical Center recognized approximately \$3.1 million and \$3.0 million in revenue from these related parties for the years ended September 30, 2021 and 2020, respectively, which is reflected within other revenues in the accompanying consolidated statements of operations. The Medical Center also incurred expenses to these related parties of approximately \$6.5 million and \$3.8 million for the years ended September 30, 2021 and 2020, respectively, of which \$600,000 is reflected within operating expenses. Additionally, approximately \$5.9 million and \$3.2 million as of September 30, 2021 and 2020, respectively, is reflected within nonoperating gains (losses) in the accompanying consolidated statement of operations. As of September 30, 2021, the Medical Center had a net amount due from these related parties of approximately \$1.3 million, of which \$1.8 million is reflected within other current assets and \$500,000 is reflected within accounts payable and accrued expenses in the accompanying 2021 consolidated balance sheet. As of September 30, 2020, the Medical Center had a net amount due from these related parties of approximately \$2.6 million, of which \$7.6 million is reflected within other current assets and \$5.0 million is reflected within accounts payable and accrued expenses in the accompanying 2020 consolidated balance sheet.

Property, Plant and Equipment

Property, plant and equipment is stated at cost at time of purchase or fair value at the time of donation, less accumulated depreciation. The System's policy is to capitalize expenditures for major improvements and charge maintenance and repairs currently for expenditures which do not extend the lives of the related assets. The provisions for depreciation and amortization have been determined using the straight-line method at rates intended to amortize the cost of assets over their estimated useful lives. See also Note 5. Assets which have been purchased but not yet placed in service are included in construction in progress and no depreciation expense is recorded.

CMC HEALTHCARE SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended September 30, 2021 and 2020

2. Significant Accounting Policies (Continued)**Conditional Asset Retirement Obligations**

The System recognizes the fair value of a liability for legal obligations associated with asset retirements in the year in which the obligation is incurred, in accordance with Accounting Standards Codification (ASC) 410-20, *Accounting for Asset Retirement Obligations*. When the liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long lived asset. The liability is accreted to its present value each year, and the capitalized cost associated with the retirement obligation is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations.

As of September 30, 2021 and 2020, \$1,010,847 and \$1,010,695, respectively, of conditional asset retirement obligations are included within accrued pension and other liabilities in the accompanying consolidated balance sheets.

Goodwill

The System reviews its goodwill and other long-lived assets annually to determine whether the carrying amount of such assets is impaired. Upon determination that an impairment has occurred, these assets are reduced to fair value. There were no impairments recorded for the years ended September 30, 2021 or 2020. The net carrying value of goodwill is \$4,490,154 at September 30, 2021 and 2020, and is reflected within intangible assets and other in the accompanying consolidated balance sheets.

Patient Service Revenues

Revenues generally relate to contracts with patients in which the System's performance obligations are to provide health care services to patients. Revenues are recorded during the period obligations to provide health care services are satisfied. Performance obligations for inpatient services are generally satisfied over a period of days. Performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationships with patients, in most cases, also involve a third-party payor (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges) and the transaction prices for the services provided are dependent upon the terms provided by Medicare and Medicaid or negotiated with managed care health plans and commercial insurance companies, the third-party payors. The payment arrangements with third-party payors for the services provided to related patients typically specify payments at amounts less than standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge, per identified service or per covered member. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the revenue recognition process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals.

CMC HEALTHCARE SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended September 30, 2021 and 2020

2. Significant Accounting Policies (Continued)

The collection of outstanding receivables for Medicare, Medicaid, managed care payers, other third-party payors and patients is the System's primary source of cash and is critical to its operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the aging of those accounts. Accounts are written off when all reasonable internal and external collection efforts have been performed. The estimates for implicit price concessions are based upon management's assessment of historical write-offs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical write-offs and collections at facilities that represent a majority of hospital revenues and accounts receivable (the "hindsight analysis") as a primary source of information in estimating the collectability of accounts receivable. Management performs the hindsight analysis regularly, utilizing rolling twelve-month accounts receivable collection and write-off data. Management believes its regular updates to the estimated implicit price concession amounts provides reasonable estimates of revenues and valuations of accounts receivable. These routine, regular changes in estimates have not resulted in material adjustments to the valuations of accounts receivable or period-to-period comparisons of operations.

Retirement Benefits

The Catholic Medical Center Pension Plan (the Plan) provides retirement benefits for certain employees of the Medical Center and PPA who have attained age twenty-one and work at least 1,000 hours per year. The Plan consists of a benefit accrued to July 1, 1985, plus 2% of plan year earnings (to legislative maximums) per year. The System's funding policy is to contribute amounts to the Plan sufficient to meet minimum funding requirements set forth in the Employee Retirement Income Security Act of 1974, plus such additional amounts as may be determined to be appropriate from time to time. The Plan is intended to constitute a plan described in Section 414(k) of the Code, under which benefits derived from employer contributions are based on the separate account balances of participants in addition to the defined benefits under the Plan.

Effective January 1, 2008 the Medical Center decided to close participation in the Plan to new participants. As of January 1, 2008, current participants continued to participate in the Plan while new employees receive a higher matching contribution to the tax-sheltered annuity benefit program discussed below.

During 2011, the Board of Trustees voted to freeze the accrual of benefits under the Plan effective December 31, 2011.

The Plan was amended effective as of May 1, 2016 to provide a limited opportunity for certain terminated vested participants to elect an immediate lump sum or annuity distribution option.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

2. Significant Accounting Policies (Continued)

The System also maintains tax-sheltered annuity benefit programs in which it matches one half of employee contributions up to 3% of their annual salary, depending on date of hire, plus an additional 0% - 2% based on tenure. The System made matching contributions under the program of \$4,349,946 and \$4,550,221 for the years ended September 30, 2021 and 2020, respectively.

During 2007, the Medical Center created a nonqualified deferred compensation plan covering certain employees under Section 457(b) of the Code. Under the plan, a participant may elect to defer a portion of their compensation to be held until payment in the future to the participant or his or her beneficiary. Consistent with the requirements of the Code, all amounts of deferred compensation, including but not limited to any investments held and all income attributable to such amounts, property, and rights will remain subject to the claims of the Medical Center's creditors, without being restricted to the payment of deferred compensation, until payment is made to the participant or their beneficiary. No contributions were made by the System for the years ended September 30, 2021 or 2020.

The System also provides a noncontributory supplemental executive retirement plan covering certain former executives of the Medical Center, as defined. The System's policy is to accrue costs under this plan using the "Projected Unit Credit Actuarial Cost Method" and to amortize past service costs over a fifteen year period. Benefits under this plan are based on the participant's final average salary, social security benefit, retirement income plan benefit, and total years of service. Certain investments have been designated for payment of benefits under this plan and are included in assets whose use is limited—pension and insurance obligations.

During 2007, the System created a supplemental executive retirement plan covering certain executives of the Medical Center under Section 457(f) of the Code. The System recorded compensation expense of \$1,002,235 and \$708,142 for the years ended September 30, 2021 and 2020, respectively, related to this plan.

Employee Fringe Benefits

The System has an "earned time" plan. Under this plan, each qualifying employee "earns" hours of paid leave for each pay period worked. These hours of paid leave may be used for vacations, holidays, or illness. Hours earned but not used are vested with the employee and are paid to the employee upon termination. The System expenses the cost of these benefits as they are earned by the employees.

Debt Issuance Costs/Original Issue Discount or Premium

The debt issuance costs incurred to obtain financing for the System's construction and renovation programs and refinancing of prior bonds and the original issue discount or premium are amortized to interest expense using the effective interest method over the repayment period of the bonds. The original issue discount or premium and debt issuance costs are presented as a reduction of long-term debt.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

2. Significant Accounting Policies (Continued)

Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted include assets held by trustees under indenture agreements, pension and insurance obligations, designated assets set aside by the Board of Trustees, over which the Board retains control and may, at its discretion, subsequently use for other purposes, and donor-restricted investments.

Net Assets With Donor Restrictions

Gifts are reported as restricted support if they are received with donor stipulations that limit the use of donated assets. Donated investments, supplies and equipment are reported at fair value at the date of receipt. Unconditional promises to give cash and other assets are reported at fair value at the date of the receipt of the promise. When a donor restriction expires (when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as either net assets released from restrictions (for noncapital related items) or as net assets released from restrictions used for capital purchases (capital related items). Some net assets with donor restrictions have been restricted by donors to be maintained by the System in perpetuity.

Except for contributions related to capital purchases, donor-restricted contributions whose restrictions are met within the same year as received are reported as contributions within net assets without donor restrictions in the accompanying consolidated financial statements.

Pledges Receivable

Pledges receivable are recognized as revenue when the unconditional promise to give is made. Pledges expected to be collected within one year are recorded at their net realizable value. Pledges that are expected to be collected in future years are recorded at the present value of estimated future cash flows. The present value of estimated future cash flows is measured utilizing risk-free rates of return adjusted for market and credit risk established at the time a contribution is received.

Investments and Investment Income

Investments are carried at fair value in the accompanying consolidated balance sheets. See Note 8 for further discussion regarding fair value measurements. Investment income (including realized gains and losses on investments, interest and dividends) and the net change in unrealized gains and losses on equity securities are included in the excess (deficiency) of revenues and gains over expenses in the accompanying consolidated statements of operations, unless the income or loss is restricted by donor or law. The change in net unrealized gains and losses on debt securities is reported as a separate component of the change in net assets without donor restrictions, except declines that are determined by management to be other than temporary, which are reported as an impairment charge (included in the excess (deficiency) of revenues and gains over expenses). No such losses were recorded in 2021 or 2020.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

2. Significant Accounting Policies (Continued)

Derivative Instruments

Derivatives are recognized as either assets or liabilities in the consolidated balance sheets at fair value regardless of the purpose or intent for holding the instrument. Changes in the fair value of derivatives are recognized either in the excess (deficiency) of revenues and gains over expenses or net assets, depending on whether the derivative is speculative or being used to hedge changes in fair value or cash flows. See also Note 6.

Beneficial Interest in Perpetual Trust

The System is the beneficiary of trust funds administered by trustees or other third parties. Trusts wherein the System has the irrevocable right to receive the income earned on the trust assets in perpetuity are recorded as net assets with donor restrictions at the fair value of the trust at the date of receipt. Income distributions from the trusts are reported as investment income that increase net assets without donor restrictions, unless restricted by the donor. Annual changes in the fair value of the trusts are recorded as increases or decreases to net assets with donor restrictions.

Endowment, Investment and Spending Policies

In accordance with the *Uniform Prudent Management of Institutional Funds Act* (UPMIFA), the System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (a) the duration and preservation of the fund; (b) the purpose of the organization and the donor-restricted endowment fund; (c) general economic conditions; (d) the possible effect of inflation and deflation; (e) the expected total return from income and the appreciation of investments; (f) other resources of the organization; and (g) the investment policies of the organization.

Spending policies may be adopted by the System, from time to time, to provide a stream of funding for the support of key programs. The spending policies are structured in a manner to ensure that the purchasing power of the assets is maintained while providing the desired level of annual funding to the programs. The System currently has a policy allowing interest and dividend income earned on investments to be used for operations with the goal of keeping principal, including its appreciation, intact.

The System's investment policies provide guidance for the prudent and skillful management of invested assets with the objective of preserving capital and maximizing returns. The invested assets include endowment, specific purpose and board designated funds.

Endowment funds are identified as perpetual in nature, intended to provide support for current or future operations and other purposes identified by the donor. These funds are managed with disciplined longer-term investment objectives and strategies designed to accommodate relevant, reasonable, or probable events.

Specific purpose funds are temporary in nature, restricted as to time or purpose as identified by the donor or grantor. These funds have various intermediate/long-term time horizons associated with specific identified spending objectives.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

2. Significant Accounting Policies (Continued)

Board designated funds have various intermediate/long-term time horizons associated with specific spending objectives as determined by the Board of Trustees.

Management of these assets is designed to maximize total return while preserving the capital values of the funds, protecting the funds from inflation and providing liquidity as needed. The objective is to provide a real rate of return that meets inflation, plus 4% to 5%, over a long-term time horizon.

The System targets a diversified asset allocation that places emphasis on achieving its long-term return objectives within prudent risk constraints.

Performance Indicator

Excess (deficiency) of revenues and gains over expenses is comprised of operating revenues and expenses and nonoperating gains and losses. For purposes of display, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as operating revenue and expenses. Peripheral or incidental transactions are reported as nonoperating gains or losses, which include contributions without donor restrictions, development costs, net investment income (including realized gains and losses on the sales of investments and unrealized gains and losses on equity investments), net periodic pension costs (other than service cost), forgiveness of Paycheck Protection Program (PPP) loan, other nonoperating expenses and losses, and contributions to community agencies.

Federal Grant Revenue and Expenditures

Revenues and expenses under federal grant programs are recognized as the related expenditure is incurred.

Malpractice Loss Contingencies

The System has a claims-made basis policy for its malpractice insurance coverage. A claims-made basis policy provides specific coverage for claims reported during the policy term. The System has established a reserve to cover professional liability exposure, which may not be covered by insurance. The possibility exists, as a normal risk of doing business, that malpractice claims in excess of insurance coverage may be asserted against the System. In the event a loss contingency should occur, the System would give it appropriate recognition in its consolidated financial statements in conformity with accounting standards. The System expects to be able to obtain renewal or other coverage in future years.

In accordance with Accounting Standards Update (ASU) No. 2010-24, "Health Care Entities" (Topic 954): *Presentation of Insurance Claims and Related Insurance Recoveries*, at September 30, 2021 and 2020, the System recorded a liability of \$15,491,857 and \$14,511,532, respectively, related to estimated professional liability losses covered under this policy. At September 30, 2021 and 2020, the System also recorded a receivable of \$11,402,607 and \$10,725,032, respectively, related to estimated recoveries under insurance coverage for recoveries of the potential losses. These amounts are included in accrued pension and other liabilities, and intangible assets and other, respectively, on the consolidated balance sheets.

CMC HEALTHCARE SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended September 30, 2021 and 2020

2. Significant Accounting Policies (Continued)**Workers' Compensation**

The System maintains workers' compensation insurance under a self-insured plan. The plan offers, among other provisions, certain specific and aggregate stop-loss coverage to protect the System against excessive losses. The System has employed independent actuaries to estimate the ultimate costs, if any, of the settlement of such claims. Accrued workers' compensation losses of \$2,493,406 and \$2,722,156 at September 30, 2021 and 2020, respectively, have been discounted at 1.25% and, in management's opinion, provide an adequate reserve for loss contingencies. At September 30, 2021, \$1,088,072 and \$1,405,334 is recorded within accounts payable and accrued expenses and accrued pension and other liabilities, respectively, in the accompanying consolidated balance sheets. The System has also recorded \$147,120 and \$266,633 within other current assets and intangible assets and other, respectively, in the accompanying consolidated balance sheets to limit the accrued losses to the retention amount at September 30, 2021. At September 30, 2020, \$1,163,491 and \$1,558,665 is recorded within accounts payable and accrued expenses and accrued pension and other liabilities, respectively, in the accompanying consolidated balance sheets. The System has also recorded \$176,804 and \$329,062 within other current assets and intangible assets and other, respectively, in the accompanying consolidated balance sheets to limit the accrued losses to the retention amount at September 30, 2020.

Health Insurance

The System has a self-funded health insurance plan. The plan is administered by an insurance company and the System has employed independent actuaries to estimate unpaid claims, and those claims incurred but not reported at fiscal year end. The System was insured above a stop-loss amount of \$903,200 and \$738,000 at September 30, 2021 and 2020, respectively, on individual claims. Estimated unpaid claims, and those claims incurred but not reported, at September 30, 2021 and 2020 of \$2,511,000 and \$3,461,250, respectively, are reflected in the accompanying consolidated balance sheets within accounts payable and accrued expenses.

Functional Expense Allocation

The costs of providing program services and other activities have been summarized on a functional basis in Note 11. Accordingly, costs have been allocated among program services and supporting services benefitted.

Advertising Costs

The System expenses advertising costs as incurred, and such costs totaled approximately \$947,000 and \$917,000 for the years ended September 30, 2021 and 2020, respectively.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

2. Significant Accounting Policies (Continued)

Recent Accounting Pronouncements

In February 2016, the Financial Accounting Standards Board (FASB) issued ASU No. 2016-02, *Leases (Topic 842)* (ASU 2016-02). Under ASU 2016-02, at the commencement of a long-term lease, lessees will recognize a liability equivalent to the discounted payments due under the lease agreement, as well as an offsetting right-of-use asset. ASU 2016-02 is effective for the System on October 1, 2022. Lessees (for capital and operating leases) must apply a modified retrospective transition approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements. The modified retrospective approach would not require any transition accounting for leases that expired before the earliest comparative period presented. Lessees may not apply a full retrospective transition approach. The System is currently evaluating the impact of the pending adoption of ASU 2016-02 on the System's consolidated financial statements.

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement* (ASU 2018-13). The amendments in this ASU modify the disclosure requirements for fair value measurements for Level 3 assets and liabilities, and eliminate the requirement to disclose transfers between Levels 1 and 2 of the fair value hierarchy, among other modifications. ASU 2018-13 is effective for the System on October 1, 2020. The adoption of ASU 2018-13 did not have a material impact on these consolidated financial statements.

In August 2018, FASB issued ASU No. 2018-14, *Compensation – Retirement Benefits – Defined Benefit Plans – General (Topic 715)* (ASU 2018-14). Under ASU 2018-14, the disclosure requirements for employers that sponsor defined benefit pension and other postretirement plans are modified. ASU 2018-14 is effective for the System on October 1, 2022, with early adoption permitted. The System will apply the amendments on a retrospective basis to all periods presented.

In March 2020, the FASB issued ASU 2020-04, *Reference Rate Reform (Topic 848): Facilitation of the Effects of Reference Rate Reform on Financial Reporting*, which provides companies and organizations with optional expedients and exceptions to ease the potential accounting burden associated with transitioning away from reference rates that are expected to be discontinued. The optional expedients may be applied to contracts, hedging relationships and other transactions that reference LIBOR or another reference rate expected to be discontinued because of the reference rate reform. The amendments in this update are effective for all entities as of March 12, 2020 and may be adopted using a prospective approach through December 31, 2022. Management is currently evaluating the impact of the guidance and may apply elections as applicable as additional changes in the market occur during the LIBOR transition period.

CMC HEALTHCARE SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended September 30, 2021 and 2020

2. Significant Accounting Policies (Continued)

In September 2020, the FASB issued ASU No. 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. ASU 2020-07 enhances the presentation of disclosure requirements for contributed nonfinancial assets. ASU 2020-07 requires entities to present contributed nonfinancial assets as a separate line item in the statement of operations and disclose the amount of contributed nonfinancial assets recognized within the statement of operations by category that depicts the type of contributed nonfinancial assets, as well as a description of any donor-imposed restrictions associated with the contributed nonfinancial assets and the valuation techniques used to arrive at a fair value measure at initial recognition. ASU 2020-07 is effective for the System for transactions in which they serve as the resource recipient beginning October 1, 2021, with early adoption permitted. The System is currently evaluating the impact of the pending adoption of ASU 2020-07 on its consolidated financial statements.

Risks and Uncertainties

On March 11, 2020, the World Health Organization declared the outbreak of coronavirus (COVID-19) a pandemic. The COVID-19 pandemic has significantly affected employees, patients, systems, communities and business operations, as well as the U.S. economy and financial markets. Consolidated patient volumes and revenues experienced gradual improvement beginning in the latter part of April 2020, and continuing through fiscal year 2021, however uncertainty still exists as the future is unpredictable. The System's pandemic response plan has multiple facets and evolves as conditions warrant. The System has taken precautionary steps to enhance its operational and financial flexibility, and react to the risks the COVID-19 pandemic presents in its operations, including the following:

- Implemented certain cost reduction initiatives;
- Issuance of a term loan in fiscal year 2020 totaling \$35,000,000 to help fund general working capital and liquidity needs (Note 6);
- Elected to defer payments on employer payroll tax incurred through December 31, 2020 as provided for under the Coronavirus Aid, Relief, and Economic Security ("CARES") Act;
- SPH obtained a \$618,500 PPP Loan established by the CARES Act (forgiven during fiscal year 2021 as discussed in Note 6);
- Since the declaration of the pandemic, the System received approximately \$49.0 million of accelerated Medicare payments (Note 4), approximately \$21.5 million in general and targeted Provider Relief Fund distributions and \$13.2 million from the Governor's Office of Emergency Relief and Recovery (GOFERR), all as provided for under the CARES Act.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

2. Significant Accounting Policies (Continued)

Distributions from the Provider Relief Fund and GOFERR are not subject to repayment, provided the System is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for healthcare-related expenses or lost revenue attributable to COVID-19. Such payments are accounted for as government grants, and are recognized on a systematic and rational basis as other income once there is reasonable assurance that the applicable terms and conditions required to retain the funds will be met. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and GOFERR and the impact of the pandemic on operating results through September 30, 2021, the System recognized approximately \$17.6 million related to these funds, which is recorded within other revenue in the consolidated statements of operations for the year ended September 30, 2021. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and GOFERR and the impact of the pandemic on operating results through September 30, 2020, the System recognized approximately \$17.1 million related to these funds, which is recorded within other revenue in the consolidated statements of operations for the year ended September 30, 2020.

The CARES Act also provides for a deferral of payments of the employer portion of payroll tax incurred during the pandemic, allowing half of such payroll taxes to be deferred until December 2021, and the remaining half until December 2022. At September 30, 2021 and 2020, the System had deferred approximately \$7.2 million and \$5.1 million, respectively, of payroll taxes, of which approximately \$3.7 million and \$5.1 million, respectively, are recorded within accrued pension and other liabilities in the accompanying consolidated balance sheets. As of September 30, 2021, approximately \$3.5 million of deferred payroll taxes are recorded within accrued salaries, wages and related accounts on the accompanying 2021 consolidated balance sheet.

Subsequent to year end, the System received an additional approximately \$5.7 million from the Provider Relief Fund and approximately \$920,000 from GOFERR. These payments are accounted for as government grants and are not subject to repayment, provided the Medical Center is able to comply with the conditions of the funding, including demonstrating that the distribution received has been used for healthcare-related expenses or lost revenue attributable to COVID-19. The System anticipates meeting the terms and conditions of these grants in the fiscal year ended September 30, 2022. No amounts related to these grants are reflected in these consolidated financial statements.

Subsequent Events

Management of the System evaluated events occurring between the end of the System's fiscal year and February 18, 2022, the date the consolidated financial statements were available to be issued.

CMC HEALTHCARE SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended September 30, 2021 and 2020

3. Financial Assets and Liquidity Resources

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs, consisted of the following at September 30, 2021:

Cash and cash equivalents	\$110,979,667
Short-term investments	3,582,157
Accounts receivable	<u>71,559,507</u>
	<u>\$186,121,331</u>

To manage liquidity, the System maintains sufficient cash and cash equivalent balances to support daily operations throughout the year. Cash and cash equivalents include bank deposits, money market funds, and other similar vehicles that generate a return on cash and provide daily liquidity to the System. In addition, the System has board-designated assets that can be utilized at the discretion of management to help fund both operational needs and/or capital projects. As of September 30, 2021, the balance in board-designated assets was approximately \$142 million.

4. Patient Service Revenues

The System maintains contracts with the Social Security Administration ("Medicare") and the State of New Hampshire Department of Health and Human Services ("Medicaid"). The System is paid a prospectively determined fixed price for each Medicare and Medicaid inpatient acute care service depending on the type of illness or the patient's diagnosis related group classification. Capital costs and certain Medicare and Medicaid outpatient services are also reimbursed on a prospectively determined fixed price. The System receives payment for other Medicaid outpatient services on a reasonable cost basis which are settled with retroactive adjustments upon completion and audit of related cost finding reports. The percentage of patient service revenues earned from the Medicare and Medicaid programs was 31% and 4%, respectively, for the year ended September 30, 2021 and 36% and 4%, respectively, for the year ended September 30, 2020.

Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenues in the year that such amounts become known. Such differences increased patient service revenues by approximately \$3.5 million for the year ended September 30, 2021. Such differences decreased patient service revenues by approximately \$1.3 million for the year ended September 30, 2020. Settlements for the Medical Center have been finalized through 2017 and 2016 for Medicare and Medicaid, respectively.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The System believes that it is in compliance with all applicable laws and regulations; compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs (Note 15).

CMC HEALTHCARE SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended September 30, 2021 and 2020

4. Patient Service Revenues

As discussed in Note 2, during fiscal year 2020, the System requested accelerated Medicare payments as provided for in the CARES Act, which allowed for eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. One year from the date of receipt of the advance payments (beginning April 2021) 25% of the advances will be recouped in the first eleven months. An additional 25% of the advances will be recouped in the next six months, with the entire amount repayable in 29 months. Any outstanding balance after 29 months is repayable at a 4% interest rate. During the third quarter of fiscal 2020, the System received approximately \$49.0 million from these accelerated Medicare payment requests. At September 30, 2021 and 2020, the current portion due within a year, totaling approximately \$35.7 million and \$6.7 million, respectively, is recorded under the caption "amounts payable to third-party payors" and the long-term portion as of September 30, 2020, totaling approximately \$42.3 million, in the caption "accrued pension and other liabilities" in the accompanying consolidated balance sheets. There is no long-term portion as of September 30, 2021.

The System also maintains contracts with certain commercial carriers, health maintenance organizations, preferred provider organizations and state and federal agencies. The basis for payment under these agreements includes prospectively determined rates per discharge and per day, discounts from established charges and fee schedules. The System does not currently hold reimbursement contracts which contain financial risk components.

An estimated breakdown of patient service revenues by major payor sources is as follows for the years ended September 30:

	<u>2021</u>	<u>2020</u>
Private payor (includes coinsurance and deductibles)	\$286,410,684	\$232,469,236
Medicaid	17,882,234	16,137,362
Medicare	141,890,218	141,363,073
Self-pay	<u>9,780,483</u>	<u>1,189,251</u>
	<u>\$455,963,619</u>	<u>\$391,158,922</u>

Medicaid Enhancement Tax and Disproportionate Share Payment

Under the State of New Hampshire's (the State) tax code, the State imposes a Medicaid Enhancement Tax (MET) equal to 5.40% of the Medical Center's patient service revenues with certain exclusions. The amount of tax incurred by the Medical Center for the years ended September 30, 2021 and 2020 was \$19,248,461 and \$22,054,486, respectively.

CMC HEALTHCARE SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended September 30, 2021 and 2020

4. Patient Service Revenues (Continued)

In the fall of 2010, in order to remain in compliance with stated federal regulations, the State of New Hampshire adopted a new approach related to Medicaid disproportionate share funding (DSH) retroactive to July 1, 2010. Unlike the former funding method, the State's approach led to a payment that was not directly based on, and did not equate to, the level of tax imposed. As a result, the legislation created some level of losses at certain New Hampshire hospitals, while other hospitals realized gains. DSH payments from the State are recorded in operating revenues and amounted to \$21,483,694 and \$18,380,790 for the years ended September 30, 2021 and 2020, respectively, net of reserves referenced below.

The Centers for Medicare and Medicaid Services (CMS) has completed audits of the State's program and the disproportionate share payments made by the State from 2011 through 2017, the first years that those payments reflected the amount of uncompensated care provided by New Hampshire hospitals. It is possible that subsequent years will also be audited by CMS. The System has recorded reserves to address its potential exposure based on the audit results to date or any future redistributions.

5. Property, Plant and Equipment

The major categories of property, plant and equipment are as follows at September 30:

	<u>2021</u>	<u>2020</u>
Land and land improvements	\$ 4,273,200	\$ 4,273,200
Buildings and improvements	141,431,111	140,967,192
Fixed equipment	45,171,614	47,221,433
Movable equipment	134,588,059	163,455,179
Construction in progress	<u>18,264,701</u>	<u>16,735,109</u>
	343,728,685	372,652,113
Less accumulated depreciation and amortization	<u>(198,856,575)</u>	<u>(225,009,569)</u>
Net property, plant and equipment	<u>\$ 144,872,110</u>	<u>\$ 147,642,544</u>

In 2021, the System engaged an independent third party to assist in reassigning the useful lives of certain property, plant and equipment as of October 1, 2020. The impact of changes to estimated useful lives of certain property, plant and equipment of the System has been reported as a change in accounting estimate on a prospective basis to more accurately reflect estimated asset lives based on use. Depreciation expense before this change in estimate for the year ended September 30, 2021 was \$14,721,483. As a result of this change in estimate, depreciation expense was reduced by \$1,728,743 to \$12,992,740. Depreciation expense for 2020 was \$16,209,730.

The cost of equipment under capital leases was \$9,551,202 and \$8,098,308 at September 30, 2021 and 2020, respectively. Accumulated amortization of the leased equipment at September 30, 2021 and 2020 was \$7,837,413 and \$7,936,171, respectively. Amortization of assets under capital leases is included in depreciation and amortization expense.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

5. Property, Plant and Equipment (Continued)

As of September 30, 2021, construction in progress primarily consists of the cost related to the acquisition of land adjacent to the current hospital building, intended for a future expansion of the Medical Center. As of the date of these consolidated financial statements, the Medical Center has purchase commitments of approximately \$7.2 million related to initial planning, design, and cost estimate development for the hospital expansion.

6. Long-Term Debt and Notes Payable

Long-term debt consists of the following at September 30:

	<u>2021</u>	<u>2020</u>
New Hampshire Health and Education Facilities Authority (the Authority) Revenue Bonds:		
Series 2012 Bonds with interest ranging from 4.00% to 5.00% per year and principal payable in annual installments ranging from \$1,125,000 to \$1,665,000 through July 2032	\$ 15,500,000	\$ 17,045,000
Series 2015A Bonds with interest at a fixed rate of 2.27% per year and principal payable in annual installments ranging from \$185,000 to \$1,655,000 through July 2040	20,400,000	21,030,000
Series 2015B Bonds with variable interest subject to interest rate swap described below and principal payable in annual installments ranging from \$220,000 to \$665,000 through July 2036	7,640,000	7,855,000
Series 2017 Bonds with interest ranging from 3.38% to 5.00% per year and principal payable in annual installments ranging from \$2,900,000 to \$7,545,000 beginning in July 2033 through July 2044	<u>61,115,000</u>	<u>61,115,000</u>
	104,655,000	107,045,000
Construction loans – see below	12,566,668	10,888,150
MOB LLC note payable – see below	7,330,500	7,564,500
Term loan – see below	35,000,000	35,000,000
PPP loan – see below	–	618,500
Capitalized lease obligations	1,688,468	171,759
Unamortized original issue premiums/discounts	4,339,925	4,687,958
Unamortized debt issuance costs	<u>(1,285,528)</u>	<u>(1,395,445)</u>
	164,295,033	164,580,422
Less current portion	<u>(3,422,609)</u>	<u>(2,708,585)</u>
	<u>\$160,872,424</u>	<u>\$161,871,837</u>

CMC HEALTHCARE SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended September 30, 2021 and 2020

6. Long-Term Debt and Notes Payable (Continued)**The Authority Revenue Bonds**

In December 2012, the Medical Center, in connection with the Authority, issued \$35,275,000 of tax-exempt fixed rate revenue bonds (Series 2012). Under the terms of the loan agreements, the Medical Center has granted the Authority a first collateralized interest in all gross receipts and a mortgage lien on existing and future property, plant and equipment. The proceeds of the Series 2012 bond issue were used to advance refund the remaining 2002A Bonds, advance refund certain 2002B Bonds, pay off a short term CAN note and fund certain capital purchases.

On September 3, 2015, the Authority issued \$32,720,000 of Revenue Bonds, Catholic Medical Center Issue, Series 2015, consisting of the \$24,070,000 aggregate principal amount Series 2015A Bonds and the \$8,650,000 aggregate principal amount Series 2015B Bonds sold via direct placement to a financial institution. Although the Series 2015B Bonds were issued, they were not drawn on until July 1, 2016, as discussed below. Under the terms of the loan agreements, the Medical Center has granted the Authority a first collateralized interest in all gross receipts and a mortgage lien on existing and future property, plant and equipment.

The Series 2015A Bonds were issued to provide funds for the purpose of (i) advance refunding a portion of the outstanding 2006 Bonds in an amount of \$20,655,000 to the first call date of July 1, 2016, (ii) funding certain construction projects and equipment purchases in an amount of approximately \$3,824,000, and (iii) paying the costs of issuance related to the Series 2015 Bonds.

The Series 2015B Bonds were structured as drawdown bonds. On July 1, 2016, the full amount available under the Series 2015B Bonds totaling \$8,650,000 was drawn upon and the proceeds in combination with cash contributed by the Medical Center totaling \$555,000 were used to currently refund the remaining balance of the Series 2006 Bonds totaling \$9,205,000.

On September 1, 2017, the Authority issued \$61,115,000 of Revenue Bonds, Catholic Medical Center Issue, Series 2017. The Series 2017 Bonds were issued to fund various construction projects and equipment purchases, as well as pay certain costs of issuance related to the Series 2017 Bonds. Under the terms of the loan agreements, the Medical Center has granted the Authority a first collateralized interest in all gross receipts and a mortgage lien on existing and future property, plant and equipment.

The Medical Center has an agreement with the Authority, which provides for the establishment of various funds, the use of which is generally restricted to the payment of debt, as well as a construction fund related to the Series 2017 Bonds. These funds are administered by a trustee, and income earned on certain of these funds is similarly restricted.

CMC HEALTHCARE SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended September 30, 2021 and 2020

6. Long-Term Debt and Notes Payable (Continued)**Construction Loans**

On July 1, 2019, the Medical Center established a nonrevolving line of credit up to \$10,000,000 with a bank in order to fund the expansion of the Medical Center. The line of credit bore interest at the LIBOR lending rate plus 0.75%. Advances from the line of credit were available through July 1, 2021, at which time the then outstanding line of credit balance automatically converted to a term loan. Upon conversion, the Medical Center shall make monthly payments of principal and interest, assuming a 30-year level monthly principal and interest payment schedule, with a final maturity of July 1, 2029. The bank computed the schedule of principal payments based on the interest rate applicable on the conversion date (0.85%). Payments of interest only were due on a monthly basis until the conversion date. The Medical Center has pledged gross receipts as collateral. As of September 30, 2021, the balance outstanding under the converted term loan is \$9,951,192. As of September 30, 2020, the Medical Center had drawn \$9,999,979 on this line of credit.

On March 20, 2020, the Medical Center established a second nonrevolving line of credit up to \$10,000,000 with a bank in order to further fund certain costs related to the expansion of the Medical Center. The line of credit bears interest at the LIBOR lending rate plus 0.75% (0.83% at September 30, 2021). Advances from the line of credit are available through March 20, 2022, at which time the then outstanding line of credit balance will automatically convert to a term loan. Upon conversion, the Medical Center shall make monthly payments of principal and interest, assuming a 30-year level monthly principal and interest payment schedule, with a final maturity of March 20, 2030. The bank shall compute the schedule of principal payments based on the interest rate applicable on the conversion date. Payments of interest only are due on a monthly basis until the conversion date. The Medical Center has pledged gross receipts as collateral. As of September 30, 2021 and 2020, the Medical Center has drawn \$2,615,476 and \$888,171, respectively, on this line of credit.

MOB LLC Note Payable

On March 27, 2018, the MOB LLC (a subsidiary of Enterprises) refinanced an existing note payable to a term loan totaling \$8,130,000. Interest is fixed at 3.71% and is payable monthly. Principal payments of \$19,500 are due in monthly installments beginning May 1, 2018, and continuing until March 27, 2028, at which time the remaining unpaid principal and interest shall be due in full. During 2021, the fixed interest rate on this note payable was modified to a fixed rate of 4.52%. All other payment terms remained the same. Under the terms of the loan agreement, the Medical Center and MOB LLC (the Obligated Group) has granted the bank a first collateralized interest in all gross receipts and a mortgage lien on existing and future property, plant and equipment. The Medical Center and the System also guarantee the note payable.

Term Loan

On August 21, 2020, the Medical Center entered into a term loan with a bank totaling \$35,000,000 with the proceeds to be used for general working capital and liquidity purposes, as well as to pay the costs of issuance related to the term loan. Interest is fixed at 2.11%, and payments of interest only are due on a monthly basis through August 21, 2023, at which time the full principal amount outstanding is due, along with any accrued and unpaid interest. The Medical Center has pledged gross receipts as collateral, and the term loan is further secured by a mortgage until such time the aforementioned Authority bonds are no longer outstanding.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

6. Long-Term Debt and Notes Payable (Continued)

Payroll Protection Program (PPP) Loan

On May 5, 2020, SPH entered into a promissory note for an unsecured loan in the amount of \$618,500 through the PPP established by the CARES Act and administered by the U.S. Small Business Administration (SBA). The PPP provides loans to qualifying businesses for amounts up to 2.5 times the average monthly payroll expenses of the qualifying business. The loan and accrued interest had original terms that were forgivable after eight weeks as long as the borrower used the loan proceeds for eligible purposes, including payroll, benefits, rent, and utilities, and maintains its payroll levels. The amount of loan forgiveness would be reduced if the borrower terminated employees or reduced salaries during the eight-week period. Certain modifications to PPP loan terms were signed into law in June 2020 that changed the forgiveness, covered period and forgiveness periods. The PPP loan was made for the purpose of securing funding for salaries and wages of employees that may have otherwise been displaced by the outbreak of COVID-19, and the resulting detrimental impact on SPH's operations.

When the proceeds were received in 2020, SPH accounted for the PPP loan in accordance with FASB ASC Topic 470 and included the full \$618,500 as debt in the consolidated balance sheet as of September 30, 2020. In February 2021, SPH received notification of forgiveness from the SBA. Upon such notification, SPH recognized \$618,500 as revenue related to the forgiveness in the accompanying 2021 consolidated statement of operations.

The aggregate principal payments due on the revenue bonds, capital lease obligations and other debt obligations for each of the five years ending September 30 and thereafter are as follows:

2022	\$ 3,422,609
2023	38,642,128
2024	3,742,164
2025	3,842,366
2026	3,799,845
Thereafter	<u>107,791,524</u>
	<u>\$161,240,636</u>

Interest paid by the System totaled \$5,314,458 (including capitalized interest of \$53,202) for the year ended September 30, 2021 and \$4,667,385 (including capitalized interest of \$48,613) for the year ended September 30, 2020.

The fair value of the System's long-term debt is estimated using discounted cash flow analysis, based on the System's current incremental borrowing rate for similar types of borrowing arrangements. The fair value of the System's long-term debt, excluding capitalized lease obligations and the PPP loan, was approximately \$175,000,000 and \$174,000,000 at September 30, 2021 and 2020, respectively.

CMC HEALTHCARE SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended September 30, 2021 and 2020

6. Long-Term Debt and Notes Payable (Continued)**Debt Covenants**

In conjunction with the revenue bonds, construction loans and term loan outlined above, the Medical Center is required to maintain a minimum debt service coverage ratio of 1.20. In conjunction with the MOB LLC note payable outlined above, the Obligated Group is also required to maintain a minimum debt service coverage ratio of 1.20. In anticipation of the potential impact of the COVID-19 pandemic on the System's operations as discussed in Note 2, the System entered into consent agreements with the various bank issuers involved to obtain a waiver of the debt service coverage ratio requirement for the fiscal year ending September 30, 2020, as well as for quarters ending December 31, 2020 and March 31, 2021 (the "affected period"). During the affected period, the various loan agreements were further modified to include a cash to debt requirement of 0.60. The Medical Center, as well as the Obligated Group for the MOB LLC note payable, was in compliance with this covenant as of September 30, 2020. Further, despite the waiver obtained, the Medical Center, as well as the Obligated Group for the MOB LLC note payable, were also in compliance with the minimum debt service coverage ratio as of September 30, 2020. The Medical Center, as well as the Obligated Group for the MOB LLC note payable, was in compliance with all required debt covenants as of September 30, 2021.

Derivatives

In January 2016, the Medical Center entered into an interest rate swap agreement with an initial notional amount of \$8,650,000 in connection with its Series 2015B Bond issuance. The swap agreement hedges the Medical Center's interest exposure by effectively converting interest payments from variable rates to a fixed rate. The swap agreement is designated as a cash flow hedge of the underlying variable rate interest payments, and changes in the fair value of the swap agreement are reported as a change in net assets without donor restrictions. Under this agreement, the Medical Center pays a fixed rate equal to 1.482%, and receives a variable rate of 69.75% of the one-month LIBOR rate (0.06% at September 30, 2021). Payments under the swap agreement began August 1, 2016 and the agreement will terminate August 1, 2025.

The fair value of the Medical Center's interest rate swap agreement amounted to a liability of \$277,022 and \$481,661 as of September 30, 2021 and 2020, respectively, which amount has been recorded within accrued pension and other liabilities in the accompanying consolidated balance sheets. The change in the fair value of this derivative of \$204,639 and \$(261,651), respectively, has been included within the consolidated statements of changes in net assets as a change in net assets without donor restrictions for the years ended September 30, 2021 and 2020.

7. Operating Leases

The System has various noncancelable agreements to lease various pieces of medical equipment. The System also has noncancelable leases for office space and its physician practices. Rental expense under all leases for the years ended September 30, 2021 and 2020 was \$5,274,755 and \$4,422,377, respectively.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

7. Operating Leases (Continued)

Estimated future minimum lease payments under noncancelable operating leases are as follows:

2022	\$ 4,128,380
2023	3,700,279
2024	3,253,918
2025	2,897,581
2026	1,744,851
Thereafter	<u>1,035,996</u>
	<u>\$16,761,005</u>

8. Investments and Assets Whose Use is Limited

Short-term investments and assets whose use is limited are comprised of the following at September 30:

	2021		2020	
	Fair Value	Cost	Fair Value	Cost
Cash and cash equivalents	\$ 22,295,314	\$ 22,295,314	\$ 26,439,851	\$ 26,439,851
U.S. federal treasury obligations	2,907,898	2,888,131	2,631,848	2,574,890
Marketable equity securities	119,288,386	104,799,969	49,734,005	44,589,576
Fixed income securities	42,681,215	42,421,235	40,706,741	40,136,827
Private investment funds	9,828,460	4,549,812	50,862,486	17,106,286
Pledges receivable	<u>6,791,741</u>	<u>6,791,741</u>	<u>5,993,624</u>	<u>5,993,624</u>
	<u>\$203,793,014</u>	<u>\$183,746,202</u>	<u>\$176,368,555</u>	<u>\$136,841,054</u>

Pledges receivable are due as follows at September 30:

	2021	2020
In one year or less (included in other current assets at September 30, 2021)	\$5,675,605	\$ 225,000
Between one and five years	<u>1,161,246</u>	<u>5,799,152</u>
	6,836,851	6,024,152
Less unamortized discount	<u>(45,110)</u>	<u>(30,528)</u>
	<u>\$6,791,741</u>	<u>\$5,993,624</u>

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. In determining fair value, the use of various valuation approaches, including market, income and cost approaches, is permitted.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

8. Investments and Assets Whose Use is Limited (Continued)

A fair value hierarchy has been established based on whether the inputs to valuation techniques are observable or unobservable. Observable inputs reflect market data obtained from sources independent of the reporting entity and unobservable inputs reflect the entity's own assumptions about how market participants would value an asset or liability based on the best information available. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. The standard describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value.

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by the System for financial instruments measured at fair value on a recurring basis. The three levels of inputs are as follows:

Level 1 — Observable inputs such as quoted prices in active markets;

Level 2 — Inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and

Level 3 — Unobservable inputs in which there is little or no market data.

Assets and liabilities measured at fair value are based on one or more of three valuation techniques. The three valuation techniques are as follows:

- *Market approach* — Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities;
- *Cost approach* — Amount that would be required to replace the service capacity of an asset (i.e., replacement cost); and
- *Income approach* — Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques).

In determining the appropriate levels, the System performs a detailed analysis of the assets and liabilities. There have been no changes in the methodologies used at September 30, 2021 and 2020.

The following are descriptions of the valuation methodologies used:

U.S. Federal Treasury Obligations and Fixed Income Securities

The fair value is determined by using broker or dealer quotations, external pricing providers, or alternative pricing sources with reasonable levels of price transparency. The System holds fixed income mutual funds and exchange traded funds, governmental and federal agency debt instruments, municipal bonds, corporate bonds, and foreign bonds which are primarily classified as Level 1 within the fair value hierarchy.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

8. Investments and Assets Whose Use is Limited (Continued)

Marketable Equity Securities

Marketable equity securities are valued based on stated market prices and at the net asset value of shares held by the System at year end, which generally results in classification as Level 1 within the fair value hierarchy.

Private Investment Funds

The System invests in private investment funds that consist primarily of limited partnership interests in investment funds, which, in turn, invest in diversified portfolios predominantly comprised of equity and fixed income securities, as well as options, futures contracts, and some other less liquid investments. Management has approved procedures pursuant to the methods in which the System values these investments, which ordinarily will be the amount equal to the pro-rata interest in the net assets of the limited partnership, as such value is supplied by, or on behalf of, each investment manager from time to time, usually monthly and/or quarterly.

System management is responsible for the fair value measurements of investments reported in the consolidated financial statements. Such amounts are generally determined using audited financial statements of the funds and/or recently settled transactions. Because of inherent uncertainty of valuation of certain private investment funds, the estimate of the fund manager or general partner may differ from actual values, and differences could be significant. Management believes that reported fair values of its private investment funds at the consolidated balance sheet dates are reasonable.

Fair Value on a Recurring Basis

The following table presents information about the System's assets and liabilities measured at fair value on a recurring basis based upon the lowest level of significant input to the valuations at September 30, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>Assets</u>				
Cash and cash equivalents	\$ 22,295,314	\$ —	\$ —	\$ 22,295,314
U.S. federal treasury obligations	2,907,898	—	—	2,907,898
Marketable equity securities	119,288,386	—	—	119,288,386
Fixed income securities	<u>42,681,215</u>	—	—	<u>42,681,215</u>
	<u>\$187,172,813</u>	<u>\$ —</u>	<u>\$ —</u>	187,172,813
Investments measured at net asset value:				
Private investment funds				<u>9,828,460</u>
Total investments at fair value				<u>\$197,001,273</u>
<u>Liabilities</u>				
Interest rate swap agreement	\$ —	\$ —	\$277,022	<u>\$ 277,022</u>

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

8. Investments and Assets Whose Use is Limited (Continued)

Total investments, excluding pledges receivable, net, included the following as of September 30, 2021:

Short-term investments	\$ 3,582,157
Assets whose use is limited	<u>193,419,116</u>
	<u>\$197,001,273</u>

The following table presents information about the System's assets and liabilities measured at fair value on a recurring basis based upon the lowest level of significant input to the valuations at September 30, 2020:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>Assets</u>				
Cash and cash equivalents	\$ 26,439,851	\$ -	\$ -	\$ 26,439,851
U.S. federal treasury obligations	2,631,848	-	-	2,631,848
Marketable equity securities	49,734,005	-	-	49,734,005
Fixed income securities	<u>40,706,741</u>	<u>-</u>	<u>-</u>	<u>40,706,741</u>
	<u>\$119,512,445</u>	<u>\$ -</u>	<u>\$ -</u>	119,512,445
Investments measured at net asset value:				
Private investment funds				<u>50,862,486</u>
Total investments at fair value				<u>\$170,374,931</u>
<u>Liabilities</u>				
Interest rate swap agreement	\$ -	\$ -	<u>\$481,661</u>	<u>\$ 481,661</u>

Total investments, excluding pledges receivable, net, included the following as of September 30, 2020:

Short-term investments	\$ 3,572,434
Assets whose use is limited	<u>166,802,497</u>
	<u>\$170,374,931</u>

There were no significant purchases, issues or transfers into or out of Level 3 for the years ended September 30, 2021 or 2020.

CMC HEALTHCARE SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended September 30, 2021 and 2020

8. Investments and Assets Whose Use is Limited (Continued)**Net Asset Value Per Share**

The following table discloses the fair value and redemption frequency of those assets whose fair value is estimated using the net asset value per share practical expedient at September 30:

<u>Category</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Notice Period</u>
2021				
Private investment funds	\$ 9,828,460	\$ -	Monthly	5 day notice
2020				
Private investment funds	\$50,862,486	\$ -	Daily/monthly	2-30 day notice

Investment Strategies**U.S. Federal Treasury Obligations and Fixed Income Securities**

The primary purpose of these investments is to provide a highly predictable and dependable source of income, preserve capital, reduce the volatility of the total portfolio, and hedge against the risk of deflation or protracted economic contraction.

Marketable Equity Securities

The primary purpose of equity investments is to provide appreciation of principal and growth of income with the recognition that this requires the assumption of greater market volatility and risk of loss. The total equity portion of the portfolio will be broadly diversified according to economic sector, industry, number of holdings and other characteristics, including style and capitalization. The System may employ multiple equity investment managers, each of whom may have distinct investment styles. Accordingly, while each manager's portfolio may not be fully diversified, it is expected that the combined equity portfolio will be broadly diversified.

Private Investment Funds

The primary purpose of private investment funds is to provide further portfolio diversification and to reduce overall portfolio volatility by investing in strategies that are less correlated with traditional equity and fixed income investments. Private investment funds may provide access to strategies otherwise not accessible through traditional equities and fixed income such as derivative instruments, real estate, distressed debt and private equity and debt.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

8. Investments and Assets Whose Use is Limited (Continued)

Fair Value of Other Financial Instruments

Other financial instruments consist of accounts receivable, pledges receivable, accounts payable and accrued expenses, amounts payable to third-party payors and long-term debt. The fair value of all financial instruments other than long-term debt approximates their relative book values as these financial instruments have short-term maturities or are recorded at amounts that approximate fair value. See Note 6 for disclosure of the fair value of long-term debt.

9. Retirement Benefits

A reconciliation of the changes in the Catholic Medical Center Pension Plan, the Medical Center's Supplemental Executive Retirement Plan and the New Hampshire Medical Laboratories Retirement Income Plan projected benefit obligations and the fair value of assets for the years ended September 30, 2021 and 2020, and a statement of funded status of the plans for both years is as follows:

	Catholic Medical Center Pension Plan		Pre-1987 Supplemental Executive Retirement Plan		New Hampshire Medical Laboratories Retirement Income Plan	
	2021	2020	2021	2020	2021	2020
Changes in benefit obligations:						
Projected benefit obligations:						
at beginning of year	\$ (351,365,307)	\$ (322,354,937)	\$ (4,046,357)	\$ (4,060,910)	\$ (3,143,346)	\$ (3,151,251)
Service cost	(1,500,000)	(1,500,000)	-	-	(20,000)	(20,000)
Interest cost	(8,807,235)	(9,916,373)	(67,304)	(103,480)	(65,014)	(86,108)
Benefits paid	10,561,754	8,975,011	406,705	402,974	185,024	180,887
Actuarial gain (loss)	16,230,510	(28,081,063)	302,678	(284,941)	219,711	(83,714)
Expenses paid	<u>1,579,951</u>	<u>1,512,055</u>	-	-	<u>3,709</u>	<u>16,840</u>
Projected benefit obligations at end of year	<u>(333,300,327)</u>	<u>(351,365,307)</u>	<u>(3,404,278)</u>	<u>(4,046,357)</u>	<u>(2,819,916)</u>	<u>(3,143,346)</u>
Changes in plan assets:						
Fair value of plan assets at beginning of year	193,634,925	189,347,537	-	-	2,163,783	2,126,777
Actual return on plan assets	40,943,728	13,874,454	-	-	507,494	155,283
Employer contributions	8,532,117	900,000	406,705	402,974	612,399	79,450
Benefits paid	(10,561,754)	(8,975,011)	(406,705)	(402,974)	(185,024)	(180,887)
Expenses paid	<u>(1,579,951)</u>	<u>(1,512,055)</u>	-	-	<u>(3,709)</u>	<u>(16,840)</u>
Fair value of plan assets at end of year	<u>230,969,065</u>	<u>193,634,925</u>	<u>-</u>	<u>-</u>	<u>3,094,943</u>	<u>2,163,783</u>
Funded status of plan at September 30	<u>\$ (102,331,262)</u>	<u>\$ (157,730,382)</u>	<u>\$ (3,404,278)</u>	<u>\$ (4,046,357)</u>	<u>\$ 275,027</u>	<u>\$ (979,563)</u>
Amounts recognized in the balance sheets consist of:						
Current liability	\$ -	\$ -	\$ (331,563)	\$ (391,845)	\$ -	\$ -
Noncurrent asset (liability)	<u>(102,331,262)</u>	<u>(157,730,382)</u>	<u>(3,072,715)</u>	<u>(3,654,512)</u>	<u>275,027</u>	<u>(979,563)</u>
	<u>\$ (102,331,262)</u>	<u>\$ (157,730,382)</u>	<u>\$ (3,404,278)</u>	<u>\$ (4,046,357)</u>	<u>\$ 275,027</u>	<u>\$ (979,563)</u>

The net loss for the defined benefit pension plans that will be amortized from net assets without donor restrictions into net periodic benefit cost over the next fiscal year is \$5,365,311.

The current portion of accrued pension costs included in the above amounts for the System amounted to \$331,563 and \$391,845 at September 30, 2021 and 2020, respectively, and has been included in accounts payable and accrued expenses in the accompanying balance sheets.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

9. Retirement Benefits (Continued)

The amounts recognized in net assets without donor restrictions for the years ended September 30 consist of:

	Catholic Medical Center Pension Plan		Pre-1987 Supplemental Executive Retirement Plan		New Hampshire Medical Laboratories Retirement Income Plan	
	2021	2020	2021	2020	2021	2020
Amounts recognized in the balance sheets – total plan:						
Net assets without donor restrictions:						
Net loss	<u>\$ (135,195,854)</u>	<u>\$ (184,255,049)</u>	<u>\$ (1,814,229)</u>	<u>\$ (2,283,807)</u>	<u>\$ (1,271,576)</u>	<u>\$ (1,911,183)</u>
Net amount recognized	<u>\$ (135,195,854)</u>	<u>\$ (184,255,049)</u>	<u>\$ (1,814,229)</u>	<u>\$ (2,283,807)</u>	<u>\$ (1,271,576)</u>	<u>\$ (1,911,183)</u>

Net periodic pension cost includes the following components for the years ended September 30:

	Catholic Medical Center Pension Plan		Pre-1987 Supplemental Executive Retirement Plan		New Hampshire Medical Laboratories Retirement Income Plan	
	2021	2020	2021	2020	2021	2020
Service cost	\$ 1,500,000	\$ 1,500,000	\$ –	\$ –	\$ 20,000	\$ 20,000
Interest cost	8,807,235	9,916,373	67,304	103,480	65,014	86,108
Expected return on plan assets	(13,523,452)	(14,104,929)	–	–	(166,550)	(156,196)
Amortization of actuarial loss	<u>5,408,409</u>	<u>4,535,189</u>	<u>166,900</u>	<u>142,719</u>	<u>78,951</u>	<u>75,611</u>
Net periodic pension cost	<u>\$ 2,192,192</u>	<u>\$ 1,846,633</u>	<u>\$ 234,204</u>	<u>\$ 246,199</u>	<u>\$ (2,585)</u>	<u>\$ 25,523</u>

Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions for the years ended September 30, 2021 and 2020 consist of:

	Catholic Medical Center Pension Plan		Pre-1987 Supplemental Executive Retirement Plan		New Hampshire Medical Laboratories Retirement Income Plan	
	2021	2020	2021	2020	2021	2020
Net (gain) loss	\$ (43,650,786)	\$ 28,311,854	\$ (302,678)	\$ 284,941	\$ (560,656)	\$ 84,627
Amortization of actuarial loss	<u>(5,408,409)</u>	<u>(4,535,189)</u>	<u>(166,900)</u>	<u>(142,719)</u>	<u>(78,951)</u>	<u>(75,611)</u>
Net amount recognized	<u>\$ (49,059,195)</u>	<u>\$ 23,776,665</u>	<u>\$ (469,578)</u>	<u>\$ 142,222</u>	<u>\$ (639,607)</u>	<u>\$ 9,016</u>

The investments of the plans are comprised of the following at September 30:

	Target Allocation		Catholic Medical Center Pension Plan		Pre-1987 Supplemental Executive Retirement Plan		New Hampshire Medical Laboratories Retirement Income Plan	
	2021	2020	2021	2020	2021	2020	2021	2020
Cash and cash equivalents	0.0%	0.0%	1.3%	3.8%	0.0%	0.0%	1.3%	3.8%
Equity securities	70.0	70.0	66.4	64.6	0.0	0.0	66.4	64.6
Fixed income securities	20.0	20.0	26.4	26.2	0.0	0.0	26.4	26.2
Other	<u>10.0</u>	<u>10.0</u>	<u>5.9</u>	<u>5.4</u>	<u>0.0</u>	<u>0.0</u>	<u>5.9</u>	<u>5.4</u>
	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>100.0%</u>	<u>100.0%</u>

The assumption for the long-term rate of return on plan assets has been determined by reflecting expectations regarding future rates of return for the investment portfolio, with consideration given to the distribution of investments by asset class and historical rates of return for each individual asset class.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

9. Retirement Benefits (Continued)

The weighted-average assumptions used to determine the defined benefit pension plan obligations at September 30 are as follows:

	Catholic Medical Center Pension Plan		Pre-1987 Supplemental Executive Retirement Plan		New Hampshire Medical Laboratories Retirement Income Plan	
	2021	2020	2021	2020	2021	2020
Discount rate	2.81%	2.57%	2.13%	1.77%	2.55%	2.22%
Rate of compensation increase	N/A	N/A	N/A	N/A	N/A	N/A

The weighted-average assumptions used to determine the defined benefit pension plan net periodic benefit costs for the years ended September 30 are as follows:

	Catholic Medical Center Pension Plan		Pre-1987 Supplemental Executive Retirement Plan		New Hampshire Medical Laboratories Retirement Income Plan	
	2021	2020	2021	2020	2021	2020
Discount rate	2.57%	3.12%	1.77%	2.70%	2.22%	2.93%
Rate of compensation increase	N/A	N/A	N/A	N/A	N/A	N/A
Expected long-term return on plan assets	6.90%	7.30%	N/A	N/A	6.90%	7.30%

The System expects to make employer contributions totaling approximately \$5.8 million to the Catholic Medical Center Pension Plan for the fiscal year ending September 30, 2022. Expected employer contributions to the Pre-1987 Supplemental Executive Retirement Plan and New Hampshire Medical Laboratories Retirement Income Plan for the fiscal year ending September 30, 2022 are not expected to be significant.

The benefits, which reflect expected future service, as appropriate, expected to be paid for the years ending September 30 are as follows:

	Catholic Medical Center Pension Plan	Pre-1987 Supplemental Executive Retirement Plan	New Hampshire Medical Laboratories Retirement Income Plan
2022	\$10,953,061	\$ 335,076	\$188,475
2023	11,863,419	324,211	189,598
2024	12,580,216	312,275	186,360
2025	13,419,482	299,265	184,761
2026	14,100,027	285,197	182,257
2027 - 2031	79,845,607	1,182,138	852,378

The System contributed \$8,532,117, \$406,705 and \$612,399 to the Catholic Medical Center Pension Plan, the Pre-1987 Supplemental Executive Retirement Plan and New Hampshire Medical Laboratories Retirement Income Plan, respectively, for the year ended September 30, 2021. The System contributed \$900,000, \$402,974 and \$79,450 to the Catholic Medical Center Pension Plan, the Pre-1987 Supplemental Executive Retirement Plan and New Hampshire Medical Laboratories Retirement Income Plan, respectively, for the year ended September 30, 2020. The System plans to make any necessary contributions during the upcoming fiscal 2022 year to ensure the plans continue to be adequately funded given the current market conditions.

CMC HEALTHCARE SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended September 30, 2021 and 2020

9. Retirement Benefits (Continued)

The following fair value hierarchy table presents information about the financial assets of the above plans measured at fair value on a recurring basis based upon the lowest level of significant input valuation as of September 30:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
2021				
Cash and cash equivalents	\$ 3,257,450	\$ -	\$ -	\$ 3,257,450
Marketable equity securities	155,315,426	-	-	155,315,426
Fixed income securities	<u>61,727,057</u>	<u>-</u>	<u>-</u>	<u>61,727,057</u>
	<u>\$220,299,933</u>	<u>\$ -</u>	<u>\$ -</u>	220,299,933
Investments measured at net asset value:				
Private investment funds				<u>13,764,075</u>
Total investments at fair value				<u>\$234,064,008</u>
2020				
Cash and cash equivalents	\$ 7,404,411	\$ -	\$ -	\$ 7,404,411
Marketable equity securities	50,261,789	-	-	50,261,789
Fixed income securities	<u>51,332,484</u>	<u>-</u>	<u>-</u>	<u>51,332,484</u>
	<u>\$108,998,684</u>	<u>\$ -</u>	<u>\$ -</u>	108,998,684
Investments measured at net asset value:				
Private investment funds				<u>86,800,024</u>
Total investments at fair value				<u>\$195,798,708</u>

10. Community Benefits

The System rendered charity care in accordance with its formal charity care policy, which, at established charges, amounted to \$16,560,450 and \$21,622,497 for the years ended September 30, 2021 and 2020, respectively. Also, the System provides community service programs, without charge, such as the Medication Assistance Program, Community Education and Wellness, Patient Transport, and the Parish Nurse Program. The costs of providing these programs amounted to \$837,489 and \$820,761 for the years ended September 30, 2021 and 2020, respectively.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

11. Functional Expenses

The System provides general health care services to residents within its geographic location including inpatient, outpatient and emergency care. Expenses related to providing these services are as follows at September 30:

	<u>Healthcare Services</u>	<u>General and Administrative</u>	<u>Total</u>
2021			
Salaries, wages and fringe benefits	\$242,888,323	\$38,632,491	\$281,520,814
Supplies and other	155,847,809	36,628,584	192,476,393
New Hampshire Medicaid enhancement tax	19,248,461	-	19,248,461
Depreciation and amortization	7,038,102	5,967,031	13,005,133
Interest	<u>3,873,113</u>	<u>1,134,583</u>	<u>5,007,696</u>
	<u>\$428,895,808</u>	<u>\$82,362,689</u>	<u>\$511,258,497</u>
2020			
Salaries, wages and fringe benefits	\$232,497,773	\$46,418,801	\$278,916,574
Supplies and other	130,099,534	40,862,275	170,961,809
New Hampshire Medicaid enhancement tax	22,054,486	-	22,054,486
Depreciation and amortization	9,775,267	6,446,667	16,221,934
Interest	<u>3,182,303</u>	<u>1,152,322</u>	<u>4,334,625</u>
	<u>\$397,609,363</u>	<u>\$94,880,065</u>	<u>\$492,489,428</u>

The consolidated financial statements report certain expense categories that are attributable to more than one healthcare service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, such as depreciation and interest, are allocated to a function based on square footage. Supporting activities that are not directly identifiable with one or more healthcare programs are classified as general and administrative. If it is impossible or impractical to make a direct identification, allocation of the expenses were made according to management's estimates. Employee benefits are allocated in accordance with the ratio of salaries and wages of the functional classes. Specifically identifiable costs are assigned to the function which they are identified to.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

12. Concentration of Credit Risk

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

	<u>2021</u>	<u>2020</u>
Medicare	39%	39%
Medicaid	14	10
Commercial insurance and other	21	24
Patients (self pay)	7	10
Anthem Blue Cross	<u>19</u>	<u>17</u>
	<u>100%</u>	<u>100%</u>

13. Endowments and Net Assets With Donor Restrictions

Endowments

In July 2008, the State of New Hampshire enacted a version of UPMIFA (the Act). The new law, which had an effective date of July 1, 2008, eliminates the historical dollar threshold and establishes prudent spending guidelines that consider both the duration and preservation of the fund. As a result of this enactment, subject to the donor's intent as expressed in a gift agreement or similar document, a New Hampshire charitable organization may now spend the principal and income of an endowment fund, even from an underwater fund, after considering the factors listed in the Act.

Endowment net assets consist of the following at September 30:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
2021			
Board-designated endowment funds	\$141,793,361	\$ -	\$141,793,361
Donor-restricted endowment funds:			
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by donor	-	8,680,900	8,680,900
Accumulated investment gains	-	<u>4,058,751</u>	<u>4,058,751</u>
Total endowment net assets	<u>\$141,793,361</u>	<u>\$12,739,651</u>	<u>\$154,533,012</u>

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

13. Endowments and Net Assets With Donor Restrictions (Continued)

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
2020			
Board-designated endowment funds	\$117,950,965	\$ -	\$117,950,965
Donor-restricted endowment funds:			
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by donor	-	7,342,731	7,342,731
Accumulated investment gains	<u>-</u>	<u>3,340,810</u>	<u>3,340,810</u>
Total endowment net assets	<u>\$117,950,965</u>	<u>\$10,683,541</u>	<u>\$128,634,506</u>

Changes in endowment net assets consisted of the following for the years ended September 30:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Balance at September 30, 2019	\$110,175,169	\$10,244,891	\$120,420,060
Investment return, net	7,616,628	203,284	7,819,912
Contributions	-	861,295	861,295
Appropriation for operations	-	(466,761)	(466,761)
Appropriation for capital	<u>159,168</u>	<u>(159,168)</u>	<u>-</u>
Balance at September 30, 2020	117,950,965	10,683,541	128,634,506
Investment return, net	23,772,092	1,834,839	25,606,931
Contributions	-	1,338,169	1,338,169
Appropriation for operations	-	(1,046,594)	(1,046,594)
Appropriation for capital	<u>70,304</u>	<u>(70,304)</u>	<u>-</u>
Balance at September 30, 2021	<u>\$141,793,361</u>	<u>\$12,739,651</u>	<u>\$154,533,012</u>

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Medical Center to retain as a fund of perpetual duration. There were no such deficiencies as of September 30, 2021 or 2020.

CMC HEALTHCARE SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended September 30, 2021 and 2020

13. Endowments and Net Assets With Donor Restrictions (Continued)*Net Assets With Donor Restrictions*

Net assets with donor restrictions are available for the following purposes at September 30:

	<u>2021</u>	<u>2020</u>
Funds subject to use or time restrictions:		
Capital acquisitions	\$11,143,157	\$10,496,923
Healthcare services	1,270,257	762,350
Indigent care	801,323	382,851
Pledges receivable	<u>6,791,741</u>	<u>5,993,624</u>
	20,006,478	17,635,748
Funds of perpetual duration	<u>10,561,443</u>	<u>9,360,210</u>
	<u>\$30,567,921</u>	<u>\$26,995,958</u>

14. Investments in Joint Ventures

AAS has a 44% ownership interest in the Bedford Ambulatory Surgical Center. AAS accounts for its investment in this joint venture under the equity method.

AAS has a 50% ownership interest in the Alliance Urgent Care Services, LLC. AAS accounts for its investment in this joint venture under the equity method.

The Medical Center, along with four other participating hospitals and Tufts Health Plan, formed Tufts Health Freedom Plan (THFP), a joint venture. THFP is a health insurance company which began operations as of January 1, 2016. The Medical Center had an approximate 12% ownership interest in this joint venture. During 2020, a stock purchase agreement was entered into by the participating hospitals to collectively sell their ownership in THFP. As a result of the sale, the Medical Center received approximately \$3.1 million in proceeds and recognized a gain on the sale of approximately \$743,000, which is reflected within investment income in the 2020 consolidated statement of operations. The Medical Center has no remaining ownership interest in this joint venture as of September 30, 2021 and 2020.

Selected financial information relating to the above entities for the years ended September 30, 2021 and 2020 is not shown as such amounts are not significant to the consolidated financial statements.

CMC HEALTHCARE SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended September 30, 2021 and 2020

15. Commitments and Contingencies

Litigation

Various legal claims, generally incidental to the conduct of normal business, are pending or have been threatened against the System. The System intends to defend vigorously against these claims. While ultimate liability, if any, arising from any such claim is presently indeterminable, it is management's opinion that the ultimate resolution of these claims will not have a material adverse effect on the financial condition of the System.

Regulatory

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. Government activity continues with respect to investigations and allegations concerning possible violations by health care providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Compliance with such laws and regulations are subject to government review and interpretations as well as regulatory actions unknown or unasserted at this time.



2022 CATHOLIC MEDICAL CENTER

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Grace Tung, Volunteer & Entrepreneur

Alexander J. Walker, ex officio, President & CEO, Catholic Medical Center

Deborah Welch

Doorway of Greater Manchester, Manchester, NH
Practice Manager (January 2022 –Present)

The Farnum Center (Easter Seals), Manchester, NH
Client Service Manager (May 2020-January 2022)

- Daily reconciliation of admits to medical detox, accurately notifying insurance carrier and gaining authorization.
- Monitoring bed chart for accuracy of caseload
- Verification of clinical documentation benchmarks as designated by leadership during chart review, facilitating an interdisciplinary approach to documentation improvement.
- Meeting with clients to discuss their aftercare requirements, coordinating services such as management of benefits, housing, and other basic needs; as well as reaching out to outside providers to schedule appointments and/or meet treatment goals.

Assistant Practice Management Associate (September 2016-May 2020)

- Assist the Program Manager to oversee daily operations and fiscal management
- Ensure adequate daily patient/staff ratio and assist staff with insurance duties as needed
- Assist with the clinic-based patient flow system; working with patients to fulfill financial obligation in a professional and compassionate manner and keep Practice Manager apprised.
- Overseeing medical records function, patient records are up to date and meet audit requirements in a timely manner

Atlantic Valuation Consultants, LLC, Gilford, NH
Office Manager (May 2014 – February 2016)

- Prepared initial file set up by gathering pertinent information for team of 4 appraisers of gas stations, convenience stores, Dunkin Donuts, Family Dollar and Dollar General stores
- Merged Excel and Word files to create appraisal
- Initial and final proof-reading; Invoicing, answering phones and organizing company financial documents

Santasha Yoga & Wellness, Moultonborough, NH
Guest Services Associate (November 2010 – May 2016)

- Part-time, weekend position in which I ensured positive, enrichment of client services such as Spa/Healing appointments; worked closely with the owner and practitioners to promote services increasing business

NH Training Institute on Addictive Disorders (NHTIAD), Concord, NH
Part-time Administrative Assistant (May 2014 – May 2015)

- Summarized evaluation data, statistics, feedback and prepared reports for training events
- Assisted in maintaining Access database for training events; prepared participant materials, registration and presenter support; as well as processed invoicing and payments with QuickBooks

Core Assemblies, Gilford, NH
Office Manager (July 2013– July 2014)

- Processed orders, invoicing & payables with QuickBooks, weekly payroll through ADP
- Daily packing and shipping of circuit boards via UPS or FedEx

ELAN Publishing, Moultonborough, NH

Customer Service Representative, (November 2010 – July 2012)

- Handled up to 50 telephone calls for orders of school record books and personalized field survey books
- Maintained inventory of daily shipments, & production, month end reconciliation of production quantities

Lake Opechee Inn, Spa and Conference Center, Lakeport, NH

Front Desk Manager, (September 2006– February 2009)

- Conducted employee orientation to foster positive attitude towards organizational objectives
- Developed incentive programs to motivate guest services associates to increase sales
- Weekly employee schedule of guest service associates and housekeeping needs based on occupancy
- Processed payroll, invoicing, payables, credit card payments with QuickBooks
- Assisted guests with reservations and resolved work related and guest issues

Micro-Pak, Inc., Gilford, NH

Administrative Assistant (February 1986 – August 2006)

- Supervised daily operations of precision CNC machine shop
- Liaison between customers and manufacturing to meet and exceed production deadlines
- Confidential file maintenance and organization of sensitive documents
- Quoting jobs with pre-determined cost outline
- Invoicing, payroll, accounts receivable, accounts payable with Great Plains
- Monthly and year end reconciliation, quarterly and year end payroll taxes
- Packed and prepared shipments via UPS and FedEx
- Worked along-side President to secure new jobs and quality control

Education

Currently attending Granite State College Certification in Addiction Studies (2022)

Associates Degree in Applied Science majoring in Graphic Arts (May 1982)

NH Vocational Technical College, (LR Community College)

Technical Skills

Proficient in all Microsoft Word, Microsoft Excel, Google, Microsoft Internet Explorer, Mozilla Firefox, Microsoft Outlook, and other commonly used computer applications. Familiar with PowerPoint and Access.

TIMOTHY M. SOUCY, MPH

SUMMARY OF QUALIFICATIONS

- Senior Leadership Team Member, Catholic Medical Center
- 28-Year Manchester Health Department Employee, 12-Years as Public Health Director
- Recognized Public Health Leader in the City of Manchester and State of New Hampshire
- Experienced in Managing Employees, Budgets and Community Collaborations
- Lifelong Manchester, New Hampshire Resident

EDUCATION

- | | | |
|----------------------------------|----------|---|
| ■ Master of Public Health Degree | May 1998 | Boston University School of Public Health |
| Boston, Massachusetts | | Concentration: Environmental Health |
| ■ Bachelor of Science Degree | May 1989 | University of Vermont |
| Burlington, Vermont | | Major: Biology |

PROFESSIONAL EXPERIENCE

7/22 – Present: Vice President – Mission Integration

8/20 – 7/22: Senior Executive Director – Support Services & Mission, Catholic Medical Center

Catholic Medical Center (CMC) is a nonprofit 330-bed acute-care hospital and regional health system based in Manchester, New Hampshire. The Senior Executive Director of Support Services and Mission oversees the delivery of CMC Support Services including Security, Telecommunications, Patient Transport, Food and Nutrition Services, Environmental Services, Facilities, Safety Officer, as well as Emergency Management and Project Management. In addition, the Senior Executive Director performs the duties of the Executive Director of Community Health & Mission as outlined below.

9/18 – 7/20: Executive Director - Community Health & Mission, Catholic Medical Center

The Executive Director of Community Health & Mission is responsible assessing, evaluating and prioritizing community needs and identifying CMC's role in meeting these needs through the completion on the annual Community Benefit Report and the Community Health Implementation Plan. In addition, the Executive Director manages the delivery of CMC's Community Health Services including Healthcare for the Homeless, Poisson Dental Facility, Medication Assistance Program, Breast and Cervical Cancer Screening Program, Veteran's Care Coordination, 1115 Waiver -Integrated Delivery Network, The Doorway of Greater Manchester, Women's Wellness and Fertility Clinic and the Office of Catholic Identity. The Executive Director rotates as the Administrator on Call for the hospital, serves on multiple hospital committees and acts as a liaison between the hospital and the Community.

12/06 – 8/18: Public Health Director, City of Manchester

The Public Health Director serves as the Chief Administrative Officer for the Manchester Health Department providing administrative oversight to all operations and activities including exclusive personnel responsibility, supervisory authority and budgetary authority. The Public Health Director

TIMOTHY M. SOUCY, MPH

oversees the routine assessment of the health of the community and recommends appropriate policies, ordinances and programs to improve the health of the community. The Public Health Director oversees investigations, communicable disease control, environmental inspections and investigations necessary to protect the public health and is also responsible for the provision of school health services in Manchester. The Public Health Director serves as the CEO of the Manchester Health Care for the Homeless Program (330-h) and has overseen the AmeriCorps VISTA Program and Weed & Seed Strategy.

11/02 – 12/06: Public Health Preparedness Administrator, City of Manchester

In addition to carrying out all of the functions as the Chief of Environmental Health, the Public Health Preparedness Administrator planned, directed and supervised all activities to assure local readiness, interagency collaboration, and preparedness for bioterrorism, outbreaks of infectious disease, and other public health emergencies. The Public Health Preparedness Administrator routinely participated in City Emergency Operations Center activations, sheltering operations and hospital preparedness activities.

08/94 – 11/02: Chief, Division of Environmental Health, City of Manchester

The Chief of Environmental Health planned, directed and supervised all environmental health activities carried out within the City. Evaluated and recommended public health standards, ordinances and legislation. Advised governmental leaders, community representatives, and the general public on environmental health issues. Planned and conducted professional public health training programs. Coordinated epidemiological investigations for specific disease outbreaks. Supervised division staff and evaluated personnel performance.

02/90 - 08/94: Environmental Health Specialist / Sanitarian, City of Manchester

The Environmental Health Specialist / Sanitarian performed duties related to a comprehensive environmental health program, including, but not limited to inspection of food service facilities, investigation of foodborne illnesses, inspection of institutional facilities, swimming pool inspections, indoor air quality investigations, inspections of septic systems, investigation of public health nuisances, and investigation of childhood lead poisoning cases.

HONORS, RECOGNITIONS, APPOINTMENTS AND PRESENTATIONS

- Timothy M. Soucy Day in the City of Manchester, August 31, 2018
- Fellow, Kresge Foundation, Emerging Leader in Public Health, 2017-2018
- Robert Wood Johnson Foundation, Culture of Health Prize Award – City of Manchester, 2016
- Appointee, Network4Health Steering Committee, 2016 –Present
- Appointee, Governor's Advisory Board, State Innovation Model, 2015 –2017
- Graduate, Leadership Greater Manchester, Greater Manchester Chamber of Commerce, 2016
- Friend of Public Health Award, New Hampshire Public Health Association, 2015
- Presenter, NACCHO Survive and Thrive Leadership Graduation, 2013
- Appointee, New Hampshire Health Exchange Advisory Board, 2012 - 2016
- Poster Session, NACCHO Annual Conference, 2010

TIMOTHY M. SOUCY, MPH

- Presenter, NALBOH Annual Conference, 2009
- Presented with Key to the City, Honorable Mayor Frank C. Guinta, 2009
- Vice-Chair, Survive & Thrive Workgroup, NACCHO, 2009 – 2013
- Fellow, Survive & Thrive, National Association of County & City Health Officials, 2008 – 2009
- Guest Lecturer, University of New Hampshire, MPH Program, Law School and Undergraduate Programs, 2006- Present
- Associate, Leadership New Hampshire, Class of 2005
- 40 Under Forty, The Union Leader & Business and Industry Association of NH, Class of 2004
- Appointee, Legislative Study Committee for Public Health and the Environment, 2000-2003
- Inductee, Delta Omega Honor Society, Boston University School of Public Health 1998

COMMUNITY and VOLUNTEER ACTIVITIES

- Member, New Hampshire Guild of Catholic Healthcare Professionals, 2019 - Present
- New Hampshire Charitable Foundation, Manchester Regional Advisory Board, 2019 – Present
- City of Manchester Homeless Task Force, 2019
- Decade Knight, West High School Blue Knight Foundation, 2016 – Present
- Member, Manchester Historic Association, 2016 – Present
- Leadership Greater Manchester Steering Committee, Greater Manchester Chamber of Commerce, 2008 – Present
- Member, 100 Club of New Hampshire, 2008- Present
- Member, Board of Directors, Families in Transition, Housing Benefits, Inc., 2010 – 2019
- Volunteer, Dance Visions Network, 2007 - Present
- Health Department Campaign Coordinator & Leadership Donor, Granite United Way, 2008 – 18
- Member, Greater Manchester Mental Health Center CEO Search Committee, 2015
- Member, Manchester Community Health Center CEO Search Committee, 2013
- Member, Management Team, Manchester Homeless Day Center, 2012 - 2015
- Member, Board of Directors, Mental Health Center of Greater Manchester, 2008 – 2015 (Board Chair 2012-2014)
- Member, Seniors Count Collaborating Council, Easter Seals of New Hampshire, 2006 - 2014
- Member, Board of Directors, New Horizons for New Hampshire, 2004 – 2010 (Board President 2007-2009)
- Coach, Parker Varney Girls Basketball Team, 2004-2005
- Assistant Coach, Rising Stars Recreation Soccer League, 2002
- Assistant Coach, Manchester Angels Recreation Soccer League, 2001-2003
- Member, Advisory Council, Endowment for Health, Inc. 2000-2003
- Assistant Coach, Manchester West Junior Soccer League, 2000-2003
- Assistant Coach, Manchester West Junior Deb Softball League, 2000
- Member, Allocations Committee, United Way of Greater Manchester, 1998-2003

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CITY OF MANCHESTER ACTIVITIES

- Acting Director, City of Manchester Welfare Department, 2018
- Co-Chair, Mayor's Opioid Task Force, 2018
- Mentor, City of Manchester Leadership Academy, 2016 - 2018
- Appointee, City of Manchester 911 Ambulance Review Committee, 2013 - 2018
- Appointee, City of Manchester Enterprise Resource Planning Committee, 2012 - 2018
- Appointee, City of Manchester Labor / Management Committee, 2011 - 2018
- Appointee, City of Manchester Local Emergency Planning Committee, 2011 - 2018
- Appointee, City of Manchester Refugee and Immigrant Integration Task Force, 2010 - 2018
- Appointee, City of Manchester 10-Year Plan to End Homelessness, 2010 - 2018
- Appointee, City of Manchester Quality Council, 2008 - 2018
- Appointee, City of Manchester AFSCME Sick Leave Bank, 2006 - 2018

CATHOLIC MEDICAL CENTER ACTIVITIES

- Millworks Condominium Association 2019 - Present (President 2020 - Present)
- Human Trafficking Committee, 2019- Present
- Behavioral Health Clinical Learning Collaborative, 2019 - Present
- CMC / DH Behavioral Health Integration Committee, 2019 - Present
- CMC Board of Directors, Ethics & Mission Committee, 2018 - Present
- Environment of Care Committee, 2018 - Present
- Cancer Committee, 2018 - Present
- Emergency Management Committee, 2018- Present
- Substance Use Disorder Strategy Group, 2018 - Present
- Wilson Street Condominium Association Board Member, 2018 - Present
- Lung Cancer Steering Committee, 2018 - Present
- POLST Advisory Committee, 2018 - Present
- Preventative Food Pantry Advisory Committee, 2018 - Present
- Ethics Consultative Committee, 2018- Present
- Gift of Heart Campaign 2018 -Present
- Holiday Turkey Distribution 2018 - Present

CONTINUING EDUCATION

- National League of Cities - Mayor's Institute on Opioids, Boston, MA 2018
- CMC's Annual Summit on the Treatment of Opioid-dependent Patients and Pain, 2017, 2018
- 500 Cities: Local Data for Better Health, CDC Foundation, RWJ Foundation, 2016
- Culture of Health Prize Award Learning Event, Robert Wood Johnson Foundation, 2016
- Government Leaders Development Program, Tuck Executive Education at Dartmouth, 2016
- Roadmaps to Health Action Awards Convening, Robert Wood Johnson Foundation, 2016
- New Hampshire Department of Environmental Services, Educational Seminars, 2010 - 2016
- Avoid, Deny, Defend Training, City of Manchester Police Department, 2016

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- Culture and Cultural Effectiveness, Southern New Hampshire AHEC, 2015
- American Public Health Association Annual Meeting, Boston, MA, 2013
- Reasonable Suspicion Supervisory Training, City of Manchester Human Resources, 2010
- ICS 300, MGT 313, Incident Management/Unified Command, Texas A&M, 2008
- MGT -100 WMD Incident Management/Unified Command Concept, Texas A&M, 2008
- ICS 100, ICS 200, US Department of Homeland Security, 2008
- Bi-State Primary Care Association, Primary Care Conference, 2007
- Public Health Preparedness Summit, National Association of City & County Health Officials, 2006
- National Incident Management Systems (NIMS), US Department of Homeland Security, 2005
- Healthcare Leadership & Administrative Decision-Making in Response to Weapons of Mass Destruction (WMD) Incidents, US Federal Emergency Management Agency, 2004
- Forensic Epidemiology, US Department of Justice & US Centers for Disease Control, 2003
- BioDefense Mobilization Conference, University of Washington, School of Public Health, 2002
- Emergency Response to Domestic Biological Incidents, US Department of Justice & LSU, 2001
- Financial Skills for Non-Financial Managers, University of New Hampshire, 2001
- National Environmental Health Association Annual Education Conference, NEHA, 2000
- Management Perspectives for Public Health Practitioners, US Centers for Disease Control, 2000
- Investigating Foodborne Illnesses, US Food & Drug Administration, 1999
- Environmental Health Risks to Children, US Environmental Protection Agency, 1998
- Food Microbiological Control, US Food & Drug Administration, 1998
- Computer Assisted Modeling for Emergency Operations, Harvard School of Public Health, 1997
- Local Radon Coordinators Network Training, NACCHO, 1996
- Introduction to Indoor Air Quality, US EPA & Harvard University, 1995
- Hazard Analysis & Critical Control Point (HACCP), US Food & Drug Administration, 1995
- Safety Measurement, Bloodborne Pathogens, Confined Space Entry, UNH, 1994
- Environmental Health Sciences, US Centers for Disease Control & Prevention, 1992
- Field Description of Soils, University of New Hampshire, 1992
- Kentucky Lead Training Workshop, Jefferson County Health Department, 1991
- Foodborne Disease Control, US Centers for Disease Control & Prevention, 1991
- Lead Paint Inspectors Course, PCG PRO-Tech Services, Massachusetts, 1990

Contractor Name
Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
Deborah Welch	Practice Manager	100%
Timothy Soucy	VP Mission Integration	0%



Lori A. Shibiouette
Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
GOVERNOR'S COMMISSION ON ALCOHOL & OTHER DRUGS

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9564 1-800-804-0909
Fax: 603-271-6105 TDD Access: 1-800-735-2964 www.dhhs.nh.gov/dcbcs/bdas

August 30, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, on behalf of the Governor's Commission on Alcohol and Other Drugs, to amend existing contracts with the Contractors listed below in **bold** to continue providing a statewide network of Doorways for substance use disorder treatment and recovery support services access, by exercising contract renewal options by increasing the total price limitation by \$11,190,088 from \$37,617,414 to \$48,807,502 and extending the completion dates from September 29, 2021 to September 29, 2022, effective upon Governor and Council approval. 97.28% Federal Funds, 2.72% Other Funds.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Androscoggin Valley Hospital, Inc.	177220-B002	Berlin	\$1,949,517	\$669,740	\$2,619,257	O: 10/31/18 Item #17A A1: 8/28/19 Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
The Cheshire Medical Center	155405-B001	Keene	\$3,063,740	\$1,045,046	\$4,108,786	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

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Concord Hospital, Inc.	177653-B003	Concord	\$2,688,794	\$735,271	\$3,424,065	O: 10/31/18 Item #17A A1: 8/28/19, Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Mary Hitchcock Memorial Hospital	177651-B001	Lebanon	\$5,312,531	\$1,504,500	\$6,817,031	O: 10/31/18 Item #17A A1: 11/14/18 Item #1 A2: 9/18/19 Item #20 A3: 6/24/20 Item #31 A4: 2/17/21 Item #18
*LRGHealthcare	177161-B006	Laconia	\$2,317,076	\$0	\$2,317,076	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
*Granite Pathways Manchester	228900-B001	Manchester	\$3,831,170	\$0	\$3,831,170	O: 10/31/18 Item #17A A1: 9/18/19 Item #20
*Granite Pathways Nashua	228900-B001	Nashua	\$3,364,709	\$0	\$3,364,709	O: 10/31/18, Item #17A A1: 9/18/19, Item #20
Littleton Hospital Association	177162-B011	Littleton	\$2,160,689	\$712,612	\$2,873,301	O: 10/31/18, Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

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Wentworth-Douglass Hospital	177187-B001	Dover	\$4,109,399	\$1,153,475	\$5,262,874	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Catholic Medical Center	177240-B003	Greater Manchester	\$4,919,123	\$2,926,711	\$7,845,834	O: 3/11/20 Item #9A A1: 2/3/21 Item #10
Southern New Hampshire Health System, Inc.	177321-R004	Greater Nashua	\$3,339,704	\$1,696,196	\$5,035,900	O: 3/11/20 Item #9A A1: 2/17/21 Item #18
Concord Hospital, Inc. – Laconia	355356	Laconia	\$560,962	\$746,537	\$1,307,499	O: 6/2/21 Item #28
		Total:	\$37,617,414	\$11,190,088	\$48,807,502	
<i>*Indicates contracts that are okay to expire or have been terminated.</i>						

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is to continue to provide a network of Doorway programs to ensure access to substance use disorder treatment and recovery services within sixty (60) minutes of State residents' homes.

Approximately 4,000 individuals will be served between September 30, 2021 to September 29, 2022.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire at a minimum has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week.

The Doorways provide resources to strengthen existing prevention, treatment and recovery programs by ensuring access to critical services in order to decrease the number of opioid and/or stimulant-related misuses, overdoses and deaths in New Hampshire as well as promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants also are being served and referred to the appropriate services.

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The Department continues to monitor services by reviewing, analyzing and engaging in quality improvements based on:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language, or Exhibit A, Revisions to Standard Contract Provisions in the cases of Catholic Medical Center and Southern New Hampshire Health System, Inc. and Concord Hospital – Laconia, of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the one (1) year available.

Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care, which would negatively impact recovery and increase the risk of relapse.

Source of Federal Funds: Assistance Listing Number #93.788, FAIN #H79TI083326 and CFDA #93.959, FAIN #B08TI083509.

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

Respectfully submitted,

DocuSigned by:
Lori A. Weaver
4C4A82984123473...

for

Lori A. Shibinette

Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

05-92-02-020510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT

100% Federal Funds

Vendor Name: Androecoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$218,250.00	\$0.00	\$218,250.00
2020	102/500731	Contracts for Program Services	92057040	\$652,985.00	\$0.00	\$652,985.00
2021	102/500731	Contracts for Program Services	92057040	\$201,283.00	\$0.00	\$201,283.00
2021	102/500731	Contracts for Program Services	92057047	\$181,000.00	\$0.00	\$181,000.00
2021	102/500731	Contracts for Program Services	92057048	\$438,866.00	\$0.00	\$438,866.00
2022	102/500731	Contracts for Program Services	92057048	\$218,333.00	\$0.00	\$218,333.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$489,806.00	\$489,806.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$163,269.00	\$163,269.00
Sub Total				\$1,908,517.00	\$653,075.00	\$2,561,592.00

Vendor Name: Concord Hospital, Inc.				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$262,773.00	\$0.00	\$262,773.00
2020	102/500731	Contracts for Program Services	92057040	\$1,325,131.00	\$0.00	\$1,325,131.00
2021	102/500731	Contracts for Program Services	92057040	\$238,918.00	\$0.00	\$238,918.00
2021	102/500731	Contracts for Program Services	92057047	\$166,000.00	\$0.00	\$166,000.00
2021	102/500731	Contracts for Program Services	92057048	\$400,000.00	\$0.00	\$400,000.00
2022	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$538,954.00	\$538,954.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$179,652.00	\$179,652.00
Sub Total				\$2,590,820.00	\$718,606.00	\$3,309,426.00

Vendor Name: Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$611,287.00	\$0.00	\$611,287.00
2020	102/500731	Contracts for Program Services	92057040	\$1,127,557.00	\$0.00	\$1,127,557.00
2021	102/500731	Contracts for Program Services	92057040	\$205,033.00	\$0.00	\$205,033.00
2021	102/500731	Contracts for Program Services	92057047	\$229,925.00	\$0.00	\$229,925.00
2021	102/500731	Contracts for Program Services	92057048	\$532,304.00	\$0.00	\$532,304.00
2022	102/500731	Contracts for Program Services	92057048	\$268,152.00	\$0.00	\$268,152.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$771,286.00	\$771,286.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$257,095.00	\$257,095.00
Sub Total				\$2,972,258.00	\$1,028,381.00	\$4,000,639.00

Vendor Name: Granite Pathways Manchester				Vendor # 226900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,331,471.00	\$0.00	\$1,331,471.00
2020	102/500731	Contracts for Program Services	92057040	\$2,349,699.00	\$0.00	\$2,349,699.00
Sub Total				\$3,681,170.00	\$0.00	\$3,681,170.00

Vendor Name: Granite Pathways Nashua				Vendor # 226900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,348,973.00	\$0.00	\$1,348,973.00
2020	102/500731	Contracts for Program Services	92057040	\$1,865,736.00	\$0.00	\$1,865,736.00
Sub Total				\$3,214,709.00	\$0.00	\$3,214,709.00

Vendor Name: Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$223,135.00	\$0.00	\$223,135.00
2020	102/500731	Contracts for Program Services	92057040	\$882,805.00	\$0.00	\$882,805.00
2021	102/500731	Contracts for Program Services	92057040	\$203,750.00	\$0.00	\$203,750.00
2021	102/500731	Contracts for Program Services	92057047	\$175,000.00	\$0.00	\$175,000.00
2021	102/500731	Contracts for Program Services	92057048	\$423,333.00	\$0.00	\$423,333.00
2022	102/500731	Contracts for Program Services	92057048	\$211,866.00	\$0.00	\$211,866.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$521,960.00	\$521,960.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$173,987.00	\$173,987.00
Sub Total				\$2,119,689.00	\$695,947.00	\$2,815,636.00

Vendor Name: LRGHealthcare				Vendor # 177161		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$500,000.00	\$0.00	\$500,000.00
2020	102/500731	Contracts for Program Services	92057040	\$642,114.00	\$0.00	\$642,114.00
2021	102/500731	Contracts for Program Services	92057040	\$205,000.00	\$0.00	\$205,000.00
2021	102/500731	Contracts for Program Services	92057047	\$178,000.00	\$0.00	\$178,000.00
2021	102/500731	Contracts for Program Services	92057048	\$430,000.00	\$0.00	\$430,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
		Sub Total		\$2,170,114.00	\$0.00	\$2,170,114.00

Vendor # 177180

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$449,937.00	\$0.00	\$449,937.00
2020	102/500731	Contracts for Program Services	92057040	\$2,575,109.00	\$0.00	\$2,575,109.00
2021	102/500731	Contracts for Program Services	92057040	\$383,958.00	\$0.00	\$383,958.00
2021	102/500731	Contracts for Program Services	92057047	\$430,000.00	\$0.00	\$430,000.00
2021	102/500731	Contracts for Program Services	92057048	\$947,333.00	\$0.00	\$947,333.00
2022	102/500731	Contracts for Program Services	92057048	\$473,686.00	\$0.00	\$473,686.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,115,876.00	\$1,115,876.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$371,959.00	\$371,959.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$0.00	\$0.00
		Sub Total		\$5,260,003.00	\$1,487,835.00	\$6,747,838.00

Vendor # 177187

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$537,063.00	\$0.00	\$537,063.00
2020	102/500731	Contracts for Program Services	92057040	\$1,806,752.00	\$0.00	\$1,806,752.00
2021	102/500731	Contracts for Program Services	92057040	\$240,875.00	\$0.00	\$240,875.00
2021	102/500731	Contracts for Program Services	92057047	\$299,000.00	\$0.00	\$299,000.00
2021	102/500731	Contracts for Program Services	92057048	\$691,360.00	\$0.00	\$691,360.00
2022	102/500731	Contracts for Program Services	92057048	\$345,680.00	\$0.00	\$345,680.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$852,607.00	\$852,607.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$284,203.00	\$284,203.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$0.00	\$0.00
		Sub Total		\$3,920,530.00	\$1,138,810.00	\$5,057,340.00

Vendor # 177240

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$345,019.00	\$0.00	\$345,019.00
2021	102/500731	Contracts for Program Services	92057040	\$724,814.00	\$0.00	\$724,814.00
2021	102/500731	Contracts for Program Services	92057047	\$802,501.00	\$0.00	\$802,501.00
2021	102/500731	Contracts for Program Services	92057048	\$1,848,000.00	\$0.00	\$1,848,000.00
2022	102/500731	Contracts for Program Services	92057048	\$923,000.00	\$0.00	\$923,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$2,182,534.00	\$2,182,534.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$727,512.00	\$727,512.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$0.00	\$0.00
		Sub Total		\$4,641,134.00	\$2,910,048.00	\$7,551,182.00

Vendor # 177321

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$223,242.00	\$0.00	\$223,242.00
2021	102/500731	Contracts for Program Services	92057040	\$522,272.00	\$0.00	\$522,272.00
2021	102/500731	Contracts for Program Services	92057047	\$580,000.00	\$0.00	\$580,000.00
2021	102/500731	Contracts for Program Services	92057048	\$1,280,000.00	\$0.00	\$1,280,000.00
2022	102/500731	Contracts for Program Services	92057048	\$640,000.00	\$0.00	\$640,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,259,848.00	\$1,259,848.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$419,883.00	\$419,883.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$0.00	\$0.00
		Sub Total		\$3,245,514.00	\$1,679,531.00	\$4,925,045.00

Vendor # 355358

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
2022	074/500585	Contracts for Program Services	92057048	\$0.00	\$547,404.00	\$547,404.00
2023	074/500585	Contracts for Program Services	92057048	\$0.00	\$182,488.00	\$182,488.00
		Sub Total		\$415,000.00	\$729,892.00	\$1,144,892.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

SOR Total	\$36,139,458.00	\$11,040,103.00	\$47,179,561.00
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05-02-02-020510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SABG ADDITIONAL

100% Federal Funds

Vendor Name Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Concord Hospital, Inc.				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Wentworth Douglass				Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Concord Hospital, Inc. - Laconia				Vendor # 355356		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

SABG Total	\$0.00	\$149,985.00	\$149,985.00
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05-05-02-020510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

100% Other Funds

Vendor Name Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		<i>Sub Total</i>		\$25,000.00	\$0.00	\$25,000.00

Vendor Name Concord				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$73,481.00	\$0.00	\$73,481.00
2022	102/500731	Contracts for Program Services	92058501	\$24,493.00	\$0.00	\$24,493.00
		<i>Sub Total</i>		\$97,974.00	\$0.00	\$97,974.00

Vendor Name Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$68,812.00	\$0.00	\$68,812.00
2022	102/500731	Contracts for Program Services	92058501	\$22,870.00	\$0.00	\$22,870.00
		<i>Sub Total</i>		\$91,682.00	\$0.00	\$91,682.00

Vendor Name Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		<i>Sub Total</i>		\$25,000.00	\$0.00	\$25,000.00

Vendor Name LRGHealthcare				Vendor # 177161		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$110,222.00	\$0.00	\$110,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
		<i>Sub Total</i>		\$146,962.00	\$0.00	\$146,962.00

Vendor Name Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$39,396.00	\$0.00	\$39,396.00
2022	102/500731	Contracts for Program Services	92058501	\$13,132.00	\$0.00	\$13,132.00
		<i>Sub Total</i>		\$52,528.00	\$0.00	\$52,528.00

Vendor Name Wentworth Douglass				Vendor # 177167		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$141,652.00	\$0.00	\$141,652.00
2022	102/500731	Contracts for Program Services	92058501	\$47,217.00	\$0.00	\$47,217.00
		<i>Sub Total</i>		\$188,869.00	\$0.00	\$188,869.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$206,492.00	\$0.00	\$206,492.00
2022	102/500731	Contracts for Program Services	92058501	\$69,497.00	\$0.00	\$69,497.00
		<i>Sub Total</i>		\$277,989.00	\$0.00	\$277,989.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$70,643.00	\$0.00	\$70,643.00
2022	102/500731	Contracts for Program Services	92058501	\$23,547.00	\$0.00	\$23,547.00
		<i>Sub Total</i>		\$94,190.00	\$0.00	\$94,190.00

Vendor Name Concord Hospital - Leconia				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$109,222.00	\$0.00	\$109,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
		<i>Sub Total</i>		\$145,962.00	\$0.00	\$145,962.00

GC Total				\$1,145,856.00	\$0.00	\$1,145,856.00
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05-05-02-020310-2569 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

100% Federal Funds

Vendor Name Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$16,000.00	\$0.00	\$16,000.00
		<i>Sub Total</i>		\$16,000.00	\$0.00	\$16,000.00

Vendor Name Granite Pathways Manchester				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$150,000.00	\$0.00	\$150,000.00
		<i>Sub Total</i>		\$150,000.00	\$0.00	\$150,000.00

Vendor Name Granite Pathways Nashua				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$150,000.00	\$0.00	\$150,000.00
		<i>Sub Total</i>		\$150,000.00	\$0.00	\$150,000.00

Vendor Name Littleton Regional Hospital				Vendor # 177182		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$16,000.00	\$0.00	\$16,000.00
		<i>Sub Total</i>		\$16,000.00	\$0.00	\$16,000.00

STR Total	\$332,000.00	\$0.00	\$332,000.00
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GRAND TOTALS	\$37,617,414.00	\$11,190,088.00	\$48,807,502.00
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**State of New Hampshire
Department of Health and Human Services
Amendment #2**

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Catholic Medical Center ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 11, 2020 (Item #9A), as amended February 3, 2021, (Item #10), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, and Exhibit A – Amendment #2, Revisions to Standard Contract Provisions; Section 1 – Revisions to Form P-37, Subsection 1.1, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$7,845,834.
3. Modify Exhibit A, by replacing it in its entirety, in order to correct a scrivener's error in numbering, with Exhibit A - Amendment #2 Revisions to Standard Contract Provisions, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B – Amendment #1, Scope of Services, Section 11, State Opioid Response (SOR) Grant Standards, Subsection 11.1 to read:
11.1 Reserved
5. Modify Exhibit B – Amendment #1, Scope of Services, Section 11, State Opioid Response (SOR) Grant Standards, Subsection 11.10. to read:
11.11. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide marijuana or to provide treatment using marijuana. The Contractor shall ensure:
11.11.1. Treatment in this context includes the treatment of opioid use disorder (OUD).
11.11.2. Grant funds are not provided to any individual who, or organization that, provides or permits marijuana use for the purposes of treating substance use or mental health disorders.
11.11.3. This marijuana restriction applies to all subcontracts and memorandums of understanding (MOU) that receive SOR funding.
6. Modify Exhibit B – Amendment #1, Scope of Services, Section 11, State Opioid Response (SOR) Grant Standards, Subsection 11.12., to read:
11.12. The Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan

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includes:

- 11.12.1. Internal policies for the distribution of Fentanyl strips;
- 11.12.2. Distribution methods and frequency; and
- 11.12.3. Other key data, as requested by the Department.

7. Modify Exhibit B – Amendment #1, Scope of Services, Section 11, State Opioid Response (SOR) Grant Standards, by adding Subsection 11.13., to read:

11.13. The Contractor shall provide a contingency management plan to the Department for approval prior to implementation of the contingency management plan. The Contractor shall ensure the contingency management plan includes:

11.13.1. Contingency management strategies to reward and incentivize individual treatment compliance;

11.13.2. Identified allowable contingency rewards, as approved by the Department, ensuring:

11.13.2.1. The maximum value per contingency does not exceed \$15; and

11.13.2.2. The maximum number of contingencies per year per individual does not exceed five (5); and

11.13.2.3. The maximum dollar value of all contingencies per individual does not exceed \$75 per year; and

11.13.3. Other key data, as requested by the Department.

8. Modify Exhibit B – Amendment #1, Scope of Services, Section 11, State Opioid Response (SOR) Grant Standards, by adding Subsection 11.14., to read:

11.14. The Contractor shall refer to Exhibit C – Amendment #2 for grant terms and conditions including, but not limited to:

11.14.1. Invoicing.

11.14.2. Funding restrictions.

11.14.3. Billing.

9. Modify Exhibit C, Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit C – Amendment #2, Methods and Conditions Precedent to Payment, in order to update payment terms, billing standards and various references to budgets, which is attached hereto and incorporated by reference herein.

10. Add Exhibit C-8 Amendment #2, SOR II Budget, which is attached hereto and incorporated by reference herein.

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

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

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

State of New Hampshire
Department of Health and Human Services

9/7/2021

Date

DocuSigned by:

Katja Fox

FD580584C03442

Name: Katja Fox

Title: Director

Catholic Medical Center

DocuSigned by:

Alex Walker

32837808490C4E8

9/7/2021

Date

Name: Alex Walker

Title: President & CEO

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

OFFICE OF THE ATTORNEY GENERAL

9/7/2021

Date

DocuSigned by:

J. Christopher Marshall

DABD458E80D4403

Name: J. Christopher Marshall

Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services
EXHIBIT A Amendment #2**

Revisions to Standard Contract Provisions

1. Revisions to Form P-37, General Provisions

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

3.3. The parties may extend the Agreement for up to two (2) additional year(s) from the Completion Date as specified in the contract approved by the Governor and Executive Council on March 11, 2020 (Item #9A), contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

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

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

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT C – Amendment #2

Methods and Conditions Precedent to Payment

1. This Agreement is funded by:
 - 1.1. 96.20% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326; and
 - 1.2. 0.22% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds; as awarded on 03/11/2021, by the U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, CFDA #93.959, FAIN B08TI083509.
 - 1.3. 3.54% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Interventino and Treatment Funds effective from 9/30/2020 through 9/29/2021.
2. Governor Commission Funds
 - 2.1. The Contractor shall utilize funds in Exhibit C-4 Amendment #1 GovComm and Exhibit C-6 Amendment #1 GovComm for the purpose of providing services and supports to clients whose needs do not make them eligible to receive SOR-funded services and supports.
 - 2.2. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.
3. SABG FY21 COVID Emergency Funds
 - 3.1. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.
4. For the purposes of this Agreement:
 - 4.1. The Department has identified the Contractor as a Subrecipient in accordance with 2 CFR §200.330.
 - 4.2. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.87.
 - 4.3. The de minimis Indirect Cost Rate of 10% applies in accordance with 2 CFR §200.414.
5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit C-1, Budget through Exhibit C-9 Amendment #2 SOR II Budget.
6. The Contractor shall seek payment for services, as follows:
 - 6.1. First, the Contractor shall charge the client's private insurance or other payor sources.
 - 6.2. Second, the Contractor shall charge Medicare.

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**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT C – Amendment #2

- 6.3. Third, the Contractor shall charge Medicaid enrolled individuals, as follows:
 - 6.3.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
 - 6.3.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
- 6.4. Fourth, the Contractor shall charge the client in accordance with the Sliding Fee Scale Program.
- 6.5. Lastly, if any portion of the amount specified in the Sliding Fee Scale remains unpaid, charge the Department for the unpaid balance.
- 7. The Contractor shall submit an invoice and supporting backup documentation in a form satisfactory to the State by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment. Invoices shall be net any other revenue received towards the services billed in fulfillment of this agreement. The Contractor shall ensure:
 - 7.1. Backup documentation includes, but is not limited to:
 - 7.1.1. General Ledger showing revenue and expenses for the contract.
 - 7.1.2. Timesheets and/or time cards that support the hours employees worked for wages reported under this contract.
 - 7.1.2.1. Per 45 CFR Part 75.430(i)(1) Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed.
 - 7.1.2.2. Attestation and time tracking templates, which are available to the Department upon request.
 - 7.1.3. Invoices supporting expenses reported:
 - 7.1.3.1. Unallowable expenses include, but are not limited to:
 - 7.1.3.1.1. Amounts belonging to other programs.
 - 7.1.3.1.2. Amounts prior to effective date of contract.
 - 7.1.3.1.3. Construction or renovation expenses.
 - 7.1.3.1.4. Food or water for employees.
 - 7.1.3.1.5. Directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana.
 - 7.1.3.1.6. Fines, fees, or penalties.
 - 7.1.3.1.7. Per SAMSHA requirements, meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed three dollars (\$3.00) per person for clients.

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**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT C – Amendment #2

- 7.1.3.1.8. Cell phones and cell phone minutes for clients:
- 7.1.4. Receipts for expenses within the applicable state fiscal year.
 - 7.1.5. Cost center reports.
 - 7.1.6. Profit and loss report.
 - 7.1.7. Remittance Advices from the insurances billed. Remittance Advices do not need to be supplied with the invoice, but should be retained to be available upon request.
 - 7.1.8. Information requested by the Department verifying allocation or offset based on third party revenue received.
 - 7.1.9. Summaries of patient services revenue and operating revenue and other financial information as requested by the Department.
8. The Contractor is responsible for reviewing, understanding, and complying with further restrictions included in the Funding Opportunity Announcement (FOA).
9. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to DHHS.DBHInvoicesBDAS@dhhs.nh.gov, or invoices may be mailed to:
- SOR Financial Manager
Department of Health and Human Services
105 Pleasant Street
Concord, NH 03301
10. The Contractor agrees that billing submitted for review after twenty (20) business days of the last day of the billing month may be subject to non-payment.
11. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
12. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
13. The Contractor must provide the services in Exhibit B – Amendment #1, Scope of Services, in compliance with funding requirements.
14. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit B – Amendment #1, Scope of Services, including failure to submit required monthly and/or quarterly reports.
15. Notwithstanding Paragraph 17 of the General Provisions P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
16. Audits
- 16.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:
- 16.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

AW

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT C – Amendment #2

- 16.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
- 16.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
- 16.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
- 16.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- 16.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
- 16.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.
- 17. Maintenance of Fiscal Integrity
 - 17.1. In order to enable the Department to evaluate the Contractor's fiscal integrity, the Contractor agrees to submit to the Department monthly, the Balance Sheet, Profit and Loss Statement (total organization and program-level), and Cash Flow Statement for the Contractor. Program-level Profit and Loss Statement shall include all revenue sources and all related expenditures for that program. The program-level Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. Outside of the program-level Profit and Loss Statement and budget to actual analysis, all other statements shall be reflective of the entire Partnership for Successful Living organization and shall be submitted on the same day the reports are submitted to the Board, but no later than the fourth Wednesday of the month. Additionally, the contractor will provide interim profit and loss statements for every program area, reported as of the 20th of the month, by the last day of every month.
 - 17.2. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement.
 - 17.3. The Contractor shall inform the Department by phone and by email within five business days when any Executive Management, Board Officers, or Program Managers for Department contracts submits a resignation or leaves for any other reason.

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AW

Exhibit C-1 Budget

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD												
Instructions: Fill out the Direct/Indirect columns only for Contractor Share (if applicable) and Funded by DHHS. Everything else will automatically populate.												
Contractor Name: Catholic Medical Center												
Project Title: Access and Delivery Hub for Optimal Use Disorder Services												
Budget Period: SFY23 09/2021-08/2023												
Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share			Total		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 307,500.00	\$ -	\$ 307,500.00	\$ -	\$ -	\$ -	\$ 307,500.00	\$ -	\$ -	\$ 307,500.00	\$ -	\$ -
2. Employee Benefits	\$ 81,500.00	\$ -	\$ 81,500.00	\$ -	\$ -	\$ -	\$ 81,500.00	\$ -	\$ -	\$ 81,500.00	\$ -	\$ -
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ 171.00	\$ -	\$ 171.00	\$ -	\$ -	\$ -	\$ 171.00	\$ -	\$ -	\$ 171.00	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ 342,000.00	\$ -	\$ 342,000.00	\$ -	\$ -	\$ -	\$ 342,000.00	\$ -	\$ -	\$ 342,000.00	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 4,500.00	\$ -	\$ 4,500.00	\$ -	\$ -	\$ -	\$ 4,500.00	\$ -	\$ -	\$ 4,500.00	\$ -	\$ -
6. Travel	\$ 1,512.00	\$ -	\$ 1,512.00	\$ -	\$ -	\$ -	\$ 1,512.00	\$ -	\$ -	\$ 1,512.00	\$ -	\$ -
7. Occupancy	\$ 52,335.00	\$ -	\$ 52,335.00	\$ -	\$ -	\$ -	\$ 52,335.00	\$ -	\$ -	\$ 52,335.00	\$ -	\$ -
8. Current Expenses	\$ 1,800.00	\$ -	\$ 1,800.00	\$ -	\$ -	\$ -	\$ 1,800.00	\$ -	\$ -	\$ 1,800.00	\$ -	\$ -
Telephone	\$ 7,200.00	\$ -	\$ 7,200.00	\$ -	\$ -	\$ -	\$ 7,200.00	\$ -	\$ -	\$ 7,200.00	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Signs & Posters	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 1.00	\$ -	\$ 1.00	\$ -	\$ -	\$ -	\$ 1.00	\$ -	\$ -	\$ 1.00	\$ -	\$ -
10. Marketing/Communications	\$ 4,050.00	\$ -	\$ 4,050.00	\$ -	\$ -	\$ -	\$ 4,050.00	\$ -	\$ -	\$ 4,050.00	\$ -	\$ -
11. Staff Education and Training	\$ 3,800.00	\$ -	\$ 3,800.00	\$ -	\$ -	\$ -	\$ 3,800.00	\$ -	\$ -	\$ 3,800.00	\$ -	\$ -
12. Subcontracts/Agreements	\$ 441,980.00	\$ -	\$ 441,980.00	\$ -	\$ -	\$ -	\$ 441,980.00	\$ -	\$ -	\$ 441,980.00	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Support Clients' Unmet Needs	\$ 18,885.00	\$ -	\$ 18,885.00	\$ -	\$ -	\$ -	\$ 18,885.00	\$ -	\$ -	\$ 18,885.00	\$ -	\$ -
Receipts	\$ 884,375.00	\$ -	\$ 884,375.00	\$ -	\$ -	\$ -	\$ 884,375.00	\$ -	\$ -	\$ 884,375.00	\$ -	\$ -
Flex Funds	\$ 270,000.00	\$ -	\$ 270,000.00	\$ -	\$ -	\$ -	\$ 270,000.00	\$ -	\$ -	\$ 270,000.00	\$ -	\$ -
TOTAL	\$ 2,199,198.00	\$ -	\$ 2,199,198.00	\$ -	\$ -	\$ -	\$ 2,199,198.00	\$ -	\$ -	\$ 2,199,198.00	\$ -	\$ -

Exhibit C-1 Budget

New Hampshire Department of Health and Human Services
 COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Instructions: Fill out the Direct/Indirect columns only for Contractor Share (if applicable) and Funded by DHHS. Everything else will automatically populate.

Contractor Name: Catholic Medical Center

Project Title: Access and Delivery Hub for Optimal Use Disorder Services

Budget Period: 3/1/23 07/01/2023-06/30/2023

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 102,500.00	\$ -	\$ 102,500.00	\$ -	\$ -	\$ -	\$ 102,500.00	\$ -	\$ 102,500.00
2. Employee Benefits	\$ 20,500.00	\$ -	\$ 20,500.00	\$ -	\$ -	\$ -	\$ 20,500.00	\$ -	\$ 20,500.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ 57.00	\$ -	\$ 57.00	\$ -	\$ -	\$ -	\$ 57.00	\$ -	\$ 57.00
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ 114,000.00	\$ -	\$ 114,000.00	\$ -	\$ -	\$ -	\$ 114,000.00	\$ -	\$ 114,000.00
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00
6. Travel	\$ 504.00	\$ -	\$ 504.00	\$ -	\$ -	\$ -	\$ 504.00	\$ -	\$ 504.00
7. Occupancy	\$ 17,445.00	\$ -	\$ 17,445.00	\$ -	\$ -	\$ -	\$ 17,445.00	\$ -	\$ 17,445.00
8. Current Expenses	\$ 800.00	\$ -	\$ 800.00	\$ -	\$ -	\$ -	\$ 800.00	\$ -	\$ 800.00
Telephone	\$ 2,400.00	\$ -	\$ 2,400.00	\$ -	\$ -	\$ -	\$ 2,400.00	\$ -	\$ 2,400.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Machinery/Communications	\$ 1,350.00	\$ -	\$ 1,350.00	\$ -	\$ -	\$ -	\$ 1,350.00	\$ -	\$ 1,350.00
11. Staff Education and Training	\$ 1,200.00	\$ -	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00	\$ -	\$ 1,200.00
12. Subcontracts/Agreements	\$ 147,331.00	\$ -	\$ 147,331.00	\$ -	\$ -	\$ -	\$ 147,331.00	\$ -	\$ 147,331.00
13. Other specific items mandatory:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 228,125.00	\$ -	\$ 228,125.00	\$ -	\$ -	\$ -	\$ 228,125.00	\$ -	\$ 228,125.00
Flex Funds	\$ 80,000.00	\$ -	\$ 80,000.00	\$ -	\$ -	\$ -	\$ 80,000.00	\$ -	\$ 80,000.00
TOTAL	\$ 727,812.00	\$ -	\$ 727,812.00	\$ -	\$ -	\$ -	\$ 727,812.00	\$ -	\$ 727,812.00

Indirect As A Percent of Direct 0.0%

JAN20'21 PM 3:57 RCVD

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Lori A. Shibiakette
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

January 19, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to **Retroactively** amend existing **Sole Source** contracts with the vendors listed in bold below to continue a statewide system of Doorways that provide access to substance use disorder treatment and recovery services and supports, by exercising renewal options by increasing the total price limitation by \$6,898,532 from \$27,125,987 to \$34,024,519 and by extending the completion dates from September 29, 2020 to September 29, 2021 effective retroactive to September 29, 2020 upon Governor and Council approval. 97.28% Federal and 2.72% Other Funds.

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

Vendor Name	Vendor Code	Area Served	Current Amount	Increase/ (Decrease)	New Amount	G&C Approval
Androscoggin Valley Hospital, Inc., Berlin, NH	177220 -B002	Berlin	\$1,670,051	\$279,466	\$1,949,517	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 6/24/20 (Item #31)
Concord Hospital, Inc., Concord, NH	177653 -B003	Concord	\$2,272,793	\$416,001	\$2,688,794	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 6/24/20 (Item #31)
Granite Pathways, Concord, NH	228900 -B001	Concord	\$6,895,879	\$0	\$6,895,879	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Littleton Regional Hospital, Littleton, NH	177162 -B011	Littleton	\$1,713,805	\$446,884	\$2,160,689	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)

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

LRGHealthcare Laconia, NH	177161 -B006	Laconia	\$1,987,673	\$329,403	\$2,317,076	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Mary Hitchcock Memorial Hospital, Lebanon, NH	177651 -B001	Lebanon	\$4,349,314	\$0	\$4,349,314	O: 10/31/18 Item #17A A1: 11/14/19 (Item #11) A2: 9/18/19, (Item #20) A3: 6/24/20 (Item #31)
The Cheshire Medical Center, Keene, NH	155405 -B001	Keene	\$1,947,690	\$1,116,050	\$3,063,740	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Wentworth- Douglass, Hospital, Dover, NH	177187 -B001	Dover	\$2,769,452	\$1,339,947	\$4,109,399	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Catholic Medical Center, Manchester, NH	177240 -B003	Greater Manchester	\$1,948,342	\$2,970,781	\$4,919,123	O: 3/11/20 (Item #9A)
Southern New Hampshire Health System, Inc., Nashua, NH	177321 -R004	Greater Nashua	\$1,570,988	\$0	\$1,570,988	O: 3/11/20 (Item #9A)
		Total	\$27,125,987	\$6,898,532	\$34,024,519	

Funds are available in the following accounts for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Years 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Retroactive** because sufficient funds in State Fiscal Year 2021 were not available in the operating budget considering the grant amount awarded, and due to delay by the Substance Abuse and Mental Health Services Administration in approving New Hampshire's requests for continued State Opioid Response Grant funding the efforts to add the state appropriations were deferred. This request is **Sole Source** because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labelled as sole source.

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

The purpose of this request is to continue providing services through the Doorways by utilizing unexpended funds from the first round of State Opioid Response funding, adding funding from the second round of State Opioid Response, and adding funding to address the needs of individuals with substance use disorders not covered under State Opioid Response.

Approximately 2,000 individuals will be served from September 30, 2020 to September 29, 2021.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week, to ensure no one in New Hampshire has to travel more than 60 minutes to access services.

The Doorways' services provide resources to strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in New Hampshire; and promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants are also being seen and referred to the appropriate services by the Doorways.

The Department will monitor contracted services using the following methods:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Regular review and monitoring of Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language, Paragraph 3. Renewals, or Exhibit A, Revisions to Standard Contract Provisions, Subsection 1 – Revisions to Form P-37, General Provisions, in the case of Catholic Medical Center and Southern New Hampshire Health System, Inc., of the original contracts the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the two (2) years available.

Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care that negatively impact recovery and increase the risk of relapse.

Areas served: Statewide.

Source of Funds: CFDA #93.788, FAIN #H79TI081685 and H79TI083326.

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

Respectfully submitted,



Lori A. Weaver
Deputy Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
SFY 2016 FINANCIAL DETAIL

95-95-62-829318-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS; BEHAVIORAL HEALTH DIV OF BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT 100% Federal Funds CFDA #93.788 FAIN H79T091685 and H79T091326

Androscoggin Valley

Vendor # 177720

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 619,850.00	\$ (385,600.00)	\$ 234,250.00
2020	102/500731	Contracts for Program Services	92057040	\$ 848,918.00	\$ (195,933.00)	\$ 652,985.00
2021	102/500731	Contracts for Program Services	92057040	\$ 201,283.00	\$ -	\$ 201,283.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 181,000.00	\$ 181,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 436,666.00	\$ 436,666.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 218,333.00	\$ 218,333.00
		Sub Total		\$ 1,670,051.00	\$ 254,466.00	\$ 1,924,517.00

Concord

Vendor # 177653

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 710,746.00	\$ (447,973.00)	\$ 262,773.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,325,131.00	\$ -	\$ 1,325,131.00
2021	102/500731	Contracts for Program Services	92057040	\$ 236,916.00	\$ -	\$ 236,916.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 166,000.00	\$ 166,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 400,000.00	\$ 400,000.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 200,000.00	\$ 200,000.00
		Sub Total		\$ 2,272,793.00	\$ 318,027.00	\$ 2,590,820.00

Chester

Vendor # 155405

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 615,100.00	\$ (3,813.00)	\$ 611,287.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,127,557.00	\$ -	\$ 1,127,557.00
2021	102/500731	Contracts for Program Services	92057040	\$ 205,033.00	\$ -	\$ 205,033.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 229,925.00	\$ 229,925.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 532,304.00	\$ 532,304.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 266,152.00	\$ 266,152.00
		Sub Total		\$ 1,947,690.00	\$ 1,024,568.00	\$ 2,972,258.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 SFY 2016 FINANCIAL DETAIL

Granite Pathways Manchester

Vendor #228900

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,331,471.00	\$ -	\$ 1,331,471.00
2020	102/500731	Contracts for Program Services	92057040	\$ 2,349,699.00	\$ -	\$ 2,349,699.00
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ -	\$ -
		Sub Total		\$ 3,681,170.00	\$ -	\$ 3,681,170.00

Granite Pathways Nashua

Vendor # 228900

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,348,973.00	\$ -	\$ 1,348,973.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,865,736.00	\$ -	\$ 1,865,736.00
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ -	\$ -
		Sub Total		\$ 3,214,709.00	\$ -	\$ 3,214,709.00

Uttrson Regional

Vendor # 177162

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 627,250.00	\$ (388,115.00)	\$ 239,135.00
2020	102/500731	Contracts for Program Services	92057040	\$ 882,805.00	\$ -	\$ 882,805.00
2021	102/500731	Contracts for Program Services	92057040	\$ 203,750.00	\$ -	\$ 203,750.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 175,000.00	\$ 175,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 423,333.00	\$ 423,333.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 211,666.00	\$ 211,666.00
		Sub Total		\$ 1,713,805.00	\$ 421,884.00	\$ 2,135,689.00

LRGHealthcare

Vendor # 177181

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 615,000.00	\$ (115,000.00)	\$ 500,000.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,167,673.00	\$ (525,559.00)	\$ 642,114.00
2021	102/500731	Contracts for Program Services	92057040	\$ 205,000.00	\$ -	\$ 205,000.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 178,000.00	\$ 178,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 430,000.00	\$ 430,000.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 215,000.00	\$ 215,000.00
		Sub Total		\$ 1,887,673.00	\$ 182,441.00	\$ 2,170,114.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
8FY 2018 FINANCIAL DETAIL

Mary Hitchcock

Vendor # 177180

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,390,247.00		\$ 1,390,247.00
2020	102/500731	Contracts for Program Services	92057040	\$ 2,575,109.00		\$ 2,575,109.00
2021	102/500731	Contracts for Program Services	92057040	\$ 383,958.00		\$ 383,958.00
2021	102/500731	Contracts for Program Services	92057047	\$		\$
2021	102/500731	Contracts for Program Services	92057048	\$		\$
2022	102/500731	Contracts for Program Services	92057048	\$		\$
		Sub Total		\$ 4,349,314.00	\$	\$ 4,349,314.00

Wentworth Douglas

Vendor # 177187

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 722,025.00	\$ (184,962.00)	\$ 537,063.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,806,752.00		\$ 1,806,752.00
2021	102/500731	Contracts for Program Services	92057040	\$ 240,675.00		\$ 240,675.00
2021	102/500731	Contracts for Program Services	92057047	\$	\$ 299,000.00	\$ 299,000.00
2021	102/500731	Contracts for Program Services	92057048	\$	\$ 691,360.00	\$ 691,360.00
2022	102/500731	Contracts for Program Services	92057048	\$	\$ 345,680.00	\$ 345,680.00
		Sub Total		\$ 2,769,452.00	\$ 1,151,078.00	\$ 3,920,530.00

Catholic Medical Center

Vendor # 177240

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$	\$	\$
2020	102/500731	Contracts for Program Services	92057040	\$ 1,223,728.00	\$ (878,709.00)	\$ 345,019.00
2021	102/500731	Contracts for Program Services	92057040	\$ 724,614.00	\$	\$ 724,614.00
2021	102/500731	Contracts for Program Services	92057047	\$	\$ 802,501.00	\$ 802,501.00
2021	102/500731	Contracts for Program Services	92057048	\$	\$ 1,846,000.00	\$ 1,846,000.00
2022	102/500731	Contracts for Program Services	92057048	\$	\$ 923,000.00	\$ 923,000.00
		Sub Total		\$ 1,948,342.00	\$ 2,692,792.00	\$ 4,641,134.00

Southern New Hampshire Health Systems, Inc.

Vendor # 177321

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$		\$
2020	102/500731	Contracts for Program Services	92057040	\$ 1,048,716.00		\$ 1,048,716.00
2021	102/500731	Contracts for Program Services	92057040	\$ 522,272.00		\$ 522,272.00
2021	102/500731	Contracts for Program Services	92057047	\$		\$
2021	102/500731	Contracts for Program Services	92057048	\$		\$
2022	102/500731	Contracts for Program Services	92057048	\$		\$
		Sub Total		\$ 1,570,988.00	\$	\$ 1,570,988.00
		Total SOR		\$ 27,125,997.00	\$ 6,045,256.00	\$ 33,171,253.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
SFY 2018 FINANCIAL DETAIL

05-05-02-020510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Vendor # 177220

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 18,750.00	\$ 18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 6,250.00	\$ 6,250.00
		Sub Total		\$ -	\$ 25,000.00	\$ 25,000.00

Vendor # 177853

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 73,481.00	\$ 73,481.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 24,493.00	\$ 24,493.00
		Sub Total		\$ -	\$ 97,974.00	\$ 97,974.00

Vendor # 155405

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 68,612.00	\$ 68,612.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 22,870.00	\$ 22,870.00
		Sub Total		\$ -	\$ 91,482.00	\$ 91,482.00

Vendor # 177182

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 18,750.00	\$ 18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 6,250.00	\$ 6,250.00
		Sub Total		\$ -	\$ 25,000.00	\$ 25,000.00

Vendor # 177181

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 110,222.00	\$ 110,222.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 36,740.00	\$ 36,740.00
		Sub Total		\$ -	\$ 146,962.00	\$ 146,962.00

Vendor # 177180

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
		Sub Total		\$ -	\$ -	\$ -

Vendor # 177187

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 141,652.00	\$ 141,652.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 47,217.00	\$ 47,217.00
		Sub Total		\$ -	\$ 188,869.00	\$ 188,869.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 SFY 2016 FINANCIAL DETAIL

Catholic Medical Center

Vendor # 177240

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$	\$ 208,492.00	\$ 208,492.00
2022	102/500731	Contracts for Program Services	92058501	\$	\$ 69,497.00	\$ 69,497.00
		Sub Total		\$	\$ 277,989.00	\$ 277,989.00

Southern New Hampshire Health Systems, Inc.

Vendor # 177321

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$		\$
2022	102/500731	Contracts for Program Services	92058501	\$		\$
		Sub Total		\$	\$	\$
		Total Gov Commission		\$	\$ 833,376.00	\$ 833,376.00
		Total All		\$ 27,125,887.00	\$ 6,898,332.00	\$ 34,024,219.00

**State of New Hampshire
Department of Health and Human Services
Amendment #5**

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Concord Hospital, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 31, 2018 (Item #17A), as amended on August 28, 2019 (Item #10), June 24, 2020 (Item #31), February 3, 2021 (Item #10), and most recently amended on October 13, 2021 (Item #39), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2023
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$4,231,748
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
Robert W. Moore, Director.
4. Modify Exhibit A – Amendment #3, Scope of Services, Section 8. Reporting Requirements, Subsection 8.4. by adding Paragraph 8.4.11 to read:
8.4.11. Client demographic data.
5. Modify Exhibit A – Amendment #3, Scope of Services, Section 10. Contract Management, by adding Subsection 10.4. to read:
10.4. The Contractor shall participate in meetings with Department leadership and State Opioid Response (SOR) staff on a quarterly basis, or as otherwise requested by the Department, to discuss program sustainability and ongoing access to vulnerable populations.
6. Modify Exhibit A – Amendment #3, Scope of Services, Section 11. SOR Grant Standards, by adding Subsection 11.15. to read:
11.15. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve Government Performance and Results Act (GPRA) collection.
7. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 1. to read:
 1. This Agreement is funded by:
 - 1.1. 95.19% Federal Funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN

H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326 and as awarded on 09/23/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI085759

- 1.2. 1.34% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, CFDA #93.959, FAIN B08TI083509.
 - 1.3. 1.16% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG, as awarded on 02/10/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, FAIN TI084659.
 - 1.4. 2.32% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds effective from 9/30/2020 through 9/29/2021.
8. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 2, Governor Commission Funds, to read:
2. RESERVED
 9. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 3, SABG FY21 COVID Emergency Funds, to read:
3. RESERVED
 10. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 5, to read:
5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit B-1, Budget through Exhibit B-12 – Amendment #5 – SOR II Budget.
 11. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1, Paragraph 7.1.3, Subparagraph 7.1.3.1, Part 7.1.3.1.4. to read:
7.1.3.1.4. Food or water.
 12. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1, Paragraph 7.1.3, Subparagraph 7.1.3.1, Part 7.1.3.1.7. to read:
7.1.3.1.7. RESERVED
 13. Add Exhibit B-11 – Amendment #5 – SOR II Budget, which is attached hereto and incorporated by reference herein.
 14. Add Exhibit B-12 – Amendment #5 – SOR II Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to September 29, 2022, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

10/24/2022

Date

DocuSigned by:
Katja S. Fox
EC0005804C83442

Name: Katja S. Fox
Title: Director

Concord Hospital, Inc.

10/22/2022

Date

DocuSigned by:
Robert Steigmeyer
2DD50BEFE8E8428

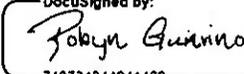
Name: Robert Steigmeyer
Title: President and CEO

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

OFFICE OF THE ATTORNEY GENERAL

10/24/2022

Date

DocuSigned by:

748734844044460...

Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services			
Complete one budget form for each budget period.			
Contractor Name:		Concord Hospital, Inc.	
Budget Request for:		Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services	
Budget Period		FY23 - (September 30, 2022 - June 30, 2023)	
Indirect Cost Rate (if applicable)		10.00%	
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$184,364	\$95,543	\$279,907
2. Fringe Benefits	\$95,185	\$0	\$95,185
3. Consultants	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0
5.(d) Supplies - Medical	\$400	\$0	\$400
5.(e) Supplies Office	\$900	\$0	\$900
6. Travel	\$500	\$0	\$500
7. Software	\$3,210	\$0	\$3,210
8. (a) Other - Marketing/Communications	\$1,500	\$0	\$1,500
8. (b) Other - Education and Training	\$2,000	\$0	\$2,000
8. (c) Other - Other (please specify)			
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 3/14/23</i>	\$36,077	\$0	\$36,077
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23</i>	\$24,051	\$0	\$24,051
<i>Other - Flex Funds</i>	\$80,000	\$0	\$80,000
<i>Other - Respite Shelter Vouchers</i>	\$8,000	\$0	\$8,000
<i>Other - Repair/Maint</i>	\$4,000	\$0	\$4,000
<i>Other - Naloxone</i>	\$105,000	\$0	\$105,000
9. Subcontracts	\$0	\$0	\$0
Total Direct Costs	\$545,187	\$95,543	\$640,730
Total Unmet 3/14 Indirect Costs	\$4,008	\$0	\$4,008
Total Unmet 9/29 Indirect Costs	\$2,672	\$0	\$2,672
Total SOR Indirect Costs	\$53,895	\$0	\$53,895
TOTAL	\$605,762	\$95,543	\$701,305

RS

Contractor Initials

Date 10/22/2022

New Hampshire Department of Health and Human Services Complete one budget form for each budget period.			
		Concord Hospital, Inc.	
Contractor Name:		Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services	
Budget Request for:			
Budget Period		FY24 - (July 1, 2023 - September 29, 2023)	
Indirect Cost Rate (if applicable)		10.00%	
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$52,620	\$31,848	\$84,468
2. Fringe Benefits	\$31,667	\$0	\$31,667
3. Consultants	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0	\$0
5.(e) Supplies Office	\$300	\$0	\$300
6. Travel	\$100	\$0	\$100
7. Software	\$1,070	\$0	\$1,070
8. (a) Other - Marketing/Communications	\$150	\$0	\$150
8. (b) Other - Education and Training	\$300	\$0	\$300
8. (c) Other - Other (please specify)			
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23</i>	\$20,043	\$0	\$20,043
<i>Other - Repair/Maint</i>	\$0	\$0	\$0
<i>Other - Flex Funds</i>	\$25,380	\$0	\$25,380
<i>Other - Naloxone</i>	\$50,100	\$0	\$50,100
9. Subcontracts	\$0	\$0	\$0
Total Direct Costs	\$181,730	\$31,848	\$213,578
Total Unmet 9/29 Indirect Costs	\$2,226	\$0	\$2,226
Total SOR Indirect Costs	\$17,965	\$0	\$17,965
TOTAL	\$201,921	\$31,848	\$233,769

RS

Contractor Initials

Date 10/22/2022

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that CONCORD HOSPITAL, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 29, 1985. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 74948

Certificate Number : 0005751457



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of April A.D. 2022.

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

David M. Scanlan
Secretary of State

CERTIFICATE

I, William Chapman, Secretary of Concord Hospital, Inc. do hereby certify:

- 1) I maintain and have custody of and am familiar with the seal and minute books of the corporation;
- 2) I am authorized to issue certificates with respect to the contents of such books and to affix such seal to such certificates;
- 3) The following is a true and complete copy of the resolution adopted by the board of trustees of the corporation at a meeting of that board on March 21, 2005 which meeting was held in accordance with the law of the state of incorporation and the bylaws of the corporation:

The motion was made, seconded and the Board unanimously voted that the powers and duties of the President shall include the execution of all contracts and other legal documents on behalf of the corporation, unless some other person is specifically so designated by the Board, by law, or pursuant to the administrative policy addressing contract and expenditure approval levels.

- 4) the foregoing resolution is in full force and effect, unamended, as of the date hereof and for the following 30 days; and
- 5) the following persons lawfully occupy the offices indicated below:

Robert P. Steigmeyer, President
Scott W. Sloane, Chief Financial Officer

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the Corporation this 29th day of SEPTEMBER, 2022.

William Chapman
Secretary



CAPIREG-01

MDUNNING

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/8/2022

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

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

PRODUCER License # 1780862 HUB International New England 100 Central Street Suite 201 Holliston, MA 01746	CONTACT NAME: Cheryl Walunas	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS: cheryl.walunas@hubinternational.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Citizens Insurance Company of America		31534
INSURER B : The Gray Insurance Company		36307
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED

 Concord Hospital
 250 Pleasant Street
 Concord, NH 03301

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WBND117735	11/23/2022	11/23/2023	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Excess Worker's Comp			SPX0702455	10/1/2022	10/1/2023	SIR Buy Down 200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Named Insured includes CONCORD HOSPITAL
 Evidence of Excess Workers Compensation - Self-Insured Retention of \$650,000

CERTIFICATE HOLDER State of New Hampshire Att: Department of Health and Human Services 129 Pleasant Street Concord, NH 03301-3857	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Concord Hospital Mission Statement

Concord Hospital is a charitable organization which exists to meet the health needs of individuals within the communities it serves.

It is the established policy of Concord Hospital to provide services on the sole basis of the medical necessity of such services as determined by the medical staff without reference to race, color, ethnicity, national origin, sexual orientation, marital status, religion, age, gender, disability, or inability to pay for such services.

**BAKER
NEWMAN
NOYES**

**Concord Hospital, Inc.
and Subsidiaries**

Audited Consolidated Financial Statements

*Years Ended September 30, 2021 and 2020
With Independent Auditors' Report*

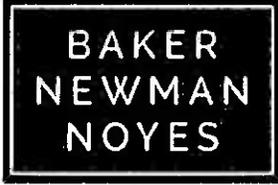
CONCORD HOSPITAL, INC. AND SUBSIDIARIES

Audited Consolidated Financial Statements

Years Ended September 30, 2021 and 2020

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Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
800.244.7444 | www.bnnnpa.com

INDEPENDENT AUDITORS' REPORT

The Board of Trustees
Concord Hospital, Inc.

We have audited the accompanying consolidated financial statements of Concord Hospital, Inc. and Subsidiaries (the System), which comprise the consolidated balance sheets as of September 30, 2021 and 2020, the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

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

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

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

The Board of Trustees
Concord Hospital, Inc.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the System as of September 30, 2021 and 2020, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As further discussed in Note 3, the System acquired certain assets and liabilities of LRGHealthcare, which operates two acute care hospitals located in Franklin and Laconia, New Hampshire; Granite Shield Insurance Exchange and Subsidiary, an insurance captive; and Concord Endoscopy Center, LLC, during the year ended September 30, 2021.

Baker Newman & Noyes LLC

Manchester, New Hampshire
December 17, 2021

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS

September 30, 2021 and 2020

ASSETS
(In thousands)

	<u>2021</u>	<u>2020</u>
Current assets:		
Cash and cash equivalents	\$ 37,722	\$ 29,342
Short-term investments	66,525	73,907
Accounts receivable	94,720	66,175
Due from affiliates	1,031	90
Supplies	5,656	2,871
Prepaid expenses and other current assets	<u>11,575</u>	<u>6,923</u>
Total current assets	217,229	179,308
Assets whose use is limited or restricted:		
Board designated	365,305	296,887
Funds held by trustee for insurance reserves, escrows and construction funds	77,443	18,000
Donor-restricted funds and restricted grants	<u>48,313</u>	<u>39,462</u>
Total assets whose use is limited or restricted	491,061	354,349
Other noncurrent assets:		
Due from affiliates, net of current portion	615	654
Other assets	<u>16,656</u>	<u>13,567</u>
Total other noncurrent assets	17,271	14,221
Property and equipment:		
Land and land improvements	8,193	6,332
Buildings	269,286	239,545
Equipment	271,210	255,660
Construction in progress	<u>10,144</u>	<u>12,075</u>
	558,833	513,612
Less accumulated depreciation	<u>(337,496)</u>	<u>(309,639)</u>
Net property and equipment	<u>221,337</u>	<u>203,973</u>
	<u>\$ 946,898</u>	<u>\$ 751,851</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**CONSOLIDATED STATEMENTS OF OPERATIONS**

Years Ended September 30, 2021 and 2020

(In thousands)

	<u>2021</u>	<u>2020</u>
Revenue and other support without donor restrictions:		
Patient service revenue	\$598,533	\$455,512
Other revenue	30,661	48,612
Disproportionate share revenue	26,545	18,202
Net assets released from restrictions for operations	<u>1,537</u>	<u>1,983</u>
Total revenue and other support without donor restrictions	657,276	524,309
Operating expenses:		
Salaries and wages	297,198	245,681
Employee benefits	81,179	68,329
Supplies and other	143,972	109,783
Purchased services	47,807	34,943
Professional fees	8,354	7,722
Depreciation and amortization	27,207	24,355
Medicaid enhancement tax	26,631	22,572
Interest expense	<u>3,835</u>	<u>2,595</u>
Total operating expenses	<u>636,183</u>	<u>515,980</u>
Income from operations	21,093	8,329
Nonoperating income (loss):		
Gifts and bequests without donor restrictions	328	411
Investment income and other	69,338	10,056
Loss on extinguishment of long-term debt	-	(1,231)
Other nonoperating income	2,118	-
Net periodic benefits cost, other than service cost	<u>(1,931)</u>	<u>(2,931)</u>
Total nonoperating income	<u>69,853</u>	<u>6,305</u>
Consolidated excess of revenues and nonoperating income over expenses	90,946	14,634
Excess of revenues and nonoperating income over expenses attributable to noncontrolling interest in consolidated subsidiary	<u>(144)</u>	<u>-</u>
Excess of revenues and nonoperating income over expenses attributable to the System	<u>\$ 90,802</u>	<u>\$ 14,634</u>

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS

Years Ended September 30, 2021 and 2020
(In thousands)

	<u>2021</u>	<u>2020</u>
System net assets without donor restrictions:		
Excess of revenues and nonoperating income over expenses attributable to the System	\$ 90,802	\$ 14,634
Net transfers to affiliates	(15)	(145)
Net assets released from restrictions used for purchases of property and equipment	165	61
Pension adjustment	<u>55,698</u>	<u>(16,512)</u>
Increase (decrease) in System net assets without donor restrictions	146,650	(1,962)
System net assets with donor restrictions:		
Contributions and pledges with donor restrictions	5,128	2,079
Net investment gain	5,429	945
Contributions to affiliates and other community organizations	(222)	(210)
Unrealized gains on trusts administered by others	1,376	62
Net assets released from restrictions for operations	(1,537)	(1,983)
Net assets released from restrictions used for purchases of property and equipment	<u>(165)</u>	<u>(61)</u>
Increase in System net assets with donor restrictions	<u>10,009</u>	<u>832</u>
Increase (decrease) in System net assets	156,659	(1,130)
Noncontrolling interest in consolidated subsidiary:		
Net increase in noncontrolling interest in consolidated subsidiary	2,681	-
Distributions to noncontrolling interest in consolidated subsidiary	(91)	-
Excess of revenues and nonoperating income over expenses attributable to noncontrolling interest in consolidated subsidiary	<u>144</u>	<u>-</u>
Increase in noncontrolling interest in consolidated subsidiary	<u>2,734</u>	<u>-</u>
Increase (decrease) in total net assets	159,393	(1,130)
Net assets, beginning of year	<u>369,954</u>	<u>371,084</u>
Net assets, end of year	<u>\$529,347</u>	<u>\$369,954</u>

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended September 30, 2021 and 2020
(In thousands)

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities:		
Increase (decrease) in net assets	\$ 159,393	\$ (1,130)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities:		
Contributions and pledges with donor restrictions	(5,128)	(2,079)
Depreciation and amortization	27,207	24,355
Net realized and unrealized gains on investments	(70,262)	(7,469)
Bond premium and issuance cost amortization	(430)	(356)
Equity in earnings of affiliates, net	(5,082)	(4,865)
Distributions to noncontrolling interest in consolidated subsidiary	-91	-
Loss on disposal of property and equipment	-	33
Loss on extinguishment of long-term debt	-	1,231
Pension adjustment	(55,698)	16,512
Changes in operating assets and liabilities:		
Accounts receivable	(13,615)	2,439
Supplies, prepaid expenses and other current assets	(5,711)	(736)
Other assets	3,077	5,758
Due from affiliates	(902)	456
Accounts payable and accrued expenses	6,524	6,228
Accrued compensation and related expenses	8,494	2,369
Accrual for estimated third-party payor settlements	41,645	13,823
Accrued pension and other long-term liabilities	(48,992)	55,175
Reserve for insurance	3,440	247
Net cash provided by operating activities	<u>44,051</u>	<u>111,991</u>
Cash flows from investing activities:		
Cash paid for business acquisitions, net	(24,167)	-
Increase in property and equipment, net	(21,665)	(53,596)
Purchases of investments	(96,717)	(132,901)
Proceeds from sales of investments	57,942	95,541
Equity distributions from affiliates	4,662	3,813
Net cash used by investing activities	<u>(79,945)</u>	<u>(87,143)</u>
Cash flows from financing activities:		
Payments on long-term debt	(11,341)	(52,800)
Proceeds from issuance of long-term debt	51,498	49,102
Bond issuance costs	(698)	(256)
Distributions to noncontrolling interest in consolidated subsidiary	(91)	-
Contributions and pledges with donor restrictions	4,906	2,044
Net cash provided (used) by financing activities	<u>44,274</u>	<u>(1,910)</u>
Net increase in cash and cash equivalents	8,380	22,938
Cash and cash equivalents at beginning of year	<u>29,342</u>	<u>6,404</u>
Cash and cash equivalents at end of year	<u>\$ 37,722</u>	<u>\$ 29,342</u>

Supplemental disclosure of noncash transactions:

The System acquired certain assets and liabilities of Granite Shield Insurance Exchange and Subsidiary during 2021 for no consideration. See note 3.

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies

Organization

Concord Hospital, Inc., (the Hospital) located in Concord, New Hampshire, is a not-for-profit acute care hospital. The Hospital provides inpatient, outpatient, emergency care and physician services for residents within its geographic region. Admitting physicians are primarily practitioners in the local area. The Hospital is controlled by Capital Region Health Care Corporation (CRHC).

In 1985, the then Concord Hospital underwent a corporate reorganization in which it was renamed and became CRHC. At the same time, the Hospital was formed as a new entity. All assets and liabilities of the former hospital, now CRHC, with the exception of its endowments and restricted funds, were conveyed to the new entity. The endowments were held by CRHC for the benefit of the Hospital, which is the true party in interest. Effective October 1, 1999, CRHC transferred these funds to the Hospital.

In March 2009, the Hospital created The Concord Hospital Trust (the Trust), a separately incorporated, not-for-profit organization to serve as the Hospital's philanthropic arm. In establishing the Trust, the Hospital transferred philanthropic funds with donor restrictions, including board designated funds, endowments, indigent care funds and specific purpose funds, to the newly formed organization together with the stewardship responsibility to direct monies available to support the Hospital's charitable mission and reflect the specific intentions of the donors who made these gifts.

During 2021, the Hospital completed several acquisitions as described in Note 3.

Subsidiaries of the Hospital, including those acquired in 2021, are as follows:

Capital Region Health Care Development Corporation (CRHCDC) is a not-for-profit real estate corporation that owns and operates medical office buildings and other properties.

Capital Region Health Ventures Corporation (CRHVC) is a not-for-profit corporation that engages in health care delivery partnerships and joint ventures. It operates ambulatory surgery and diagnostic facilities independently and in cooperation with other entities.

NH Cares ACO, LLC (NHC) is a single member limited liability company that engages in providing medical services to Medicare beneficiaries as an accountable care organization. NHC has a perpetual life and is subject to termination in certain events.

Concord Hospital – Laconia (CH-Laconia) is a not-for-profit corporation formed to operate a licensed hospital providing inpatient, outpatient, emergency care and physician services for residents within its geographic region of Laconia, New Hampshire. The CH-Laconia facility includes 137 acute care beds and was designated a Rural Referral Center in 1986, and a Sole Community Hospital in 2009. Admitting physicians are primarily practitioners in the local area. CH-Laconia is controlled by the Hospital, and was acquired by the Hospital in 2021. See Note 3.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Concord Hospital – Franklin (CH-Franklin) is a not-for-profit corporation formed to operate a licensed hospital providing inpatient, outpatient, emergency care and physician services for residents within its geographic region of Franklin, New Hampshire. The CH-Franklin facility was designated a Critical Access Hospital effective July 1, 2004, and includes 25 acute care beds. CH-Franklin also operates a 10 bed designated psychiatric receiving facility. Admitting physicians are primarily practitioners in the local area. CH-Franklin is controlled by the Hospital, and was acquired by the Hospital in 2021. See Note 3.

Granite Shield Insurance Exchange and Subsidiaries (GSIE) was formed on December 20, 2010, in the State of Vermont as an industrial insured reciprocal insurance entity and unincorporated association. GSIE commenced underwriting activities on January 1, 2011. GSIE was formed to provide healthcare professional liability, general liability and medical stop loss insurance to its subscribers through GSI Services, LLC (GSI), the attorney-in-fact. GSI was formed in the State of Vermont as a limited liability company on December 14, 2010, and acts as an agent to enable the subscribers of GSIE to exchange insurance contracts. Through December 31, 2020, GSI was equally controlled by each of the subscribers of GSIE, all of which were health systems located in the State of New Hampshire, inclusive of the Hospital. Effective January 1, 2021, as further described in Note 3, the Hospital became the sole voting member of GSIE, resulting in all activity of GSIE for the period January 1, 2021 to September 30, 2021 being recorded within the accompanying consolidated financial statements. See also Note 3.

Concord Endoscopy Center, LLC (CEC) is a New Hampshire limited liability company that engages in providing gastrointestinal services, including the diagnosis and treatment of digestive and liver diseases. CEC has a perpetual life, is subject to termination in certain events, and was acquired by the Hospital in 2021 as further described in Note 3.

The Hospital, its subsidiaries and the Trust are collectively referred to as the System. The consolidated financial statements include the accounts of the Hospital, the Trust, CRHCDC, CRHVC, NHC, CH-Laconia, CH-Franklin, GSIE and CEC. All significant intercompany balances and transactions have been eliminated in consolidation. The Hospital, the Trust, CH-Laconia and CH-Franklin constitute the Obligated Group at September 30, 2021 (the Hospital and Trust constituted the Obligated Group at September 30, 2020) to certain debt described in Note 7.

Principles of Consolidation

Noncontrolling interests in less-than-wholly-owned consolidated subsidiaries of the System are presented as a component of total net assets to distinguish between the interests of the System and the interests of the noncontrolling owners. Revenues, expenses and nonoperating income from these subsidiaries are included in the consolidated amounts presented on the consolidated statements of operations. Excess of revenues and nonoperating income over expenses attributable to the System separately presents the amounts attributable to the controlling interest.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Noncontrolling Interests

Noncontrolling interests represent the portion of equity in a subsidiary not attributable, directly or indirectly, to a parent. The System's accompanying consolidated financial statements include all assets, liabilities, revenues and expenses at their consolidated amounts, which include the amounts attributable to the System and the noncontrolling interest. The System recognizes as a separate component of net assets and earnings the portion of income or loss attributable to noncontrolling interests based on the portion of the entity not owned by the System.

Use of Estimates

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

Concentration of Credit Risk

Financial instruments which subject the System to credit risk consist primarily of cash equivalents, accounts receivable and investments. The risk with respect to cash equivalents is minimized by the System's policy of investing in financial instruments with short-term maturities issued by highly rated financial institutions. The System's accounts receivable are primarily due from third-party payors and amounts are presented net of expected explicit and implicit price concessions, including estimated implicit price concessions from uninsured patients. The System's investment portfolio consists of diversified investments, which are subject to market risk. The System's investment in one fund, the Vanguard Institutional Index Fund, exceeded 10% of total System investments as of September 30, 2021 and 2020.

Cash and Cash Equivalents

Cash and cash equivalents include money market funds with original maturities of three months or less, excluding assets whose use is limited or restricted. The System maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The System has not experienced any losses on such accounts.

Supplies

Supplies are carried at the lower of cost, determined on a weighted-average method, or net realizable value.

Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted include assets held by trustees for insurance reserves, escrows, construction funds, designated assets set aside by the Board of Trustees (over which the Board retains control and may, at its discretion, subsequently use for other purposes), and donor-restricted investments.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Investments and Investment Income

Investments are carried at fair value in the accompanying consolidated balance sheets. Investment income (including realized gains and losses on investments, interest and dividends) and the net change in unrealized gains and losses on investments are included in the excess of revenues and nonoperating income over expenses in the accompanying consolidated statements of operations, unless the income or loss is restricted by donor or law.

Beneficial Interest in Perpetual Trusts

The System has an irrevocable right to receive income earned on certain trust assets established for its benefit. Distributions received by the System are without donor restrictions. The System's interest in the fair value of the trust assets is included in assets whose use is limited or restricted and as net assets with donor restrictions. Changes in the fair value of beneficial trust assets are reported as increases or decreases to net assets with donor restrictions.

Investment Policies

The System's investment policies provide guidance for the prudent and skillful management of invested assets with the objective of preserving capital and maximizing returns. The invested assets include endowment, specific purpose and board designated funds.

Endowment funds are identified as perpetual in nature, intended to provide support for current or future operations and other purposes identified by the donor. These funds are managed with disciplined longer-term investment objectives and strategies designed to accommodate relevant, reasonable, or probable events.

Specific purpose funds are temporary in nature, restricted as to time or purpose as identified by the donor or grantor. These funds have various intermediate/long-term time horizons associated with specific identified spending objectives.

Board designated funds have various intermediate/long-term time horizons associated with specific spending objectives as determined by the Board of Trustees.

Management of these assets is designed to increase, with minimum risk, the inflation adjusted principal and income of the endowment funds over the long term. The System targets a diversified asset allocation that places emphasis on achieving its long-term return objectives within prudent risk constraints.

Spending Policy for Appropriation of Assets for Expenditure

In accordance with the *Uniform Prudent Management of Institutional Funds Act* (UPMIFA), the System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (a) the duration and preservation of the fund; (b) the purpose of the organization and the donor-restricted endowment fund; (c) general economic conditions; (d) the possible effect of inflation and deflation; (e) the expected total return from income and the appreciation of investments; (f) other resources of the organization; and (g) the investment policies of the organization.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Spending policies may be adopted by the System, from time to time, to provide a stream of funding for the support of key programs. The spending policies are structured in a manner to ensure that the purchasing power of the assets is maintained while providing the desired level of annual funding to the programs. The System has a current spending policy on various funds currently equivalent to 5% of twelve-quarter moving average of the funds' total market value.

Accounts Receivable

Patient accounts receivable for which the unconditional right to payment exists are receivables if the right to consideration is unconditional and only the passage of time is required before payment of that consideration is due. Accounts receivable at September 30, 2021 and 2020 reflect the fact that any estimated uncollectible amounts are generally considered implicit price concessions that are a direct reduction to accounts receivable rather than allowance for doubtful accounts. At September 30, 2021 and 2020, estimated implicit price concessions of \$24,643 and \$14,119, respectively, had been recorded as reductions to accounts receivable balances to enable the System to record revenues and accounts receivable at the estimated amounts expected to be collected.

Property and Equipment

Property and equipment is stated at cost at time of purchase, or at fair value at time of donation for assets contributed, less any reductions in carrying value for impairment and less accumulated depreciation. The System's policy is to capitalize expenditures for major improvements and charge maintenance and repairs currently for expenditures which do not extend the lives of the related assets. Depreciation is computed using the straight-line method in a manner intended to amortize the cost of the related assets over their estimated useful lives. For the years ended September 30, 2021 and 2020, depreciation expense was \$27,207 and \$24,355, respectively.

The System has also capitalized certain costs associated with property and equipment not yet in service. Construction in progress includes amounts incurred related to major construction projects, other renovations, and other capital equipment purchased but not yet placed in service. During 2021 and 2020, the System capitalized \$200 and \$1,953, respectively, of interest expense relating to various construction projects.

Gifts of long-lived assets such as land, buildings or equipment are reported as support without donor restrictions, and are excluded from the excess of revenues and nonoperating income over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets, are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Intangible Assets

The System reviews its intangible and other long-lived assets annually to determine whether the carrying amount of such assets is impaired. Upon determination that an impairment has occurred, these assets are reduced to fair value. There were no impairments recorded for the years ended September 30, 2021 or 2020. See also Note 3.

Federal Grant Revenue and Expenditures

Revenues and expenses under federal grant programs are recognized as the grant expenditures are incurred.

Bond Issuance Costs/Original Issue Discount or Premium

Bond issuance costs incurred to obtain financing for construction and renovation projects and the original issue discount or premium are amortized to interest expense using the straight-line method, which approximates the effective interest method, over the life of the respective bonds. The original issue discount or premium and bond issuance costs are presented as a component of bonds payable.

Charity Care

The System provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates (Note 12). Because the System does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The System uses an industry standard approach in calculating the costs associated with providing charity care. Funds received from gifts and grants to subsidize charity services provided for the years ended September 30, 2021 and 2020 were approximately \$132 and \$246, respectively.

Net Assets With Donor Restrictions

Gifts are reported as restricted support if they are received with donor stipulations that limit the use of donated assets. Donated investments, supplies and equipment are reported at fair value at the date of receipt. Unconditional promises to give cash and other assets are reported at fair value at the date of receipt of the promise. When a donor restriction expires (when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statement of operations as either net assets released from restrictions for operations (for noncapital related items) or as net assets released from restrictions used for purchases of property and equipment (capital related items). Some net assets with donor restrictions have been restricted by donors to be maintained by the System in perpetuity.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)***Patient Service Revenue***

Revenues generally relate to contracts with patients in which the System's performance obligations are to provide health care services to patients. Revenues are recorded during the period obligations to provide health care services are satisfied. Performance obligations for inpatient services are generally satisfied over a period of days. Performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationships with patients, in most cases, also involve a third-party payor (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges) and the transaction prices for the services provided are dependent upon the terms provided by Medicare and Medicaid or negotiated with managed care health plans and commercial insurance companies, the third-party payors. The payment arrangements with third-party payors for the services provided to related patients typically specify payments at amounts less than standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge, per identified service or per covered member. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the revenue recognition process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals.

The collection of outstanding receivables for Medicare, Medicaid, managed care payers, other third-party payors and patients is the System's primary source of cash and is critical to its operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the aging of those accounts. Accounts are written off when all reasonable internal and external collection efforts have been performed. The estimates for implicit price concessions are based upon management's assessment of historical write-offs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical write-offs and collections at facilities that represent a majority of hospital revenues and accounts receivable (the "hindsight analysis") as a primary source of information in estimating the collectability of accounts receivable. Management performs the hindsight analysis regularly, utilizing rolling twelve-months accounts receivable collection and write-off data. Management believes its regular updates to the estimated implicit price concession amounts provide reasonable estimates of revenues and valuations of accounts receivable. These routine, regular changes in estimates have not resulted in material adjustments to the valuations of accounts receivable or period-to-period comparisons of operations.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

The System receives payment for other Medicaid outpatient services on a reasonable cost basis which are settled with retroactive adjustments upon completion and audit of related cost finding reports. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenues in the year that such amounts become known. For the years ended September 30, 2021 and 2020, patient service revenue in the accompanying consolidated statements of operations increased by approximately \$4,800 and \$3,400, respectively, due to actual settlements and changes in assumptions underlying estimated future third-party settlements.

Revenues from the Medicare and Medicaid programs accounted for approximately 38% and 6% and 35% and 4% of the System's patient service revenue for the years ended September 30, 2021 and 2020, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation.

Excess of Revenues and Nonoperating Income Over Expenses

The System has deemed all activities as ongoing, major or central to the provision of health care services and, accordingly, they are reported as operating revenue and expenses, except for contributions and pledges without donor restrictions, the related philanthropy expenses and investment income which are recorded as nonoperating income.

The consolidated statements of operations also include excess of revenues and nonoperating income over expenses. Changes in net assets without donor restrictions which are excluded from excess of revenues and nonoperating income over expenses, consistent with industry practice, include the permanent transfers of assets to and from affiliates for other than goods and services, pension liability adjustments and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Estimated Workers' Compensation, Malpractice and Health Care Claims

The provision for estimated workers' compensation, malpractice and health care claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Functional Expense Allocation

The costs of providing program services and other activities have been summarized on a functional basis in Note 11. Accordingly, costs have been allocated among program services and supporting services benefitted.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Income Taxes

The Hospital, CH-Laonia, CH-Franklin, CRHCDC, CRHVC, and the Trust are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code, and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. NHC is organized as a single member limited liability company and has elected to be treated as a disregarded entity for federal and state income tax reporting purposes. Accordingly, all income or losses and applicable tax credits are reported on the member's income tax returns, with the exception of taxes due to the State of New Hampshire. Management evaluated the System's tax positions and concluded the System has maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment to or disclosure in the accompanying consolidated financial statements. GSIE, NHC and CEC account for income taxes in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740, *Income Taxes*. FASB ASC 740 is an asset and liability method, which requires the recognition of deferred tax assets and liabilities for the expected future tax consequences of temporary differences between the tax and financial reporting basis of certain assets and liabilities. Resulting income tax expense and the temporary differences between the tax and financial reporting basis are not material.

Advertising Costs

The System expenses advertising costs as incurred, and such costs totaled approximately \$168 and \$181 for the years ended September 30, 2021 and 2020, respectively.

Recent Accounting Pronouncements

In February 2016, the FASB issued Accounting Standards Update (ASU) No. 2016-02, *Leases (Topic 842)* (ASU 2016-02). Under ASU 2016-02, at the commencement of a long-term lease, lessees will recognize a liability equivalent to the discounted payments due under the lease agreement, as well as an offsetting right-of-use asset. ASU 2016-02 is effective for the System on October 1, 2022. Lessees (for capital and operating leases) must apply a modified retrospective transition approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements. The modified retrospective approach would not require any transition accounting for leases that expired before the earliest comparative period presented. Lessees may not apply a full retrospective transition approach. The System is currently evaluating the impact of the pending adoption of ASU 2016-02 on the System's consolidated financial statements.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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1. Description of Organization and Summary of Significant Accounting Policies (Continued)

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement* (ASU 2018-13). The amendments in this ASU modify the disclosure requirements for fair value measurements for Level 3 assets and liabilities, and eliminate the requirement to disclose transfers between Levels 1 and 2 of the fair value hierarchy, among other modifications. ASU 2018-13 was effective for the System on October 1, 2020. The adoption of ASU 2018-13 did not have a material impact on these consolidated financial statements.

In August 2018, FASB issued ASU No. 2018-14, *Compensation – Retirement Benefits – Defined Benefit Plans – General (Topic 715)* (ASU 2018-14). Under ASU 2018-14, the disclosure requirements for employers that sponsor defined benefit pension and other postretirement plans are modified. ASU 2018-14 is effective for the System on October 1, 2022, with early adoption permitted. The System will apply the amendments on a retrospective basis to all periods presented.

In September 2020, the FASB issued ASU No. 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. ASU 2020-07 enhances the presentation of disclosure requirements for contributed nonfinancial assets. ASU 2020-07 requires entities to present contributed nonfinancial assets as a separate line item in the statement of operations and disclose the amount of contributed nonfinancial assets recognized within the statement of operations by category that depicts the type of contributed nonfinancial assets, as well as a description of any donor-imposed restrictions associated with the contributed nonfinancial assets and the valuation techniques used to arrive at a fair value measure at initial recognition. ASU 2020-07 is effective for the System beginning October 1, 2021, with early adoption permitted. The System is currently evaluating the impact of the pending adoption of ASU 2020-07 on its financial statements.

Risks and Uncertainties

On March 11, 2020, the World Health Organization declared the outbreak of coronavirus (COVID-19) a pandemic. The COVID-19 pandemic has significantly affected employees, patients, systems, communities and business operations, as well as the U.S. economy and financial markets. Consolidated patient volumes and revenues experienced gradual improvement beginning in the latter part of April 2020, and continuing through fiscal year 2021, however uncertainty still exists as the future is unpredictable. The System's pandemic response plan has multiple facets and evolves as conditions warrant. The System has taken precautionary steps to enhance its operational and financial flexibility, and react to the risks the COVID-19 pandemic presents in its operations, including the following:

- Implemented certain cost reduction initiatives;
- Increased the availability on its revolving line of credit from \$10,000 to \$40,000 (Note 7);
- Elected to defer payments on employer payroll tax incurred through December 31, 2020 as provided for under the *Coronavirus Aid, Relief, and Economic Security Act* ("CARES Act");
- Since the declaration of the pandemic, the System received \$57,885 of accelerated Medicare payments (Note 6) and \$29,468 in general and targeted Provider Relief Fund distributions, both as provided for under the CARES Act.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

During the third quarter of fiscal 2020, the System was awarded \$9,539 from the \$50 billion general distribution fund and \$19,929 of targeted distributions from the CARES Act Provider Relief Fund. These distributions from the Provider Relief Fund are not subject to repayment, provided the System is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for healthcare-related expenses or lost revenue attributable to COVID-19. Such payments are accounted for as government grants, and are recognized on a systematic and rational basis as other income once there is reasonable assurance that the applicable terms and conditions required to retain the funds will be met. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and the impact of the pandemic on operating results through September 30, 2020, the System recognized \$29,468 related to these general distribution funds, and these payments are recorded within other revenue in the consolidated statements of operations for the year ended September 30, 2020.

The CARES Act also provides for a deferral of payments of the employer portion of payroll tax incurred during the pandemic, allowing half of such payroll taxes to be deferred until December 2021, and the remaining half until December 2022. At September 30, 2021 and 2020, the System had deferred \$8,866 and \$6,051, respectively, of payroll taxes recorded, of which \$4,433 and \$6,051, respectively, are included within accrued pension and other long-term liabilities in the accompanying consolidated balance sheet. As of September 30, 2021, \$4,433 of deferred payroll taxes are recorded within accrued compensation and related expenses on the accompanying consolidated balance sheet.

The System received funding from the Federal Emergency Management Agency (FEMA) for pandemic related expenses of \$6,706 during 2021, of which \$4,206 was recorded within other revenue on the accompanying consolidated statements of operations. In addition, \$476 of funding was received from the State of New Hampshire.

Reclassifications

Certain 2020 amounts have been reclassified to permit comparison with the 2021 consolidated financial statements presentation format.

Subsequent Events

Management of the System evaluated events occurring between the end of the System's fiscal year and December 17, 2021, the date the consolidated financial statements were available to be issued.

2. Transactions With Affiliates

The System provides funds to CRHC and its affiliates which are used for a variety of purposes. The System records the transfer of funds to CRHC and the other affiliates as either receivables or directly against net assets, depending on the intended use and repayment requirements of the funds. Generally, funds transferred for start-up costs of new ventures or capital related expenditures are recorded as charges against net assets. For the years ended September 30, 2021 and 2020, transfers made to CRHC were \$(171) and \$(457), respectively, and transfers received from Capital Region Health Services Corporation (CRHSC) were \$156 and \$312, respectively.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
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2. Transactions With Affiliates (Continued)

Amounts due the System, primarily from joint ventures, totaled \$1,646 and \$744 at September 30, 2021 and 2020, respectively. Amounts have been classified as current or long-term depending on the intentions of the parties involved. Beginning in 1999, the Hospital began charging interest on a portion of the receivables (\$615 and \$654 at September 30, 2021 and 2020, respectively) with principal and interest (6.75% at September 30, 2021) payments due monthly. Interest income amounted to \$29 and \$46 for the years ended September 30, 2021 and 2020, respectively.

A brief description of CRHC's affiliated entities is as follows:

- CRHSC is a for-profit provider of health care services, including an eye surgery center and assisted living facility.
- Granite VNA (formerly Concord Regional Visiting Nurse Association, Inc. and Subsidiary) provides home health care services.
- Riverbend Community Mental Health, Inc. provides behavioral health services.

Contributions to affiliates and other community organizations from net assets with donor restrictions were \$222 and \$210 in 2021 and 2020, respectively.

3. Business Acquisitions and Intangible Assets

LRGHealthcare

On October 19, 2020, the Hospital entered into an asset purchase agreement (the Agreement) with LRGHealthcare (the Seller) to acquire certain assets and assume certain liabilities of Lakes Region General Hospital in Laconia, New Hampshire, and Franklin Regional Hospital in Franklin, New Hampshire. Upon execution of the Agreement, the Seller filed a voluntary case under Chapter 11 of the United States bankruptcy code. As a result, the Agreement was subject to bankruptcy proceedings, including a formal bid process and auction, as well as subsequent regulatory approvals. The Hospital's bid was accepted and approved by the State of New Hampshire during 2021. The transaction was completed effective May 1, 2021 for total consideration paid of \$23,476.

The purchase price was allocated to tangible and identifiable intangible assets acquired based on their estimated fair values at the acquisition date, as summarized below:

Assets acquired:	
Accounts receivable	\$12,145
Supplies	1,641
Property and equipment	22,833
Other assets	<u>6,948</u>
Total assets acquired	43,567

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
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3. Business Acquisitions and Intangible Assets (Continued)

Liabilities assumed:	
Accrued insurance liabilities	\$ 3,270
Accrued compensation and related expenses	4,945
Accrual for estimated third-party payor settlements	6,366
Accrued pension and other long-term liabilities	<u>5,510</u>
Total liabilities assumed	<u>20,091</u>
Fair value of assets acquired and liabilities assumed	<u>\$23,476</u>
Total consideration paid	<u>\$23,476</u>

The results from the acquisition date through September 30, 2021 are included in the accompanying 2021 consolidated financial statements. Direct costs (primarily legal) in 2021 related to the transaction were not material and were expensed as incurred within professional fees in the consolidated statement of operations.

Concord Endoscopy Center, LLC

On April 1, 2021, CRHVC completed the acquisition of a 40% interest in CEC, as further described in Note 1. CEC has operations in Concord, New Hampshire. CRHVC owned 30% of CEC prior to the acquisition date. As a result of this transaction, CRHVC holds a majority interest and control of CEC, and is therefore required to consolidate CEC as of the acquisition date. The total consideration paid of \$3,485, net of cash acquired of \$88, was comprised entirely of cash. The purchase price of the additional interest in CEC was allocated to the tangible and identifiable intangible assets acquired based on their estimated fair values at the acquisition date, as summarized below:

Assets acquired:	
Cash	\$ 88
Accounts receivable	425
Supplies	6
Prepaid expenses and other current assets	79
Property and equipment	6
Patient list and other intangible assets	<u>8,556</u>
Total assets acquired	9,160
Liabilities assumed:	
Accounts payable and accrued expenses	<u>(225)</u>
Total liabilities assumed	<u>(225)</u>
Fair value of assets acquired and liabilities assumed	8,935
Less amount attributable to noncontrolling interest	<u>(2,681)</u>
Amount attributable to CRHVC	<u>\$6,254</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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3. Business Acquisitions and Intangible Assets (Continued)

The intangible assets from the CEC acquisition are included within other noncurrent assets in the accompanying 2021 consolidated balance sheet at cost less accumulated amortization. Amortizable intangible assets consist of the following at September 30, 2021:

	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net</u>
Amortizable intangible assets	\$8,556	\$(428)	\$8,128

Amortization expense was \$428 during the year ended September 30, 2021 and is recorded within other nonoperating expense in the accompanying 2021 consolidated statement of operations.

Expected amortization of intangible assets through their useful lives is as follows:

2022	\$ 856
2023	856
2024	856
2025	856
2026	856
Thereafter	<u>3,848</u>
	<u>\$ 8,128</u>

The results of CEC from the acquisition date through September 30, 2021 are included in the accompanying 2021 consolidated financial statements. Direct costs (primarily legal) in 2021 related to the transaction were not material and were expensed as incurred within professional fees in the accompanying 2021 consolidated statement of operations.

Granite Shield Insurance Exchange

As a result of the acquisition of certain LRGHealthcare assets and liabilities, as noted above, the Hospital gained effective control of GSIE as of December 31, 2020. GSIE's operations have been reported within the accompanying 2021 consolidated financial statements beginning as of the effective date. Prior to gaining control, the Hospital owned approximately a 79% interest in GSIE, but shared control equally with LRGHealthcare.

As of December 31, 2020, the following tangible assets acquired and liabilities assumed were recorded based on their estimated fair values at the date of the transaction as follows:

Assets acquired:	
Cash and cash equivalents	\$ 2,794
Accounts receivable	2,360
Assets whose use is limited or restricted	20,071
Other assets	<u>4,521</u>
Total assets acquired	29,746

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
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3. Business Acquisitions and Intangible Assets (Continued)

Liabilities assumed:	
Accounts payable and accrued expenses	\$ 2,485
Unpaid losses and loss adjustment expenses	<u>18,411</u>
Total liabilities assumed	<u>20,896</u>
Fair value of assets acquired and liabilities assumed	<u>\$ 8,850</u>
Investment in GSIE as of the acquisition date	<u>\$ 8,850</u>

The results of GSIE from the acquisition date through September 30, 2021 are included in the accompanying 2021 consolidated financial statements.

4. Investments and Assets Whose Use is Limited or Restricted

Short-term investments totaling \$66,525 and \$73,907 at September 30, 2021 and 2020, respectively, are comprised primarily of cash and cash equivalents. Assets whose use is limited or restricted are carried at fair value and consist of the following at September 30:

	<u>2021</u>	<u>2020</u>
Board designated funds:		
Cash and cash equivalents	\$ 4,845	\$ 961
Fixed income securities	26,316	25,457
Marketable equity and other securities	318,051	258,108
Inflation-protected securities	<u>16,093</u>	<u>12,361</u>
	365,305	296,887
Held by trustee for workers' compensation reserves:		
Fixed income securities	2,988	2,974
Self-insurance escrows and construction funds:		
Cash and cash equivalents	8,996	1,242
Fixed income securities	45,456	3,176
Marketable equity securities	<u>20,003</u>	<u>10,608</u>
	74,455	15,026
Donor-restricted funds and restricted grants:		
Cash and cash equivalents	\$ 5,169	\$ 4,027
Fixed income securities	1,890	1,850
Marketable equity securities	27,021	21,299
Inflation-protected securities	1,369	1,020
Trust funds administered by others	12,341	10,965
Other	<u>523</u>	<u>301</u>
	<u>48,313</u>	<u>39,462</u>
	<u>\$491,061</u>	<u>\$354,349</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
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4. Investments and Assets Whose Use is Limited or Restricted (Continued)

Included in marketable equity and other securities above are \$220,974 and \$188,376 at September 30, 2021 and 2020, respectively, in so called alternative investments and collective trust funds. See also Note 15.

Investment income, net realized gains and losses and net unrealized gains and losses on assets whose use is limited or restricted, cash and cash equivalents, and other investments are as follows at September 30:

	<u>2021</u>	<u>2020</u>
Net assets without donor restrictions:		
Interest and dividends	\$ 4,831	\$ 4,894
Investment income from trust funds administered by others	595	539
Net realized gains on sales of investments	11,760	9,312
Net unrealized gains (losses) on investments	<u>52,054</u>	<u>(2,448)</u>
	69,240	12,297
Net assets with donor restrictions:		
Interest and dividends	357	402
Net realized gains on sales of investments	933	768
Net unrealized gains (losses) on investments	<u>5,515</u>	<u>(163)</u>
	<u>6,805</u>	<u>1,007</u>
	<u>\$76,045</u>	<u>\$13,304</u>

In compliance with the System's spending policy, portions of investment income and related fees are recognized in other operating revenue on the accompanying consolidated statements of operations. Investment income reflected in other operating revenue was \$1,764 and \$2,024 in 2021 and 2020, respectively.

Investment management fees expensed and reflected in investment income and other were \$1,035 and \$849 for the years ended September 30, 2021 and 2020, respectively.

5. Retirement Plans

The System has a noncontributory defined benefit pension plan (the Concord Hospital Plan) covering all eligible employees of the System and subsidiaries, excluding employees of CH-Laconia and CH-Franklin. As a result of the acquisition of certain assets and liabilities of LRGHealthcare effective May 1, 2021 as discussed in Note 3, the System assumed and became the plan sponsor for LRGHealthcare's defined benefit plan, which covers all eligible employees of CH-Laconia and CH-Franklin (the CH-Laconia and CH-Franklin Plan). The Concord Hospital Plan and CH-Laconia and CH-Franklin Plan provide benefits based on an employee's years of service, age and the employee's compensation over those years. The System's funding policy for the plans is to contribute annually the amount needed to meet or exceed actuarially determined minimum funding requirements of the *Employee Retirement Income Security Act of 1974* (ERISA).

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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5. Retirement Plans (Continued)

The System accounts for its defined benefit pension plans under ASC 715, *Compensation Retirement Benefits*. This Statement requires entities to recognize an asset or liability for the overfunded or underfunded status of their benefit plans in their financial statements.

The following table summarizes the Concord Hospital Plan's funded status at September 30, 2021 and 2020 and the CH-Laconia and CH-Franklin Plan's funded status as of September 30, 2021:

	<u>Concord Hospital Plan</u>		<u>CH-Laconia and CH-Franklin Plan</u>
	<u>2021</u>	<u>2020</u>	<u>2021</u>
Funded status:			
Fair value of plan assets	\$ 309,685	\$ 258,752	\$ 65,409
Projected benefit obligation	<u>(322,873)</u>	<u>(327,793)</u>	<u>(69,402)</u>
	<u>\$ (13,188)</u>	<u>\$ (69,041)</u>	<u>\$ (3,993)</u>
Activities for the year consist of:			
Benefit payments and administrative expenses paid	\$ 21,445	\$ 21,516	\$ 2,634
Net periodic benefit cost	16,909	15,267	352

The table below presents details about the Concord Hospital Plan, and CH-Laconia and CH-Franklin Plan, including the funded status, components of net periodic benefit cost, and certain assumptions used in determining the funded status and cost:

	<u>Concord Hospital Plan</u>		<u>CH-Laconia and CH-Franklin Plan</u>
	<u>2021</u>	<u>2020</u>	<u>2021</u>
Change in benefit obligation:			
Projected benefit obligation at beginning of year/acquisition date (see Note 3)	\$ 327,793	\$ 304,836	\$ 69,725
Service cost	14,578	12,336	752
Interest cost	10,367	11,102	1,002
Actuarial (gain) loss	(8,420)	19,835	557
Benefit payments and administrative expenses paid	(21,445)	(21,516)	(2,634)
Other adjustments to benefit cost	<u>—</u>	<u>1,200</u>	<u>—</u>
Projected benefit obligation at end of year	<u>\$ 322,873</u>	<u>\$ 327,793</u>	<u>\$ 69,402</u>
Change in plan assets:			
Fair value of plan assets at beginning of year	\$ 258,752	\$ 251,574	\$ 64,215
Actual return on plan assets	56,378	12,694	846
Employer contributions	16,000	16,000	2,982
Benefit payments and administrative expenses	<u>(21,445)</u>	<u>(21,516)</u>	<u>(2,634)</u>
Fair value of plan assets at end of year	<u>\$ 309,685</u>	<u>\$ 258,752</u>	<u>\$ 65,409</u>
Funded status and amount recognized in noncurrent liabilities at September 30	<u>\$ (13,188)</u>	<u>\$ (69,041)</u>	<u>\$ (3,993)</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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5. Retirement Plans (Continued)

Amounts recognized as a change in net assets without donor restrictions during the years ended September 30, 2021 and 2020 consist of:

	<u>Concord Hospital Plan</u>		<u>CH-Laconia and CH-Franklin Plan</u>
	<u>2021</u>	<u>2020</u>	<u>2021</u>
Net actuarial (gain) loss	\$ (44,383)	\$ 27,689	\$ 1,064
Net amortized loss	(12,622)	(11,420)	—
Prior service credit amortization	<u>243</u>	<u>243</u>	<u>—</u>
Total amount recognized	<u>\$ (56,762)</u>	<u>\$ 16,512</u>	<u>\$ 1,064</u>

Pension Plan Assets

The fair values of the Concord Hospital Plan's assets as of September 30, 2021 and 2020, and the CH-Laconia and CH-Franklin Plan's assets as of September 30, 2021 by asset category are as follows (see Note 15 for level definitions). In accordance with ASC 820, *Fair Value Measurements*, certain investments that are measured using the net value per share practical expedient have not been classified in the fair value hierarchy.

	<u>Concord Hospital Plan</u>		<u>CH-Laconia and CH-Franklin Plan</u>
	<u>2021</u>	<u>2020</u>	<u>2021</u>
Short-term investments:			
Money market funds	\$ 10,402	\$ 1,189	\$ 1,257
Equity securities:			
Common stocks	—	7,862	—
Mutual funds – domestic	104,362	72,339	19,089
Mutual funds – international	—	—	12,848
Mutual funds – inflation hedge	14,599	7,685	—
Fixed income securities:			
Mutual funds – REIT	—	525	—
Mutual funds – fixed income	<u>22,290</u>	<u>19,628</u>	<u>32,215</u>
	151,653	109,228	65,409
Funds measured at net asset value:			
Equity securities:			
Funds-of-funds	94,714	87,887	—
Collective trust funds:			
Equities	52,696	51,545	—
Fixed income	<u>10,622</u>	<u>10,092</u>	<u>—</u>
	<u>158,032</u>	<u>149,524</u>	<u>—</u>
Total investments at fair value	<u>\$309,685</u>	<u>\$258,752</u>	<u>\$65,409</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

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5. Retirement Plans (Continued)

The target allocation for the Concord Hospital Plan's assets as of September 30, 2021 and 2020, by asset category are as follows:

	<u>Target Allocation</u>		<u>Concord Hospital Plan</u>	
	<u>2021</u>	<u>2020</u>	<u>2021</u>	<u>2020</u>
Short-term investments	0-20%	0-20%	3%	0%
Equity securities	40-80%	40-80%	69%	68%
Fixed income securities	5-80%	5-80%	11%	12%
Other	0-30%	0-30%	17%	20%

The target allocation for the CH-Laconia and CH-Franklin Plan's assets as of September 30, 2021 by asset category are as follows:

	<u>Target Allocation</u>	<u>Percentage of Plan Assets</u>
Short-term investments	0%	2%
Equity securities	50%	49%
Fixed income securities	50%	49%

The funds-of-funds in the Concord Hospital Plan are invested with thirteen investment managers and have various restrictions on redemptions. One manager holding amounts totaling approximately \$19 million at September 30, 2021 allows for semi-monthly redemptions, with 5 days' notice. One manager holding approximately \$9 million at September 30, 2021 allows for monthly redemptions, with 15 days' notice. Six managers holding amounts totaling approximately \$45 million at September 30, 2021 allow for quarterly redemptions, with notices ranging from 45 to 65 days. Two of the managers holding amounts of approximately \$9 million at September 30, 2021 allow for annual redemptions, with notice ranging from 60 to 90 days. Two of the managers holding amounts of approximately \$13 million at September 30, 2021 allows for redemptions on a semi-annual basis, with a notice of 60 days. The collective trust funds allow for daily, weekly or monthly redemptions, with notices ranging from 6 to 10 days. Certain funds also may include a fee estimated to be equal to the cost the fund incurs in converting investments to cash (ranging from 0.5% to 1.5%), limit the percent of the investment that can be redeemed each redemption period, or are subject to certain lock periods.

The System considers various factors in estimating the expected long-term rate of return on plan assets. Among the factors considered include the historical long-term returns on plan assets, the current and expected allocation of plan assets, input from the System's actuaries and investment consultants, and long-term inflation assumptions. The System's expected allocation of plan assets is based on a diversified portfolio consisting of domestic and international equity securities, fixed income securities, and real estate.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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(In thousands)

5. Retirement Plans (Continued)

The System's investment policy for its pension plans is to balance risk and returns using a diversified portfolio consisting primarily of high quality equity and fixed income securities. To accomplish this goal, plan assets are actively managed by outside investment managers with the objective of optimizing long-term return while maintaining a high standard of portfolio quality and proper diversification. The System monitors the maturities of fixed income securities so that there is sufficient liquidity to meet current benefit payment obligations. The System's Investment Committee provides oversight of the plan investments and the performance of the investment managers.

Amounts included in expense during fiscal 2021 and 2020 consist of:

	<u>Concord Hospital Plan</u>		<u>CH-Laconia and CH-Franklin Plan</u>
	<u>2021</u>	<u>2020</u>	<u>2021</u>
Components of net periodic benefit cost:			
Service cost	\$ 14,578	\$ 12,336	\$ 752
Interest cost	10,367	11,102	1,002
Expected return on plan assets	(20,416)	(20,548)	(1,402)
Amortization of prior service credit and loss	12,380	11,177	-
Other adjustments to benefits cost	<u>-</u>	<u>1,200</u>	<u>-</u>
Net periodic benefit cost	<u>\$ 16,909</u>	<u>\$ 15,267</u>	<u>\$ 352</u>

The accumulated benefit obligations for the Concord Hospital Plan at September 30, 2021 and 2020 were \$308,420 and \$310,208, respectively. The accumulated benefit obligation for the CH-Laconia and CH-Franklin Plan was \$66,600 at September 30, 2021.

	<u>Concord Hospital Plan</u>		<u>CH-Laconia and CH-Franklin Plan</u>
	<u>2021</u>	<u>2020</u>	<u>2021</u>
Weighted average assumptions to determine benefit obligation:			
Discount rate	3.33%	3.11%	3.33%
Rate of compensation increase	2.50% for the next year, 3.00% thereafter	2.50% for the next two years, 3.00% thereafter	3.00%
Weighted average assumptions to determine net periodic benefit cost:			
Discount rate	3.11%	3.59%	3.55%
Expected return on plan assets	7.75%	7.75%	6.50%
Cash balance credit rate	5.00%	5.00%	N/A
Rate of compensation increase	2.50%/3.00%	2.50%/3.00%	3.00%

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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5. Retirement Plans (Continued)

In selecting the long-term rate of return on plan assets, the System considered the average rate of earnings expected on the funds invested or to be invested to provide for the benefits of the plans. This included considering the plans' asset allocation and the expected returns likely to be earned over the life of the plans, as well as the historical returns on the types of assets held and the current economic environment.

The loss and prior service credit amount expected to be recognized in net periodic benefit cost in 2022 are as follows:

	<u>Concord Hospital Plan</u>	<u>CH-Laconia and CH-Franklin Plan</u>
Actuarial loss	\$ 10,149	\$ -
Prior service credit	<u>(243)</u>	<u>-</u>
	<u>\$ 9,906</u>	<u>\$ -</u>

The System funds the pension plans and no contributions are made by employees. The System funds the plans annually by making a contribution of at least the minimum amount required by applicable regulations and as recommended by the System's actuary. However, the System may also fund the plans in excess of the minimum required amount.

Cash contributions in subsequent years will depend on a number of factors including performance of plan assets. However, the System expects to fund \$16,000 in cash contributions to the Concord Hospital Plan for the 2022 plan year. There are no contributions expected to the CH-Laconia and CH-Franklin Plan in 2022.

Benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows:

<u>Year Ended September 30</u>	<u>Concord Hospital Plan</u>	<u>CH-Laconia and CH-Franklin Plan</u>
2022	\$ 18,134	\$ 5,674
2023	18,120	4,231
2024	18,446	4,438
2025	18,506	3,673
2026	19,392	4,094
2027 – 2031	112,720	18,295

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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6. Estimated Third-Party Payor Settlements

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare

Inpatient and outpatient services rendered to Medicare program beneficiaries are primarily paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical diagnosis and other factors. In addition to this, the System is also reimbursed for medical education and other items which require cost settlement and retrospective review by the fiscal intermediary. Accordingly, the System files an annual cost report with the Medicare program after the completion of each fiscal year to report activity applicable to the Medicare program and to determine any final settlements.

The physician practices are reimbursed on a fee schedule basis.

Medicaid Enhancement Tax and Disproportionate Share Payment

Under the State of New Hampshire's (the State) tax code, the State imposes a Medicaid Enhancement Tax (MET) equal to 5.40% of net patient service revenues in State fiscal years 2021 and 2020. The amount of tax incurred by the System for 2021 and 2020 was \$26,631 and \$22,572, respectively.

In the fall of 2010, in order to remain in compliance with stated federal regulations, the State of New Hampshire adopted a new approach related to Medicaid disproportionate share funding (DSH) retroactive to July 1, 2010. Unlike the former funding method, the State's approach led to a payment that was not directly based on, and did not equate to, the level of tax imposed. As a result, the legislation created some level of losses at certain New Hampshire hospitals, while other hospitals realized gains. DSH payments from the State are recorded within revenue without donor restrictions and other support and amounted to \$26,545 in 2021 and \$18,202 in 2020, net of reserves referenced below.

The Centers for Medicare and Medicaid Services (CMS) has completed audits of the State's program and the disproportionate share payments made by the State from 2011 to 2017, the first years that those payments reflected the amount of uncompensated care provided by New Hampshire hospitals. It is possible that subsequent years will also be audited by CMS. The System has recorded reserves to address its potential exposure based on the audit results to date or any future redistributions.

Medicaid

Inpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under fee schedules and cost reimbursement methodologies subject to various limitations or discounts. The System is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicaid program.

The physician practices are reimbursed on a fee schedule basis.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

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(In thousands)

6. Estimated Third-Party Payor Settlements (Continued)

Other

The System has also entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the System under these agreements includes prospectively determined rates per discharge, discounts from established charges, fee schedules, and prospectively determined rates.

The accrual for estimated third-party payor settlements reflected on the accompanying consolidated balance sheets represents the estimated net amounts to be paid under reimbursement contracts with the Centers for Medicare and Medicaid Services (Medicare), the New Hampshire Department of Welfare (Medicaid) and any commercial payors with settlement provision. Settlements for the Hospital have been finalized through 2016 for Medicare and Medicaid. Settlements for CH-Laconia have been finalized through 2018 for Medicare and 2017 for Medicaid. Settlements for CH-Franklin have been finalized through 2017 for Medicare and 2016 for Medicaid.

During fiscal year 2020, the System requested accelerated Medicare payments as provided for in the CARES Act, which allows for eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. One year from the date of receipt of the advance payments (beginning April 2021) 25% of the advances will be recouped in the first eleven months. An additional 25% of the advances will be recouped in the next six months, with the entire amount repayable in 29 months. Any outstanding balance after 29 months is repayable at a 4% interest rate. During the third quarter of fiscal 2020, the System received \$57,885 from these accelerated Medicare payment requests. At September 30, 2021 and 2020, the current portion due within a year, totaling \$41,036 and \$7,893, respectively, is recorded under the caption "accrual for estimated third-party payors" and the long-term portion as of September 30, 2020, totaling \$49,992, in the caption "accrued pension and other long-term liabilities" in the accompanying consolidated balance sheets. There is no long-term portion as of September 30, 2021.

7. Long-Term Debt and Revolving Line of Credit

Revolving Line of Credit

In November 2019, the Hospital entered into a \$10,000 revolving line of credit agreement with a bank. In June 2020, the Hospital increased the availability on the line of credit to \$40,000. Any amounts outstanding under the agreement bear interest at the per annum London Interbank Offered Rate (LIBOR) plus 1.85%. In the event LIBOR is discontinued while the agreement remains in place, a replacement rate will be assigned, as determined by the bank. The line of credit was secured by substantially all business assets. No amounts were outstanding under this revolving line of credit at September 30, 2020. The line of credit expired in June 2021 and was not renewed.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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7. Long-Term Debt and Revolving Line of Credit (Continued)

Long-term debt consists of the following at September 30, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue bonds, Concord Hospital Issue, Series 2021A; interest ranging from 3.0% to 5.0% per year and principal payable in annual installments ranging from \$1,680 to \$3,095 through October 2042, including unamortized original issue premium of \$7,590 in 2021	\$ 50,930	\$ —
2020A note payable to a bank, due October 1, 2026, interest at 1.93% per annum, payable in monthly and annual principal payments ranging from \$2,427 to \$2,580 beginning October 2022. This note converted into tax-exempt revenue bonds effective July 6, 2021. As a result of the conversion, the interest rate was reduced to 1.57%	12,520	12,520
2020B note payable to a bank, due October 1, 2035 (lender has the option to extend the maturity date through October 1, 2043), interest at 2.26% per annum, payable in monthly and annual principal payments ranging from \$991 to \$2,942 beginning October 2023. Final balloon payment of \$10,157 due October 1, 2035, if the maturity date is not extended by the lender	36,582	36,582
NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2017; interest of 5.0% per year and principal payable in annual installments. Installments ranging from \$2,010 to \$5,965 beginning October 2032, including unamortized original issue premium of \$6,575 in 2021 and \$6,901 in 2020	60,785	61,111
3.38% to 5.0% NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013A; due in annual installments, including principal and interest ranging from \$1,543 to \$3,555 through 2043, including unamortized original issue premium of \$121 in 2021 and \$242 in 2020. Series 2013A revenue bonds totaling \$33,785 were refunded in 2020 through issuance of the 2020B note payable described below	1,461	2,867
1.71% fixed rate NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013B; due in annual installments, including principal and interest ranging from \$1,860 to \$2,038 through 2024. Series 2013B bonds totaling \$6,036 were refunded in 2021 through issuance of the NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2021A described below	—	7,601
4.25% to 5.5% NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2011; due in annual installments, including principal and interest ranging from \$2,737 to \$5,192 through 2026, including unamortized original issue premium of \$19 in 2020. Series 2011 revenue bonds totaling \$11,780 were refunded in 2020 through issuance of the 2020A note payable described below. The remaining amounts due were repaid in full during 2021	—	2,044
	<u>162,278</u>	<u>122,725</u>
Less unamortized bond issuance costs	(1,508)	(984)
Less current portion	<u>(5,447)</u>	<u>(5,186)</u>
	<u>\$155,323</u>	<u>\$116,555</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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7. Long-Term Debt and Revolving Line of Credit (Continued)

In June 2021, \$51,498 (including an original issue premium of \$7,728) of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2021A, were issued to assist in funding capital and facility projects, and to refund the Series 2013B NHHEFA Hospital Revenue Bonds.

In March 2020, the Hospital entered into a \$12,520 note payable agreement (2020A note) with a lender to advance refund \$11,780 of the Series 2011 NHHEFA Hospital Revenue Bonds. As a result of the advance refunding, the unamortized bond issuance costs and original issue discount related to the bonds refunded were included in loss on extinguishment of debt and totaled \$520 for the year ended September 30, 2020. As of September 30, 2021, \$11,780 of the Series 2011 advance refunded bonds, which are considered extinguished for purposes of these consolidated financial statements, remain outstanding. In conjunction with the issuance of the 2020A note, in order to further reduce debt service obligations, the Hospital, NHHEFA and the lender entered into a forward purchase agreement. Under the forward purchase agreement, the Hospital has the option to request NHHEFA to issue tax-exempt revenue bonds on or after July 3, 2021 to refinance the 2020A note. The Hospital exercised this option on July 6, 2021, which resulted in the interest rate decreasing from 1.93% to 1.57%.

In March 2020, the Hospital entered into a \$36,582 note payable agreement (2020B note) with a lender to advance refund the Series 2013A NHHEFA Hospital Revenue Bonds. As a result of the bond refinancing, the unamortized bond issuance costs and original issue premium related to the Series 2013A NHHEFA Hospital Revenue Bonds were included in loss on extinguishment of debt and totaled \$711 for the year ended September 30, 2020. As of September 30, 2021, \$33,785 of the Series 2013A advance refunded bonds, which are considered extinguished for purposes of these consolidated financial statements, remain outstanding. In conjunction with the issuance of the 2020B note, in order to further reduce debt service obligations, the Hospital, NHHEFA and the lender entered into a forward purchase agreement. Under the forward purchase agreement, the Hospital has the option to request NHHEFA to issue tax-exempt revenue bonds on or after July 3, 2022 to refinance the 2020B note.

In December 2017, \$62,004 (including an original issue premium of \$7,794) of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2017, were issued to pay for the construction of a new medical office building. In addition, the Series 2017 Bonds reimbursed the Hospital for capital expenditures incurred in association with the construction of a parking garage and the construction of a medical office building, as well as routine capital expenditures.

In February 2013, \$48,631 (including an original issue premium of \$3,631) of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013A, were issued to assist in the funding of a significant facility improvement project and to advance refund the Series 2001 NHHEFA Hospital Revenue Bonds. The facility improvement project included enhancements to the System's power plant, renovation of certain nursing units, expansion of the parking capacity at the main campus and various other routine capital expenditures and miscellaneous construction, renovation and improvements of the System's facilities.

In March 2011, \$49,795 of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2011, were issued to assist in the funding of a significant facility improvement project and pay off the Series 1996 Revenue Bonds. The project included expansion and renovation of various Hospital departments, infrastructure upgrades, and acquisition of capital equipment. The bonds were paid in full during 2021.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

September 30, 2021 and 2020
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7. Long-Term Debt and Notes Payable (Continued)

Substantially all the property and equipment relating to the aforementioned construction and renovation projects, as well as subsequent property and equipment additions thereto, are pledged as collateral for all outstanding long-term debt. In addition, the gross receipts of the Hospital, CH-Laconia and CH-Franklin are also pledged as collateral for all outstanding long-term debt. CH-Laconia and CH-Franklin also pledge gross receipts as collateral for the outstanding Series 2021A Revenue Bonds. The most restrictive financial covenants require a 1.10 to 1.0 ratio of aggregate income available for debt service to total annual debt service and a day's cash on hand ratio of 75 days. The System was in compliance with its debt covenants at September 30, 2021 and 2020.

The obligations of the Hospital under the 2020A and B notes, Series 2021A, Series 2017, Series 2013A and B and Series 2011 Revenue Bond Indentures are guaranteed by the Hospital, CH-Laconia and CH-Franklin and are not guaranteed by any of the subsidiaries or affiliated entities.

Interest paid on long-term debt amounted to \$4,465 (including capitalized interest of \$200) and \$4,888 (including capitalized interest of \$1,953) for the years ended September 30, 2021 and 2020, respectively.

The aggregate principal payments on long-term debt for the next five fiscal years ending September 30 and thereafter are as follows:

2022	\$ 5,447
2023	6,104
2024	6,215
2025	5,181
2026	5,264
Thereafter	<u>119,781</u>
	<u>\$147,992</u>

8. Commitments and Contingencies**Malpractice Loss Contingencies**

Effective February 1, 2011, the System insures its medical malpractice risks through GSIE, a multiprovider captive insurance company. Prior to December 31, 2020, the System accounted for its investment in GSIE under the equity method, as control of the captive was shared equally between the other participating entities. The System recorded its interest in the captive's equity, totaling approximately \$5,509 at September 30, 2020, in other noncurrent assets on the accompanying 2020 consolidated balance sheets. As discussed in Note 3, effective December 31, 2020, the System gained control of GSIE, which requires GSIE to be consolidated in the consolidated financial statements as of September 30, 2021. The results from the acquisition date through September 30, 2021 are included in the accompanying 2021 consolidated financial statements.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

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(In thousands)

8. Commitments and Contingencies (Continued)

GSIE provides claims-made medical stop loss coverage to its subscriber health systems. Subsequent to December 31, 2020, the System is the sole remaining subscriber. GSIE purchases reinsurance from three reinsurers to limit potential exposure to the System. The reinsurance policies in place are subject to renewal on January 1, 2022, and, after the System's primary retained layer of \$2 million per occurrence and \$12 million aggregate, cover up to \$25 million per occurrence and aggregate per annum. The failure of reinsurers to honor their obligations could result in additional losses to GSIE, and those losses could be significant to GSIE and the System.

The reserve for unpaid losses and loss adjustment expenses and the related reinsurance recoverables includes case basis estimates of reported losses, plus supplemental reserves for incurred but not reported losses (IBNR) calculated based upon loss projections utilizing historical and industry data. An independent consulting actuary is involved in establishing this reserve and the related reinsurance recoverables. Management of the System believes that GSIE's aggregate reserve for unpaid losses and loss adjustment expenses and related reinsurance recoverables at year-end represent its best estimate, based on the available data, of the amount necessary to cover the ultimate cost of losses; however, because of the nature of the insured risks and limited historical experience, actual loss experience may not conform to the assumptions used in determining the estimated amounts for such liability and corresponding asset at the consolidated balance sheet date. Accordingly, the ultimate liability and corresponding asset could be significantly in excess of or less than the amount indicated in these consolidated financial statements. As adjustments to these estimates become necessary, such adjustments are reflected in current year operations. Amounts recoverable from reinsurers have been reduced to their net realizable value.

At September 30, 2021, there were no known malpractice claims outstanding for the System, which, in the opinion of management will be settled for amounts in excess of insurance coverage, nor were there any unasserted claims or incidents which require loss accruals. The System has established reserves for unpaid claim amounts for Hospital and Physician Professional Liability and General Liability reported claims and for unreported claims for incidents that have been incurred but not reported. The amounts of the reserves total \$22,303 and \$4,081 at September 30, 2021 and 2020, respectively and are reflected in the accompanying consolidated balance sheets within reserves for insurance. The increase in the reserve is due to accounting changes as a result of the change in control of GSIE as described in Note 3. The possibility exists, as a normal risk of doing business, that malpractice claims in excess of insurance coverage may be asserted against the System.

In accordance with ASU No. 2010-24, "*Health Care Entities*" (Topic 954): *Presentation of Insurance Claims and Related Insurance Recoveries*, at September 30, 2021 and 2020, the System recorded a liability of approximately \$6,600 and \$3,000, respectively, related to estimated professional liability losses. At September 30, 2021 and 2020, the System also recorded a receivable of \$6,600 and \$3,000, respectively, related to estimated recoveries under insurance coverage for recoveries of the potential losses. These amounts are included in reserve for insurance (\$6,600 at September 30, 2021 and \$3,000 at September 30, 2020), accounts receivable (\$2,800 at September 30, 2021 and \$-0- at September 30, 2020) and other assets (\$3,800 at September 30, 2021 and \$3,000 at September 30, 2020), respectively, in the accompanying consolidated balance sheets.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

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8. Commitments and Contingencies (Continued)**Workers' Compensation**

The System maintains workers' compensation insurance under a self-insurance plan. The plan offers, among other provisions, certain specific and aggregate stop-loss coverage to protect the System against excessive losses. The System has employed independent actuaries to estimate the ultimate costs, if any, of the settlement of such claims. Accrued workers' compensation losses of \$3,043 and \$2,388 at September 30, 2021 and 2020, respectively, are recorded within accounts payable and accrued expenses in the accompanying consolidated balance sheets and have been discounted at 3% (both years) and, in management's opinion, provide an adequate reserve for loss contingencies. A trustee held fund has been established as a reserve under the plan. Assets held in trust totaled \$2,988 and \$2,974 at September 30, 2021 and 2020, respectively, and are included in assets whose use is limited or restricted in the accompanying consolidated balance sheets.

Litigation

The System is involved in litigation and regulatory investigations arising in the ordinary course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the System's financial position, results of operations or cash flows.

Health Insurance

The System has a self-funded health insurance plan. The plan is administered by an insurance company which assists in determining the current funding requirements of participants under the terms of the plan and the liability for claims and assessments that would be payable at any given point in time. The System recognizes revenue for services provided to employees of the System during the year. The System is insured above a stop-loss amount of \$550 effective January 1, 2021 (previously \$440) on individual claims. Estimated unpaid claims, and those claims incurred but not reported at September 30, 2021 and 2020, have been recorded as a liability of \$10,042 and \$5,709, respectively, and are reflected in the accompanying consolidated balance sheets within accounts payable and accrued expenses.

Operating Leases

The System has various operating leases relative to its office and offsite locations. Future annual minimum lease payments under noncancellable lease agreements as of September 30, 2021 are as follows:

Year Ending September 30:	
2022	\$ 6,405
2023	6,283
2024	5,574
2025	4,094
2026	2,986
Thereafter	<u>7,097</u>
	<u>\$32,439</u>

Rent expense was \$8,314 and \$7,125 for the years ended September 30, 2021 and 2020, respectively.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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9. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at September 30:

	<u>2021</u>	<u>2020</u>
Purpose restriction:		
Health education and program services	\$21,662	\$14,997
Capital acquisitions	806	1,870
Indigent care	135	126
Pledges receivable with stipulated purpose and/or time restrictions	<u>499</u>	<u>283</u>
	<u>23,102</u>	<u>17,276</u>
Perpetual in nature:		
Health education and program services	22,613	18,744
Capital acquisitions	803	803
Indigent care	2,105	1,811
Annuities to be held in perpetuity	<u>280</u>	<u>260</u>
	<u>25,801</u>	<u>21,618</u>
Total net assets with donor restrictions	<u>\$48,903</u>	<u>\$38,894</u>

10. Patient Service Revenue

An estimated breakdown of patient service revenue for the System by major payor sources is as follows for the years ended September 30:

	<u>2021</u>	<u>2020</u>
Private payor (includes coinsurance and deductibles)	\$335,415	\$271,664
Medicare	226,029	158,747
Medicaid	33,413	18,848
Self-pay	<u>3,676</u>	<u>6,253</u>
	<u>\$598,533</u>	<u>\$455,512</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

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11. Functional Expenses

The System provides general health care services to residents within its geographic location. Expenses related to providing these services are as follows for the years ended September 30:

	<u>Health Services</u>	<u>General and Administrative</u>	<u>Fund- raising</u>	<u>Total</u>
<u>2021</u>				
Salaries and wages	\$247,354	\$ 49,320	\$ 524	\$297,198
Employee benefits	67,564	13,472	143	81,179
Supplies and other	119,973	23,868	131	143,972
Purchased services	32,741	14,920	146	47,807
Professional fees	8,273	81	—	8,354
Depreciation and amortization	18,275	8,644	288	27,207
Medicaid enhancement tax	26,631	—	—	26,631
Interest	<u>2,572</u>	<u>1,222</u>	<u>41</u>	<u>3,835</u>
	<u>\$523,383</u>	<u>\$111,527</u>	<u>\$ 1,273</u>	<u>\$636,183</u>
<u>2020</u>				
Salaries and wages	\$203,587	\$ 41,594	\$ 500	\$245,681
Employee benefits	56,622	11,568	139	68,329
Supplies and other	96,353	13,346	84	109,783
Purchased services	25,469	9,346	128	34,943
Professional fees	7,722	—	—	7,722
Depreciation and amortization	16,363	7,735	257	24,355
Medicaid enhancement tax	22,572	—	—	22,572
Interest	<u>1,756</u>	<u>812</u>	<u>27</u>	<u>2,595</u>
	<u>\$430,444</u>	<u>\$ 84,401</u>	<u>\$ 1,135</u>	<u>\$515,980</u>

The consolidated financial statements report certain expense categories that are attributable to more than one healthcare service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, such as depreciation and interest, are allocated to a function based on square footage. Supporting activities that are not directly identifiable with one or more healthcare programs are classified as general and administrative. If it is impossible or impractical to make a direct identification, allocation of the expenses were made according to management's estimates. Employee benefits are allocated in accordance with the ratio of salaries and wages of the functional classes. Specifically identifiable costs are assigned to the function which they are identified to.

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12. Charity Care and Community Benefits (Unaudited)

The System maintains records to identify and monitor the level of charity care it provides. The System provides traditional charity care, as well as other forms of community benefits. The estimated cost of all such benefits provided is as follows for the years ended September 30:

	<u>2021</u>	<u>2020</u>
Government sponsored healthcare	\$29,001	\$31,319
Community health services	1,408	1,582
Health professions education	1,813	2,304
Subsidized health services	49,746	44,867
Research	62	81
Financial contributions	936	829
Community benefit operations	130	72
Community building activities	2,411	-
Charity care costs (see Note 1)	<u>4,043</u>	<u>3,445</u>
	<u>\$89,550</u>	<u>\$84,499</u>

The System incurred estimated costs for services to Medicare patients in excess of the payment from this program of \$73,871 and \$71,877 in 2021 and 2020, respectively.

13. Concentration of Credit Risk

The System grants credit without collateral to its patients, most of whom are local residents of southern New Hampshire and are insured under third-party payor agreements. The mix of gross receivables from patients and third-party payors as of September 30 is as follows:

	<u>2021</u>	<u>2020</u>
Patients	8%	10%
Medicare	40	37
Anthem Blue Cross	16	15
Cigna	3	4
Medicaid	13	9
Commercial	18	23
Workers' compensation	<u>2</u>	<u>2</u>
	<u>100%</u>	<u>100%</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

14. Volunteer Services (Unaudited)

Total volunteer service hours received by the System were approximately 16,000 in 2021 and 2020. The volunteers provide various nonspecialized services to the System, none of which has been recognized as revenue or expense in the accompanying consolidated statements of operations.

15. Fair Value Measurements

Fair value of a financial instrument is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the System uses various methods including market, income and cost approaches. Based on these approaches, the System often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The System utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the System is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1 – Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Level 1 also includes U.S. Treasury and federal agency securities and federal agency mortgage-backed securities, which are traded by dealers or brokers in active markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

Level 2 – Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.

Level 3 – Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

In determining the appropriate levels, the System performs a detailed analysis of the assets and liabilities. There have been no changes in the methodologies used at September 30, 2021 and 2020. In accordance with ASC 820, *Fair Value Measurements*, certain investments that are measured using the net value per share practical expedient have not been classified in the fair value hierarchy.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

15. Fair Value Measurements (Continued)

The following presents the balances of assets measured at fair value on a recurring basis at September 30:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2021</u>				
Cash and cash equivalents	\$ 85,535	\$ —	\$ —	\$ 85,535
Fixed income securities	56,003	16,575	—	72,578
Marketable equity and other securities	144,101	—	—	144,101
Inflation-protected securities and other	17,985	—	—	17,985
Trust funds administered by others	<u>—</u>	<u>—</u>	<u>12,341</u>	<u>12,341</u>
	<u>\$303,624</u>	<u>\$16,575</u>	<u>\$12,341</u>	332,540
Funds measured at net asset value:				
Marketable equity and other securities				<u>220,974</u>
				<u>\$553,514</u>
<u>2020</u>				
Cash and cash equivalents	\$ 80,137	\$ —	\$ —	\$ 80,137
Fixed income securities	30,415	—	—	30,415
Marketable equity and other securities	101,639	—	—	101,639
Inflation-protected securities and other	13,682	—	—	13,682
Trust funds administered by others	<u>—</u>	<u>—</u>	<u>10,965</u>	<u>10,965</u>
	<u>\$225,873</u>	<u>\$ —</u>	<u>\$10,965</u>	236,838
Funds measured at net asset value:				
Marketable equity and other securities				<u>188,376</u>
				<u>\$425,214</u>

In addition, for the years ended September 30, 2021 and 2020, there are certain investments totaling \$4,072 and \$3,042, respectively, which are appropriately being carried at cost.

The System's Level 3 investments consist of funds administered by others. The fair value measurement is based on significant unobservable inputs.

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. As such, it is reasonably possible that changes in the fair value of investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated balance sheets and statements of operations.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

15. Fair Value Measurements (Continued)

A reconciliation of the fair value measurements using significant unobservable inputs (Level 3) is as follows for 2021 and 2020:

	<u>Trust Funds Administered by Others</u>
Balance at September 30, 2019	\$ 10,903
Net realized and unrealized gains	<u>62</u>
Balance at September 30, 2020	10,965
Net realized and unrealized gains	<u>1,376</u>
Balance at September 30, 2021	<u>\$ 12,341</u>

The table below sets forth additional disclosures for investment funds (other than mutual funds) valued based on net asset value to further understand the nature and risk of the investments by category:

	<u>Fair Value</u>	<u>Unfunded Commit- ments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
September 30, 2021:				
Funds-of-funds	\$ 22,685	\$ —	Semi-monthly	5 days
Funds-of-funds	12,926	—	Monthly	15 days
Funds-of-funds	59,430	—	Quarterly	45 – 65 days**
Funds-of-funds	11,157	—	Annual	90 days
Funds-of-funds	9,837	—	Semi-annual	60 days*
Funds-of-funds	24,592	20,713	Illiquid	N/A
Collective trust funds	16,131	—	Daily	10 days
Collective trust funds	9,810	—	Weekly	10 days
Collective trust funds	54,406	—	Monthly	6 – 10 days
September 30, 2020:				
Funds-of-funds	\$ 17,543	\$ —	Semi-monthly	5 days
Funds-of-funds	9,468	—	Monthly	15 days
Funds-of-funds	48,190	—	Quarterly	45 – 65 days**
Funds-of-funds	23,631	—	Annual	60 - 90 days
Funds-of-funds	9,631	—	Semi-annual	60 days*
Funds-of-funds	9,717	20,156	Illiquid	N/A
Collective trust funds	15,326	—	Daily	10 days
Collective trust funds	4,980	—	Weekly	10 days
Collective trust funds	49,890	—	Monthly	6 – 10 days

* Limited to 25% of the investment balance at each redemption.

** One investment has a one-year lock period and redemption of one investment is limited to 12.5% of the investment balance at each redemption.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

15. Fair Value Measurements (Continued)

Fixed Income Securities

The primary purpose of fixed income investments is to provide a highly predictable and dependable source of income, preserve capital, and reduce the volatility of the total portfolio and hedge against the risk of deflation or protracted economic contraction.

Marketable Equity and Other Securities

The primary purpose of marketable equity investments is to provide appreciation of principal and growth of income with the recognition that this requires the assumption of greater market volatility and risk of loss. The total marketable equity portion of the portfolio will be broadly diversified according to economic sector, industry, number of holdings and other characteristics including style and capitalization. The System may employ multiple equity investment managers, each of whom may have distinct investment styles. Accordingly, while each manager's portfolio may not be fully diversified, it is expected that the combined equity portfolio will be broadly diversified.

The System invests in other securities that are considered alternative investments that consist of limited partnership interests in investment funds, which, in turn, invest in diversified portfolios predominantly comprised of equity and fixed income securities, as well as options, futures contracts, and some other less liquid investments. Management has approved procedures pursuant to the methods in which the System values these investments at fair value, which ordinarily will be the amount equal to the pro-rata interest in the net assets of the limited partnership, as such value is supplied by, or on behalf of, each investment from time to time, usually monthly and/or quarterly by the investment manager. Collective trust funds are generally valued based on the proportionate share of total fund net assets.

System management is responsible for the fair value measurements of investments reported in the consolidated financial statements. Such amounts are generally determined using audited financial statements of the funds and/or recently settled transactions and is estimated using the net asset value per share of the fund. Because of inherent uncertainty of valuation of certain alternative investments, the estimate of the fund manager or general partner may differ from actual values, and differences could be significant. Management believes that reported fair values of its alternative investments at the balance sheet dates are reasonable.

The System has committed to invest up to \$51,683 with various investment managers, and had funded \$15,757 of that commitment as of September 30, 2021. As these investments are made, the System reallocates resources from its current investments resulting in an asset allocation shift within the investment pool.

Inflation-Protected Securities

The primary purpose of inflation-protected securities is to provide protection against the negative effects of inflation.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

15. Fair Value Measurements (Continued)

Fair Value of Other Financial Instruments

Other financial instruments consist of accounts and pledges receivable, accounts payable and accrued expenses, estimated third-party payor settlements, and long-term debt and notes payable. The fair value of all financial instruments other than long-term debt and notes payable approximates their relative book values as these financial instruments have short-term maturities or are recorded at amounts that approximate fair value.

16. Financial Assets and Liquidity Resources

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs, consisted of the following at September 30, 2021:

Cash and cash equivalents	\$ 37,722
Short-term investments	66,525
Accounts receivable	94,720
Funds held by trustee for insurance reserves, escrows and construction costs	<u>77,443</u>
	<u>\$276,410</u>

To manage liquidity, the System maintains sufficient cash and cash equivalent balances to support daily operations throughout the year. Cash and cash equivalents and short-term investments include bank deposits, money market funds, and other similar vehicles that generate a return on cash and provide daily liquidity to the System. In addition, the System has board-designated assets without donor restrictions that can be utilized at the discretion of management to help fund both operational needs and/or capital projects. As of September 30, 2021, the balance of liquid investments in board-designated assets was \$342,620.

**CONCORD HOSPITAL
BOARD OF TRUSTEES
2022**

<u>Name</u>	<u>Mailing Address</u>	<u>Business Address</u>	<u>Phone/E-mail</u>
Philip Emma Chair	[REDACTED] [REDACTED]		[REDACTED] [REDACTED]
Manisha Patel, DDS Vice Chair	[REDACTED] [REDACTED]	Ctr for Contemporary Dentistry Belmont, NH	[REDACTED] [REDACTED]
William Chapman, Esq. Secretary	Orr & Reno, PA [REDACTED] PO Box 3550 Concord, NH 03302-3550	Same	603-223-9107 wlc@orr-reno.com
Robert Steigmeyer President and CEO (ex-officio)	Capital Region Health Care Concord Hospital 250 Pleasant Street Concord, NH 03301	Same	603-227-7000x3003 rsteigmeyer@crhc.org
Scott W. Sloane Treasurer (Not a Board Member)	Chief Financial Officer Capital Region Health Care Concord Hospital 250 Pleasant Street Concord, NH 03301	Same	603-227-7000x6059 ssloane@crhc.org
Christopher Allen, MD CH Medical Staff Pres. (ex-officio)	[REDACTED] [REDACTED]	Epsom Family Medicine	[REDACTED] callen@crhc.org
Sol Asmar	[REDACTED] [REDACTED]		[REDACTED] [REDACTED]
Frederick Briccetti, MD	NH Oncology Hematology 250 Pleasant Street Concord, NH 03301	Same	603-224-2556 f.briccetti@nhoh.com
Charles Fanaras	The Prescription Center 1 Granite Place, Suite 200N Concord, NH 03301	Same	603-223-3111 cfanaras@prescription-center.com
Lucy Hodder, Esq.	[REDACTED] [REDACTED]	UNH School of Law Institute for Health Policy & Practice	603-513-5212 lucy.hodder@unh.edu
Lucy Karl, Esq.	[REDACTED] [REDACTED]	Shaheen & Gordon, PA 107 Storrs Street Concord, NH	603-617-3030 lkarl@shaheengordon.com

Concord Hospital Board of Trustees – 2022**Page 2**

<u>Name</u>	<u>Mailing Address</u>	<u>Business Address</u>	<u>Phone/E-mail</u>
Linda Lorden	Merrimack County Savings Bank 89 North Main Street Concord, NH 03301	Same	603-223-2706 llorden@themerrimack.com
Joseph Meyer, MD	[REDACTED] [REDACTED]	CH Cardiovascular Institute Memorial Bldg, West [REDACTED]	[REDACTED]
Peter Noordsij, MD	[REDACTED] [REDACTED]	Concord Orthopaedics, PA 264 Pleasant Street Concord, NH	603-224-3368 Peter.Noordsij@concordortho.com
Robert Segal	Sanel Auto Parts 102 Old Turnpike Rd. Concord, NH 03301	Same	603-410-2597 bsegal@sanelnapa.com
Jeffrey Towle	[REDACTED] [REDACTED]	Davis & Towle Ins. 115 Airport Road PO Box 1260 Concord, NH	[REDACTED] jtowle@davistowle.com
Donald Welford	[REDACTED] [REDACTED]	Stewart's Ambulance Svc. Meredith, NH	[REDACTED] dwelford@stewartsambulance.com

2/2022

LISA K. MADDEN, MSW, LICSW

PROFESSIONAL EXPERIENCE

***Riverbend Community Mental Health Center, Inc., Concord, NH, 5/2020 – present
President and Chief Executive Officer***

Concord Hospital, Concord, NH, 5/2020 – present

Vice President of Behavioral Health

Chief executive for a full service community mental health center serving the greater Concord community. This position is responsible for the oversight of all clinical, financial, human resource, community advocacy and fundraising operations.

Riverbend is a member of the Capital Region Health Care system and the President & CEO sits on the Board of Directors. This Vice President of Behavioral Health at Concord Hospital is a member of the senior leadership team. This position works collaboratively with medical and administrative leadership to advance services for those dealing with mental illness and addiction issues. This position is responsible for the oversight of all professional psychiatric services in the facility. The VP works closely with the nursing leadership to manage the inpatient psychiatric treatment services as well.

Southern New Hampshire Health, Nashua, NH, 7/15 – 5/2020

Associate Vice President of Behavioral Health

Executive Director of Region 3 Integrated Delivery Network

Responsible for the oversight of all behavioral health services within Southern New Hampshire Health system, this includes services at Southern New Hampshire Medical Center (SNHMC) and Foundation Medical Partners (FMP). In addition, serve as the Executive Director of the 1115 DSRIP Integrated Delivery Network (ION) for the Greater Nashua region. Duties for both positions include:

- Member of the Executive Leadership Team for both SNHMC and FMP.
- Oversee the program development, implementation and clinical services in the following departments:
 - Emergency Department
 - Partial Hospital Program (PHP)
 - Intensive Outpatient Program for Substance Use Disorders (IOP)
 - 18 bed inpatient behavioral health unit (BHU)
 - Foundation Counseling and Wellness -outpatient clinical services
 - Foundation Collaborative Care- outpatient psychiatric evaluation and medication management
 - Center for Recovery Management - medication for addiction treatment (MAT)
 - Integrated Behavioral Health in Primary Care Practices
- Responsible for the fiscal management of the above.
- Work closely with medical providers, practice managers and staff to address the needs of people living with mental illness and addictions. Addressing issues related to stigma and supporting their efforts to treat everyone with dignity and respect.
- Represent SNHH in community forums including:
 - New Hampshire Hospital Association Behavioral Health Peer Group

- o New Hampshire Hospital Association Behavioral Health Learning Collaborative
- o Mayor's Suicide Prevention Task Force
- Seek funding for programs from various foundations and organizations.
- Participate in quality reviews and discussions with private insurance companies and state managed care organizations. Discussions include incentive options and program development opportunities for their members.
- Work closely with DHHS leadership to advance clinical treatment options in the community.
- Responsible for the implementation of the 1115 DSRIP waiver in Greater Nashua
 - o SNHMC is the fiscal agent for the demonstration.
 - o Work closely with 30 community partners to achieve the goals of the waiver.
 - o Member of the Workforce Development Policy Subcommittee, focus on legislative opportunities that will assist with addressing the workforce shortage in NH.
 - o Participate in extensive governance process that assures transparency in the distribution of funds to community partners.
 - o Assure the special terms and conditions established by the state are implemented.

Center for Life Management, Derry, NH

Vice President and Chief Operating Officer, 6/05 - 6/15

Responsible for the oversight of efficient operations of outpatient clinical systems of care in accordance with all federal and state requirements.

- Oversee all clinical services for the Community Mental Health Center for Region 10 in New Hampshire. Services include various therapeutic interventions, targeted case management, supported housing, wellness services, integrated care and community support services.
- Increased revenue by over 100% and increased staff by 41%. Responsible for the management of approximately 200 employees under operations.
- Established and maintain clinical service goals and incentive pay for performance system within a financially self-sustaining model of care.
- Provide leadership for extensive program development. Responsible for the implementation and expansion of new or existing programs in response to community needs.
- Responsible for monitoring clinical and administrative costs and revenue generation as well as the submission of the annual program budgets to the President and CEO.
- Collaborate with the Vice President of Quality and Compliance to determine the training needs for clinical and administrative staff.
- Assist the President and CEO in developing short and long range strategic plan including program expansions, business development, facilities and capital usage and/or improvements.
- Responsible for the establishment and maintenance of an integrated care model which allows for seamless access to services within the agency, coordination of services with area healthcare providers, as well as provision of behavioral healthcare consultation services at the physicians offices.
- Assisted in the process of consolidating three sites into one new facility in July 2007. Primary responsibility for the expansion of services in Salem in September 2014.
- Worked closely with the COO of a local hospital to develop and expand a long term contract to provide emergency evaluation services at the hospital and to assist

with disposition to appropriate level of care.

- Worked extensively with Senior Management to prepare for Medicaid Care Management in New Hampshire. Part of the team that established the first in the state per member per month contract with the MCO's inclusive of incentive metrics.

Lisa K Madden, LICSW, LLC

Consultant, 6/04 - 6/05

Independent contractor providing consultation services to a community counseling center and a specialized foster care organization.

Interim Clinic Director, 8/04 - 5/05

Wayside Youth and Family Support, Framingham, MA

Responsible for the turnaround management of a large community counseling center in Framingham. Accomplishments include:

- Reorganized clinical team, supervisory structure and support staff functions
- Implemented necessary performance improvement plans
- Hired staff with significantly increased productivity expectations
- Assisted in the implementation of a new Performance Management and Billing System
- Worked diligently to foster a positive work environment through extensive verbal and written communication; staff involvement in decisions when appropriate; providing direct feedback when necessary; and by providing support. The goal was to foster a positive and cooperative "culture" in the clinic.
- Assisted senior management with budget development.

Clinical Supervisor, 7/04 - 6/05

The Mentor Network, Lawrence MA

- Provide clinical supervision to MSW's seeking independent licensure.
- Provide training and consultation to the staff on such topics as diagnostic evaluations, treatment plans and case presentations.
- Provide group support and trauma debriefing after a critical incident.

The Massachusetts Society for the Prevention of Cruelty to Children (MSPCC)

The Family Counseling Center

Northeast Regional Clinic Director, Lawrence, MA 12/99 - 9/03

Responsible for turnaround management of the clinics in the Northeast Region of MSPCC, specifically the cities of Lawrence, Lynn and Lowell. The clinics had been struggling with staff recruitment and retention, reduced revenue, poor management of contracts, as well as significant problems in the medical records department. Responsibilities included budget development, implementation and accountability. Accomplishments include:

- Grew clinical team from 15 to 32 clinicians in three years.
- Developed Multi-Cultural Treatment Team.
- Increased annual third party revenue by 70%; increased annual contract revenue by 65%.
- Contracts with the Department of Social Services; the Department of Mental Health in conjunction with the Professional Parent Advocacy League; the Department of Education and the Community Partnerships for Children and HeadStart.
- Organized a successful site visit for re-licensure from the Department of Public Health (DPH) as well as the Council on Accreditation (COA).
- Reorganized Medical Records to meet DPH and COA standards; reorganize claims support resulting in increased revenue received for services rendered and significantly reduced write-offs.
- Participated on the HIPAA Task force-assisted in the development and implementation of the federally mandated Health Information Portability and Accountability Act policies and procedures for MSPCC.

Clinic Director, Hyannis, MA 9/95-12/99

Responsible for the turnaround management of a regional clinic serving children and families on Cape Cod. The clinic had experienced over 70% turnover, significant reduction in revenue, and a series of very negative stories in the local media because of the agency's response to the implementation of managed care. Responsible for marketing and public relations; redevelopment of a high quality clinical treatment team; as well as, increasing revenue and program development. Accomplishments include:

- Grew clinical team from 12 to 37 in three years.
- Streamlined intake procedures to increase access to services and reduce wait times.
- Increased annual third party revenue by 80%.
- Developed consultative relationships with two of Cape Cod's most well respected children's services providers.
- Developed first private/public partnership between MSPCC and a private practice to increase the availability of specialty clinical services.
- Developed internship program for Master's level clinician candidates.

***North Essex Community Mental Health Center, (NECMHC, Inc.),
Newburyport/Haverhill, MA
Employee Assistance Professional, Clinical Social Worker, 9/93-7/95***

***NECMHC, Inc., Newburyport/Haverhill, MA
Clinical Social Worker - Intern, 5/93-9/93***

***Worcester Children's Friend Society, Worcester, MA
Clinical Social Worker - Intern, 9/92-4/93***

***The Jernberg Corporation, Worcester, MA
EAP Case Management Supervisor, 4/90-4/93
EAP Case Manager, 2/89-4/90***

***The Carol Schmidt Diagnostic Center and Emergency Shelter, YOU, Inc., Worcester,
MA, 10/85-2/89
Clinical Counselor I & II***

EDUCATION

University of Connecticut, School of Social Work, West Hartford, CT
Masters in Social Work, Casework/Administration, August 1993

Clark University, Worcester, MA
Bachelor of Arts, Government/Human Services, May 1985

PROFESSIONAL LICENSE

Licensed Independent Clinical Social Worker, MA # 1026094

TEACHING and PUBLICATION

Mental Health Management, New England College, Graduate School
Summer 2007

Madden, Lisa K., 2009. Targeted Case Management Implementation at the Center for Life Management, Compliance Watch, volume 2, issue 3, p. 8-10.

References available upon request

Monica L. Perry Edgar

Education/Professional Certificates

1994 - 1998

Master in Psychiatric Nursing - UNH College, Durham, NH.

Focus of practice area:

Hospital Consultation - Dartmouth Hitchcock Medical Center, Lebanon NH

Assessments and Individual/Group Therapy with co-occurring

Substance Use Services (SUS), Concord Hospital, Concord, NH.

Psychiatric Assessment/ Psychopharmacotherapy - Concord Psychiatric Association, Concord, NH.

1985 - 1987

B. S. in Nursing, Castleton State College, Castleton, VT.

1981 - 1984

A. D. in Nursing, Castleton State College, Castleton, VT

Certified Adult Psychiatric and Mental Health Clinical Specialist, American Nurses Credentialing Co

Drug Enforcement Administration (DEA) License with X waiver

Licensed Advanced Practice Registered Nurse, New Hampshire

Licensed Registered Nurse, New Hampshire

Master Licensed Alcohol and Drug Counselor

Professional Experience

2010 to Present

Director, Concord Hospital Substance Use Services; Provide both Administrative and Clinical responsibilities.

2017 to Present

Medication Assisted Therapy (MAT) Provider, Riverbend Community Mental Health Ctr. Chelsea, Provide assessment and MAT for substance use disorders.

1998 to 2017

Psychiatric Nurse Practitioner, Riverbend Counseling Association, Concord, NH.

Psychiatric evaluation and psychopharmacotherapy.

1990 to 2010

Psychiatric Nurse Practitioner, Substance Use Services, Concord Hospital, Concord, NH.

Co-occurring diagnosis evaluations, psychopharmacotherapy, facilitator of individual and group therapy, provide insurance utilization review, implementation of evidence based practices, consultation for colleagues, and patient advocate.

1996 to 1998

Care Manager for Psychiatric Partial Hospitalization Program and Outpatient Electroconvulsive Therapy (ECT) program, Concord Hospital, Concord, NH.

Developed and implemented outpatient ECT program, and provided case management services.

1993-1998

Staff Nurse for Fresh Start, Concord Hospital, Concord, NH.
Substance use disorder assessments, case management, and facilitator of psycho-educational groups in the intensive outpatient program (IOP).

1991-1996

Staff Nurse, Adult Adult Psychiatry Unit, Concord Hospital, Concord, NH.
Psychiatric nursing assessment and treatment, planned and implemented therapeutic groups, Clinical II RN, Granting Senior Resource Person (GRP), and professional unit staffing schedule.

1990 to 1991

Medical-Surgical Staff Nurse, Medical-Surgical Unit, Coity Hospital, Montpelier, VT.
Provided medical-surgical nursing care to all ages.

1989 to 1990

Charge Nurse, Long-term Geriatric Facility, McKelvey Health Care Center, Leitch, NH.
Supervised and provided geriatric nursing care.

1983 to 1989

Charge Nurse, Chemical Dependency Rehabilitation, Strohbehn Peter Hospital, Empor, NH.
Assessment and treatment of adult substance use disorder with alcohol management.

Honors and Professional Membership

Member of NH Governor's Commission, Treatment and Recovery Task Force

2009 Addiction Health Services Research Award, Center Substance Abuse Treatment (CSAT)

2000 New England Addiction Leadership Institute, New Hampshire Representatives

Member of American Society of Addiction Medicine

Member, New Hampshire Nurse Practitioners Association

Member, New Hampshire Alcohol and Drug Association

Member, Sigma Theta Tau, National Honor Society, Graduate Level

Scrivener and in-service training throughout career

RESUME

ROBERT P. STEIGMEYER

Career History:

1/2014 – Present	Capital Region Health Care and Concord Hospital Concord, NH	President and CEO
2012 – 12/2013	Geisinger Community Medical Center Scranton, PA	CEO
2010 – 2012	Community Medical Center Healthcare System Scranton, PA	President and CEO
2005 – 2010	Northwest Hospital & Medical Center Seattle, WA	Senior Vice President- Operations & Finance
1993 – 2005	ECG Management Consultants Seattle, WA	Principal/Shareholder Senior Manager Manager
1989 – 1993	Ernst & Young St. Louis, MO	Manager Senior Consultant Consultant

Educational Background:

1989	Master of Health Administration Master of Business Administration St. Louis University
1985	Bachelor of Arts Wabash College

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Lisa K. Madden	VP, Behavioral Health		0%	0
Monica Edgar	Director, Substance Use Services		0%	0
Robert Steigmeyer	President & CEO		0%	0

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
GOVERNOR'S COMMISSION ON ALCOHOL & OTHER DRUGS

Lori A. Shibinette
 Commissioner

129 PLEASANT STREET, CONCORD, NH 03301
 603-271-9564 1-800-804-0909
 Fax: 603-271-6105 TDD Access: 1-800-735-2964 www.dhhs.nh.gov/dcbcs/bdas

August 30, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, on behalf of the Governor's Commission on Alcohol and Other Drugs, to amend existing contracts with the Contractors listed below in bold to continue providing a statewide network of Doorways for substance use disorder treatment and recovery support services access, by exercising contract renewal options by increasing the total price limitation by \$11,190,088 from \$37,617,414 to \$48,807,502 and extending the completion dates from September 29, 2021 to September 29, 2022, effective upon Governor and Council approval. 97.28% Federal Funds, 2.72% Other Funds.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Androscoggin Valley Hospital, Inc.	177220-B002	Berlin	\$1,949,517	\$669,740	\$2,619,257	O: 10/31/18 Item #17A A1: 8/28/19 Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
The Cheshire Medical Center	155405-B001	Keene	\$3,063,740	\$1,045,046	\$4,108,786	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Concord Hospital, Inc.	177653-B003	Concord	\$2,688,794	\$735,271	\$3,424,065	O: 10/31/18 Item #17A A1: 8/28/19, Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Mary Hitchcock Memorial Hospital	177651-B001	Lebanon	\$5,312,531	\$1,504,500	\$6,817,031	O: 10/31/18 Item #17A A1: 11/14/18 Item #1 A2: 9/18/19 Item #20 A3: 6/24/20 Item #31 A4: 2/17/21 Item #18
*LRGHealthcare	177161-B006	Laconia	\$2,317,076	\$0	\$2,317,076	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
*Granite Pathways Manchester	228900-B001	Manchester	\$3,831,170	\$0	\$3,831,170	O: 10/31/18 Item #17A A1: 9/18/19 Item #20
*Granite Pathways Nashua	228900-B001	Nashua	\$3,364,709	\$0	\$3,364,709	O: 10/31/18, Item #17A A1: 9/18/19, Item #20
Littleton Hospital Association	177162-B011	Littleton	\$2,160,689	\$712,612	\$2,873,301	O: 10/31/18, Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Wentworth-Douglass Hospital	177187-B001	Dover	\$4,109,399	\$1,153,475	\$5,262,874	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Catholic Medical Center	177240-B003	Greater Manchester	\$4,919,123	\$2,926,711	\$7,845,834	O: 3/11/20 Item #9A A1: 2/3/21 Item #10
Southern New Hampshire Health System, Inc.	177321-R004	Greater Nashua	\$3,339,704	\$1,696,196	\$5,035,900	O: 3/11/20 Item #9A A1: 2/17/21 Item #18
Concord Hospital, Inc. – Laconia	355356	Laconia	\$560,962	\$746,537	\$1,307,499	O: 6/2/21 Item #28
		Total:	\$37,617,414	\$11,190,088	\$48,807,502	
<i>*Indicates contracts that are okay to expire or have been terminated.</i>						

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is to continue to provide a network of Doorway programs to ensure access to substance use disorder treatment and recovery services within sixty (60) minutes of State residents' homes.

Approximately 4,000 individuals will be served between September 30, 2021 to September 29, 2022.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire at a minimum has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week.

The Doorways provide resources to strengthen existing prevention, treatment and recovery programs by ensuring access to critical services in order to decrease the number of opioid and/or stimulant-related misuses, overdoses and deaths in New Hampshire as well as promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants also are being served and referred to the appropriate services.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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The Department continues to monitor services by reviewing, analyzing and engaging in quality improvements based on:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language, or Exhibit A, Revisions to Standard Contract Provisions in the cases of Catholic Medical Center and Southern New Hampshire Health System, Inc. and Concord Hospital – Laconia, of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the one (1) year available.

Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care, which would negatively impact recovery and increase the risk of relapse.

Source of Federal Funds: Assistance Listing Number #93.788, FAIN #H79TI083326 and CFDA #93.959, FAIN #B08TI083509.

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

Respectfully submitted,

DocuSigned by:
Lori A. Warren
4CA92004125473...

for
Lori A. Shibinette
Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

05-02-02-020510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT

100% Federal Funds

Vendor Name Androskoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$218,250.00	\$0.00	\$218,250.00
2020	102/500731	Contracts for Program Services	92057040	\$652,985.00	\$0.00	\$652,985.00
2021	102/500731	Contracts for Program Services	92057040	\$201,283.00	\$0.00	\$201,283.00
2021	102/500731	Contracts for Program Services	92057047	\$181,000.00	\$0.00	\$181,000.00
2021	102/500731	Contracts for Program Services	92057048	\$438,868.00	\$0.00	\$438,868.00
2022	102/500731	Contracts for Program Services	92057048	\$218,333.00	\$0.00	\$218,333.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$489,806.00	\$489,806.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$163,269.00	\$163,269.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$0.00	\$0.00
Sub Total				\$1,908,517.00	\$653,075.00	\$2,561,592.00

Vendor Name Concord Hospital, Inc.				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$282,773.00	\$0.00	\$282,773.00
2020	102/500731	Contracts for Program Services	92057040	\$1,325,131.00	\$0.00	\$1,325,131.00
2021	102/500731	Contracts for Program Services	92057040	\$238,916.00	\$0.00	\$238,916.00
2021	102/500731	Contracts for Program Services	92057047	\$188,000.00	\$0.00	\$188,000.00
2021	102/500731	Contracts for Program Services	92057048	\$400,000.00	\$0.00	\$400,000.00
2021	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	102/500731	Contracts for Program Services	92057048	\$0.00	\$538,954.00	\$538,954.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$179,652.00	\$179,652.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$0.00	\$0.00
Sub Total				\$2,590,820.00	\$718,606.00	\$3,309,426.00

Vendor Name Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$611,287.00	\$0.00	\$611,287.00
2020	102/500731	Contracts for Program Services	92057040	\$1,127,557.00	\$0.00	\$1,127,557.00
2021	102/500731	Contracts for Program Services	92057040	\$205,033.00	\$0.00	\$205,033.00
2021	102/500731	Contracts for Program Services	92057047	\$229,925.00	\$0.00	\$229,925.00
2021	102/500731	Contracts for Program Services	92057048	\$532,304.00	\$0.00	\$532,304.00
2022	102/500731	Contracts for Program Services	92057048	\$286,152.00	\$0.00	\$286,152.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$771,288.00	\$771,288.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$257,095.00	\$257,095.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$0.00	\$0.00
Sub Total				\$2,972,258.00	\$1,028,381.00	\$4,000,639.00

Vendor Name Granite Pathways Manchester				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,331,471.00	\$0.00	\$1,331,471.00
2020	102/500731	Contracts for Program Services	92057040	\$2,349,699.00	\$0.00	\$2,349,699.00
Sub Total				\$3,681,170.00	\$0.00	\$3,681,170.00

Vendor Name Granite Pathways Nashua				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,348,973.00	\$0.00	\$1,348,973.00
2020	102/500731	Contracts for Program Services	92057040	\$1,865,736.00	\$0.00	\$1,865,736.00
Sub Total				\$3,214,709.00	\$0.00	\$3,214,709.00

Vendor Name Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$223,135.00	\$0.00	\$223,135.00
2020	102/500731	Contracts for Program Services	92057040	\$882,805.00	\$0.00	\$882,805.00
2021	102/500731	Contracts for Program Services	92057040	\$203,750.00	\$0.00	\$203,750.00
2021	102/500731	Contracts for Program Services	92057047	\$175,000.00	\$0.00	\$175,000.00
2021	102/500731	Contracts for Program Services	92057048	\$423,333.00	\$0.00	\$423,333.00
2022	102/500731	Contracts for Program Services	92057048	\$211,868.00	\$0.00	\$211,868.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$521,960.00	\$521,960.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$173,987.00	\$173,987.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$0.00	\$0.00
Sub Total				\$2,119,689.00	\$695,947.00	\$2,815,636.00

Vendor Name LRGHealthcare				Vendor # 177161		
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$500,000.00	\$0.00	\$500,000.00
2020	102/500731	Contracts for Program Services	92057040	\$842,114.00	\$0.00	\$842,114.00
2021	102/500731	Contracts for Program Services	92057040	\$205,000.00	\$0.00	\$205,000.00
2021	102/500731	Contracts for Program Services	92057047	\$178,000.00	\$0.00	\$178,000.00
2021	102/500731	Contracts for Program Services	92057048	\$430,000.00	\$0.00	\$430,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
		Sub Total		\$2,170,114.00	\$0.00	\$2,170,114.00

Vendor Name **Mary Hitchcock** Vendor # 177160

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$449,937.00	\$0.00	\$449,937.00
2020	102/500731	Contracts for Program Services	92057040	\$2,575,109.00	\$0.00	\$2,575,109.00
2021	102/500731	Contracts for Program Services	92057040	\$383,958.00	\$0.00	\$383,958.00
2021	102/500731	Contracts for Program Services	92057047	\$430,000.00	\$0.00	\$430,000.00
2021	102/500731	Contracts for Program Services	92057048	\$947,333.00	\$0.00	\$947,333.00
2022	102/500731	Contracts for Program Services	92057048	\$473,868.00	\$0.00	\$473,868.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,115,876.00	\$1,115,876.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$371,959.00	\$371,959.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$5,260,003.00	\$1,487,835.00	\$6,747,838.00
		Sub Total		\$11,137,603.00	\$2,975,670.00	\$14,113,273.00

Vendor Name **Wentworth Douglas** Vendor # 177187

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$537,063.00	\$0.00	\$537,063.00
2020	102/500731	Contracts for Program Services	92057040	\$1,806,752.00	\$0.00	\$1,806,752.00
2021	102/500731	Contracts for Program Services	92057040	\$240,875.00	\$0.00	\$240,875.00
2021	102/500731	Contracts for Program Services	92057047	\$299,000.00	\$0.00	\$299,000.00
2021	102/500731	Contracts for Program Services	92057048	\$891,360.00	\$0.00	\$891,360.00
2022	102/500731	Contracts for Program Services	92057048	\$345,660.00	\$0.00	\$345,660.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$852,807.00	\$852,807.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$284,203.00	\$284,203.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$3,920,430.00	\$1,136,810.00	\$5,057,240.00
		Sub Total		\$7,897,010.00	\$2,074,817.00	\$9,971,827.00

Vendor Name **Catholic Medical Center** Vendor # 177240

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$345,019.00	\$0.00	\$345,019.00
2021	102/500731	Contracts for Program Services	92057040	\$724,814.00	\$0.00	\$724,814.00
2021	102/500731	Contracts for Program Services	92057047	\$802,501.00	\$0.00	\$802,501.00
2021	102/500731	Contracts for Program Services	92057048	\$1,848,000.00	\$0.00	\$1,848,000.00
2022	102/500731	Contracts for Program Services	92057048	\$923,000.00	\$0.00	\$923,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$2,182,534.00	\$2,182,534.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$727,512.00	\$727,512.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$4,641,134.00	\$2,910,048.00	\$7,551,182.00
		Sub Total		\$7,716,467.00	\$5,120,094.00	\$12,836,561.00

Vendor Name **Southern New Hampshire Health Systems, Inc.** Vendor # 177321

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$223,242.00	\$0.00	\$223,242.00
2021	102/500731	Contracts for Program Services	92057040	\$522,272.00	\$0.00	\$522,272.00
2021	102/500731	Contracts for Program Services	92057047	\$580,000.00	\$0.00	\$580,000.00
2021	102/500731	Contracts for Program Services	92057048	\$1,260,000.00	\$0.00	\$1,260,000.00
2022	102/500731	Contracts for Program Services	92057048	\$640,000.00	\$0.00	\$640,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,259,648.00	\$1,259,648.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$419,883.00	\$419,883.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$3,245,574.00	\$1,679,531.00	\$4,925,105.00
		Sub Total		\$6,671,138.00	\$3,349,061.00	\$10,020,199.00

Vendor Name **Concord Hospital - Laconia** Vendor # 355356

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
2022	074/500585	Contracts for Program Services	92057048	\$0.00	\$547,404.00	\$547,404.00
2022	074/500585	Contracts for Program Services	92057048	\$0.00	\$182,468.00	\$182,468.00
2023	074/500585	Contracts for Program Services	92057048	\$415,000.00	\$1,144,872.00	\$1,559,872.00
		Sub Total		\$625,000.00	\$1,874,744.00	\$2,499,744.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

SOR Total	\$38,139,458.00	\$11,040,103.00	\$47,179,561.00
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05-02-02-020510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SABG ADDITIONAL

100% Federal Funds

Vendor Name Androskoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Concord Hospital, Inc.				Vendor # 177853		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Wentworth Douglass				Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Concord Hospital, Inc. - Laconia				Vendor # 355356		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

SABG Total	\$0.00	\$149,985.00	\$149,985.00
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05-05-02-020510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

100% Other Funds

Vendor Name Androskoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		Sub Total		\$25,000.00	\$0.00	\$25,000.00

Vendor Name Concord				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$73,481.00	\$0.00	\$73,481.00
2022	102/500731	Contracts for Program Services	92058501	\$24,493.00	\$0.00	\$24,493.00
		Sub Total		\$97,974.00	\$0.00	\$97,974.00

Vendor Name Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$68,812.00	\$0.00	\$68,812.00
2022	102/500731	Contracts for Program Services	92058501	\$22,870.00	\$0.00	\$22,870.00
		Sub Total		\$91,682.00	\$0.00	\$91,682.00

Vendor Name Littleton Regional				Vendor # 177182		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		Sub Total		\$25,000.00	\$0.00	\$25,000.00

Vendor Name LRGHealthcare				Vendor # 177181		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$110,222.00	\$0.00	\$110,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
		Sub Total		\$146,962.00	\$0.00	\$146,962.00

Vendor Name Mary Hitchcock				Vendor # 177180		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$39,396.00	\$0.00	\$39,396.00
2022	102/500731	Contracts for Program Services	92058501	\$13,132.00	\$0.00	\$13,132.00
		Sub Total		\$52,528.00	\$0.00	\$52,528.00

Vendor Name Wentworth Douglas				Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$141,852.00	\$0.00	\$141,852.00
2022	102/500731	Contracts for Program Services	92058501	\$47,217.00	\$0.00	\$47,217.00
		Sub Total		\$188,869.00	\$0.00	\$188,869.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$208,492.00	\$0.00	\$208,492.00
2022	102/500731	Contracts for Program Services	92058501	\$69,497.00	\$0.00	\$69,497.00
		Sub Total		\$277,989.00	\$0.00	\$277,989.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$70,643.00	\$0.00	\$70,643.00
2022	102/500731	Contracts for Program Services	92058501	\$23,547.00	\$0.00	\$23,547.00
		Sub Total		\$94,190.00	\$0.00	\$94,190.00

Vendor Name Concord Hospital - Leconia				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$109,222.00	\$0.00	\$109,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
		Sub Total		\$145,962.00	\$0.00	\$145,962.00

GC Total				\$1,145,956.00	\$0.00	\$1,145,956.00
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05-05-02-020510-2559 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID SYR GRANT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

100% Federal Funds

Vendor Name Androscoggin Valley					Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2019	102/500731	Contracts for Program Services	92052561	\$16,000.00	\$0.00	\$16,000.00	
		<i>Sub Total</i>		\$16,000.00	\$0.00	\$16,000.00	

Vendor Name Granite Pathways Manchester					Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2019	102/500731	Contracts for Program Services	92052561	\$150,000.00	\$0.00	\$150,000.00	
		<i>Sub Total</i>		\$150,000.00	\$0.00	\$150,000.00	

Vendor Name Granite Pathways Nashua					Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2019	102/500731	Contracts for Program Services	92052561	\$150,000.00	\$0.00	\$150,000.00	
		<i>Sub Total</i>		\$150,000.00	\$0.00	\$150,000.00	

Vendor Name Littleton Regional Hospital					Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2019	102/500731	Contracts for Program Services	92052561	\$16,000.00	\$0.00	\$16,000.00	
		<i>Sub Total</i>		\$16,000.00	\$0.00	\$16,000.00	

STR Total		\$332,000.00	\$0.00	\$332,000.00
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GRAND TOTALS		\$37,817,414.00	\$11,190,088.00	\$48,807,502.00
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**State of New Hampshire
Department of Health and Human Services
Amendment #4**

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Concord Hospital, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 31, 2018 (Item #17A), as amended on August 28, 2019 (Item #10), as amended June 24, 2020 (Item #31), as amended February 3, 2021, (Item #10), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Section 3, Renewal, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$3,424,065.
3. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, Subsection 11.1., to read:
11.1. Reserved
4. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, Subsection 11.11., to read:
 - 11.11. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide marijuana or to provide treatment using marijuana. The Contractor shall ensure:
 - 11.11.1. Treatment in this context includes the treatment of opioid use disorder (OUD).
 - 11.11.2. Grant funds are not provided to any individual who, or organization that, provides or permits marijuana use for the purposes of treating substance use or mental health disorders.
 - 11.11.3. This marijuana restriction applies to all subcontracts and memorandums of understanding (MOU) that receive SOR funding.
5. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, Subsection 11.12., to read:
 - 11.12. The Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes:
 - 11.12.1. Internal policies for the distribution of Fentanyl strips;
 - 11.12.2. Distribution methods and frequency; and
 - 11.12.3. Other key data, as requested by the Department.

6. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, by adding Subsection 11.13., to read:

11.13. The Contractor shall provide a contingency management plan to the Department for approval prior to implementation of the contingency management plan. The Contractor shall ensure the contingency management plan includes:

11.13.1. Contingency management strategies to reward and incentivize individual treatment compliance;

11.13.2. Identified allowable contingency rewards, as approved by the Department, ensuring:

11.13.2.1. The maximum value per contingency does not exceed \$15; and

11.13.2.2. The maximum dollar of all contingencies per individual does not exceed \$75 per year; and

11.13.4 Other key data, as requested by the Department.

7. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, by adding Subsection 11.14., as follows:

11.14. The Contractor shall refer to Exhibit B – Amendment #4 for grant terms and conditions including, but not limited to:

11.14.1. Invoicing.

11.14.2. Funding restrictions.

11.14.3. Billing.

8. Modify Exhibit B, Amendment #3 Methods and Conditions Precedent to Payment, which was inadvertently referred to as 'Exhibit B Amendment #4 Methods and Conditions Precedent to Payment' during Amendment #3, by replacing it in its entirety with Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment in order to update payment terms, billing standards and various references to budgets, which is attached hereto and incorporated by reference herein.
9. Add Exhibit B-9 Amendment #4, SOR II Budget, which is attached hereto and incorporated by reference herein.
10. Add Exhibit B-10 Amendment #4, SOR II Budget, which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire
Department of Health and Human Services

8/31/2021

Date

DocuSigned by:

Katja Fox

ED00052014CE3442

Name: Katja Fox

Title: Director

Concord Hospital, Inc.

8/30/2021

Date

DocuSigned by:

Robert Steigmeyer

ED05D9EE5E8A70

Name: Robert Steigmeyer

Title: President and CEO

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

OFFICE OF THE ATTORNEY GENERAL

8/31/2021

Date

DocuSigned by:

D5CA9202E32CAAE...

Name: Catherine Pinos
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services



EXHIBIT B – Amendment #4

Methods and Conditions Precedent to Payment

1. This Agreement is funded by:
 - 1.1. 96.65% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326; and
 - 1.2. 0.49% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, CFDA #93.959, FAIN B08TI083509.
 - 1.3. 2.86% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds effective from 9/30/2020 through 9/29/2021.
2. Governor Commission Funds
 - 2.1. The Contractor shall utilize funds in Exhibit B-5 Amendment #3 GovComm and Exhibit B-7 Amendment #3 GovComm for the purpose of providing services and supports to clients whose needs do not make them eligible to receive SOR-funded services and supports.
 - 2.2. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds
3. SABG FY21 COVID Emergency Funds
 - 3.1. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.
4. For the purposes of this Agreement:
 - 4.1. The Department has identified the Contractor as a Subrecipient in accordance with 2 CFR §200.330.
 - 4.2. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.87.
 - 4.3. The de minimis Indirect Cost Rate of 10% applies in accordance with 2 CFR §200.414.
5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit B-1, Budget through Exhibit B-10 Amendment #4 SOR II Budget.

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

6. The Contractor shall seek payment for services, as follows:
 - 6.1. First, the Contractor shall charge the client's private insurance or other payor sources.
 - 6.2. Second, the Contractor shall charge Medicare.
 - 6.3. Third, the Contractor shall charge Medicaid enrolled individuals, as follows:
 - 6.3.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
 - 6.3.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
 - 6.4. Fourth, the Contractor shall charge the client in accordance with the Sliding Fee Scale Program.
 - 6.5. Lastly, if any portion of the amount specified in the Sliding Fee Scale remains unpaid, charge the Department for the unpaid balance.
7. The Contractor shall submit an invoice and supporting backup documentation in a form satisfactory to the State by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment. Invoices shall be net any other revenue received towards the services billed in fulfillment of this agreement. The Contractor shall ensure:
 - 7.1. Backup documentation includes, but is not limited to:
 - 7.1.1. General Ledger showing revenue and expenses for the contract.
 - 7.1.2. Timesheets and/or time cards that support the hours employees worked for wages reported under this contract.
 - 7.1.2.1. Per 45 CFR Part 75.430(i)(1) Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed.
 - 7.1.2.2. Attestation and time tracking templates, which are available to the Department upon request.
 - 7.1.3. Invoices supporting expenses reported:
 - 7.1.3.1. Unallowable expenses include, but are not limited to:
 - 7.1.3.1.1. Amounts belonging to other programs.
 - 7.1.3.1.2. Amounts prior to effective date of contract.
 - 7.1.3.1.3. Construction or renovation expenses.
 - 7.1.3.1.4. Food or water for employees.
 - 7.1.3.1.5. Directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. **RS**

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

- 7.1.3.1.6. Fines, fees, or penalties.
 - 7.1.3.1.7. Per SAMSHA requirements, meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed three dollars (\$3.00) per person for clients.
 - 7.1.3.1.8. Cell phones and cell phone minutes for clients.
 - 7.1.4. Receipts for expenses within the applicable state fiscal year.
 - 7.1.5. Cost center reports.
 - 7.1.6. Profit and loss report.
 - 7.1.7. Remittance Advices from the insurances billed. Remittance Advices do not need to be supplied with the invoice, but should be retained to be available upon request.
 - 7.1.8. Information requested by the Department verifying allocation or offset based on third party revenue received.
 - 7.1.9. Summaries of patient services revenue and operating revenue and other financial information as requested by the Department.
8. The Contractor is responsible for reviewing, understanding, and complying with further restrictions included in the Funding Opportunity Announcement (FOA).
9. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to DHHS.DBHInvoicesBDAS@dhhs.nh.gov, or invoices may be mailed to:
- SOR Financial Manager
Department of Health and Human Services
105 Pleasant Street
Concord, NH 03301
10. The Contractor agrees that billing submitted for review after twenty (20) business days of the last day of the billing month may be subject to non-payment.
11. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
12. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
13. The Contractor must provide the services in Exhibit A – Amendment #3, Scope of Services, in compliance with funding requirements.
14. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit A – Amendment #3, Scope of Services, including failure to submit required monthly and/or quarterly reports.

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

15. Notwithstanding Paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

16. Audits

16.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:

16.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

16.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.

16.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

16.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

16.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

16.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.

16.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

17. Maintenance of Fiscal Integrity

17.1. In order to enable the Department to evaluate the Contractor's fiscal integrity, the Contractor agrees to submit to the Department monthly, the Balance Sheet, Profit and Loss Statement (total organization and program-level), and Cash Flow Statement for the Contractor. Program-level Profit and Loss Statement shall include all revenue sources and all related expenditures for that program. The program-level Profit and

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

Loss Statement shall include a budget column allowing for budget to actual analysis. Outside of the program-level Profit and Loss Statement and budget to actual analysis, all other statements shall be reflective of the entire Partnership for Successful Living organization and shall be submitted on the same day the reports are submitted to the Board, but no later than the fourth Wednesday of the month. Additionally, the contractor will provide interim profit and loss statements for every program area, reported as of the 20th of the month, by the last day of every month.

- 17.2. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement.
- 17.3. The Contractor shall inform the Department by phone and by email within five business days when any Executive Management, Board Officers, or Program Managers for Department contracts submits a resignation or leaves for any other reason.

Exhibit B-4 Amendment #4 SOR # Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Concord Hospital, Inc.

Project Title: Access and Delivery Hub for Opioid Use Disorder Services

Budget Period: 3FY22 09/30/21-06/30/22

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 217,723.18	\$ 21,772.32	\$ 239,495.50	\$ -	\$ -	\$ -	\$ 217,723.18	\$ 21,772.32	\$ 239,495.50
2. Employee Benefits	\$ 97,482.00	\$ 9,748.20	\$ 107,230.20	\$ -	\$ -	\$ -	\$ 97,482.00	\$ 9,748.20	\$ 107,230.20
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ 1,500.00	\$ 150.00	\$ 1,650.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ 150.00	\$ 1,650.00
Purchase/Depreciation	\$ 672.00	\$ 67.20	\$ 739.20	\$ -	\$ -	\$ -	\$ 672.00	\$ 67.20	\$ 739.20
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ 159.00	\$ 15.90	\$ 174.90	\$ -	\$ -	\$ -	\$ 159.00	\$ 15.90	\$ 174.90
Office	\$ 1,200.00	\$ 120.00	\$ 1,320.00	\$ -	\$ -	\$ -	\$ 1,200.00	\$ 120.00	\$ 1,320.00
6. Travel	\$ 291.00	\$ 29.10	\$ 320.10	\$ -	\$ -	\$ -	\$ 291.00	\$ 29.10	\$ 320.10
7. Occupancy	\$ 27,096.00	\$ 2,709.60	\$ 29,805.60	\$ -	\$ -	\$ -	\$ 27,096.00	\$ 2,709.60	\$ 29,805.60
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 5,442.00	\$ 544.20	\$ 5,986.20	\$ -	\$ -	\$ -	\$ 5,442.00	\$ 544.20	\$ 5,986.20
Postage	\$ 600.00	\$ 60.00	\$ 660.00	\$ -	\$ -	\$ -	\$ 600.00	\$ 60.00	\$ 660.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ 2,160.00	\$ 216.00	\$ 2,376.00	\$ -	\$ -	\$ -	\$ 2,160.00	\$ 216.00	\$ 2,376.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 3,105.00	\$ 310.50	\$ 3,415.50	\$ -	\$ -	\$ -	\$ 3,105.00	\$ 310.50	\$ 3,415.50
10. Marketing/Communications	\$ 825.00	\$ 82.50	\$ 907.50	\$ -	\$ -	\$ -	\$ 825.00	\$ 82.50	\$ 907.50
11. Staff Education and Training	\$ 173.50	\$ 17.35	\$ 190.85	\$ -	\$ -	\$ -	\$ 173.50	\$ 17.35	\$ 190.85
12. Subcontracts/Agreements	\$ 909.00	\$ 90.90	\$ 999.90	\$ -	\$ -	\$ -	\$ 909.00	\$ 90.90	\$ 999.90
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Support Clients' Unmet Needs	\$ 15,150.00	\$ 1,515.00	\$ 16,665.00	\$ -	\$ -	\$ -	\$ 15,150.00	\$ 1,515.00	\$ 16,665.00
Hotlines	\$ 81,000.00	\$ 8,100.00	\$ 89,100.00	\$ -	\$ -	\$ -	\$ 81,000.00	\$ 8,100.00	\$ 89,100.00
Fla. Funds	\$ 37,671.00	\$ 3,767.10	\$ 41,438.10	\$ -	\$ -	\$ -	\$ 37,671.00	\$ 3,767.10	\$ 41,438.10
Smoker Respite Vouchers	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00	\$ -	\$ -	\$ -	\$ 12,000.00	\$ 1,200.00	\$ 13,200.00
TOTAL	\$ 545,108.18	\$ 54,510.82	\$ 599,619.00	\$ -	\$ -	\$ -	\$ 545,108.18	\$ 54,510.82	\$ 599,619.00

Indirect As A Percent of Direct

10.0%

Exhibit B-10 Amendment #4 SOR # Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Concord Hospital, Inc.

Project Title: Access and Delivery Hub for Opioid Use Disorder Services

Budget Period: 3FY23 07/01/2022-09/30/2022

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHEHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 72,529.00	\$ 7,252.90	\$ 79,781.90	\$ -	\$ -	\$ -	\$ 72,529.00	\$ 7,252.90	\$ 79,781.90
2. Employee Benefits	\$ 32,494.00	\$ 3,249.40	\$ 35,743.40	\$ -	\$ -	\$ -	\$ 32,494.00	\$ 3,249.40	\$ 35,743.40
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ 500.00	\$ 50.00	\$ 550.00	\$ -	\$ -	\$ -	\$ 500.00	\$ 50.00	\$ 550.00
Purchase/Depreciation	\$ 223.00	\$ 22.30	\$ 245.30	\$ -	\$ -	\$ -	\$ 223.00	\$ 22.30	\$ 245.30
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ 22.00	\$ 2.20	\$ 24.20	\$ -	\$ -	\$ -	\$ 22.00	\$ 2.20	\$ 24.20
Office	\$ 500.00	\$ 50.00	\$ 550.00	\$ -	\$ -	\$ -	\$ 500.00	\$ 50.00	\$ 550.00
6. Travel	\$ 100.00	\$ 10.00	\$ 110.00	\$ -	\$ -	\$ -	\$ 100.00	\$ 10.00	\$ 110.00
7. Occupancy	\$ 9,032.00	\$ 903.20	\$ 9,935.20	\$ -	\$ -	\$ -	\$ 9,032.00	\$ 903.20	\$ 9,935.20
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,780.00	\$ 178.00	\$ 1,958.00	\$ -	\$ -	\$ -	\$ 1,780.00	\$ 178.00	\$ 1,958.00
Postage	\$ 200.00	\$ 20.00	\$ 220.00	\$ -	\$ -	\$ -	\$ 200.00	\$ 20.00	\$ 220.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ 720.00	\$ 72.00	\$ 792.00	\$ -	\$ -	\$ -	\$ 720.00	\$ 72.00	\$ 792.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 1,035.00	\$ 103.50	\$ 1,138.50	\$ -	\$ -	\$ -	\$ 1,035.00	\$ 103.50	\$ 1,138.50
10. Marketing/Communications	\$ 275.00	\$ 27.50	\$ 302.50	\$ -	\$ -	\$ -	\$ 275.00	\$ 27.50	\$ 302.50
11. Staff Education and Training	\$ 50.00	\$ 5.00	\$ 55.00	\$ -	\$ -	\$ -	\$ 50.00	\$ 5.00	\$ 55.00
12. Subcontracts/Agreements	\$ 303.00	\$ 30.30	\$ 333.30	\$ -	\$ -	\$ -	\$ 303.00	\$ 30.30	\$ 333.30
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Naloxone	\$ 27,000.00	\$ 2,700.00	\$ 29,700.00	\$ -	\$ -	\$ -	\$ 27,000.00	\$ 2,700.00	\$ 29,700.00
Flex funds	\$ 12,557.00	\$ 1,255.70	\$ 13,812.70	\$ -	\$ -	\$ -	\$ 12,557.00	\$ 1,255.70	\$ 13,812.70
Shekhar Raspa vouchers	\$ 4,000.00	\$ 400.00	\$ 4,400.00	\$ -	\$ -	\$ -	\$ 4,000.00	\$ 400.00	\$ 4,400.00
TOTAL	\$ 183,270.00	\$ 18,327.00	\$ 179,852.00	\$ -	\$ -	\$ -	\$ 183,270.00	\$ 18,327.00	\$ 179,852.00

Indirect As A Percent of Direct

10.0%

10
max



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

Lori A. Shibnette
Commissioner

Katja S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

January 19, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to **Retroactively** amend existing **Sole Source** contracts with the vendors listed in **bold** below to continue a statewide system of Doorways that provide access to substance use disorder treatment and recovery services and supports, by exercising renewal options by increasing the total price limitation by \$6,898,532 from \$27,125,987 to \$34,024,519 and by extending the completion dates from September 29, 2020 to September 29, 2021 effective retroactive to September 29, 2020 upon Governor and Council approval. 97.28% Federal and 2.72% Other Funds.

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

Vendor Name	Vendor Code	Area Served	Current Amount	Increase/ (Decrease)	New Amount	G&C Approval
Androscoggin Valley Hospital, Inc., Berlin, NH	177220-B002	Berlin	\$1,670,051	\$279,466	\$1,949,517	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 6/24/20 (Item #31)
Concord Hospital, Inc., Concord, NH	177653-B003	Concord	\$2,272,793	\$416,001	\$2,688,794	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 6/24/20 (Item #31)
Granite Pathways, Concord, NH	228900-B001	Concord	\$6,895,879	\$0	\$6,895,879	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Littleton Regional Hospital, Littleton, NH	177162-B011	Littleton	\$1,713,805	\$446,884	\$2,160,689	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)

LRGHealthcare Laconia, NH	177161 -B006	Laconia	\$1,987,673	\$329,403	\$2,317,076	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Mary Hitchcock Memorial Hospital, Lebanon, NH	177651 -B001	Lebanon	\$4,349,314	\$0	\$4,349,314	O: 10/31/18 Item #17A A1:11/14/19 (Item #11) A2: 9/18/19, (Item #20) A3: 6/24/20 (Item #31)
The Cheshire Medical Center, Keene, NH	155405 -B001	Keene	\$1,947,690	\$1,116,050	\$3,063,740	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Wentworth- Douglass, Hospital, Dover, NH	177187 -B001	Dover	\$2,769,452	\$1,339,947	\$4,109,399	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Catholic Medical Center, Manchester, NH	177240 -B003	Greater Manchester	\$1,948,342	\$2,970,781	\$4,919,123	O: 3/11/20 (Item #9A)
Southern New Hampshire Health System, Inc., Nashua, NH	177321 -R004	Greater Nashua	\$1,570,988	\$0	\$1,570,988	O: 3/11/20 (Item #9A)
		Total	\$27,125,987	\$6,898,532	\$34,024,519	

Funds are available in the following accounts for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Years 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Retroactive** because sufficient funds in State Fiscal Year 2021 were not available in the operating budget considering the grant amount awarded, and due to delay by the Substance Abuse and Mental Health Services Administration in approving New Hampshire's requests for continued State Opioid Response Grant funding the efforts to add the state appropriations were deferred. This request is **Sole Source** because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labelled as sole source.

The purpose of this request is to continue providing services through the Doorways by utilizing unexpended funds from the first round of State Opioid Response funding, adding funding from the second round of State Opioid Response, and adding funding to address the needs of individuals with substance use disorders not covered under State Opioid Response.

Approximately 2,000 individuals will be served from September 30, 2020 to September 29, 2021.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week, to ensure no one in New Hampshire has to travel more than 60 minutes to access services.

The Doorways' services provide resources to strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in New Hampshire; and promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants are also being seen and referred to the appropriate services by the Doorways.

The Department will monitor contracted services using the following methods:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Regular review and monitoring of Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language, Paragraph 3. Renewals, or Exhibit A, Revisions to Standard Contract Provisions, Subsection 1 – Revisions to Form P-37, General Provisions, in the case of Catholic Medical Center and Southern New Hampshire Health System, Inc., of the original contracts the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the two (2) years available.

Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care that negatively impact recovery and increase the risk of relapse.

Areas served: Statewide.

Source of Funds: CFDA #93.788, FAIN #H79TI081685 and H79TI083326.

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

Respectfully submitted,



Lori A. Weaver
Deputy Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
SFY 2016 FINANCIAL DETAIL

05-95-02-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: BEHAVIORAL HEALTH DIV OF BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT 100% Federal Funds CFDA #93.788 FAIN H79T081685 and H79T083326

Androscoggin Valley

Vendor # 177220

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 619,850.00	\$ (335,600.00)	\$ 234,250.00
2020	102/500731	Contracts for Program Services	92057040	\$ 848,918.00	\$ (195,933.00)	\$ 652,985.00
2021	102/500731	Contracts for Program Services	92057040	\$ 201,283.00	\$ -	\$ 201,283.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 181,000.00	\$ 181,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 436,666.00	\$ 436,666.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 218,333.00	\$ 218,333.00
		<i>Sub Total</i>		\$ 1,670,051.00	\$ 254,466.00	\$ 1,924,517.00

Concord

Vendor # 177853

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 710,746.00	\$ (447,973.00)	\$ 262,773.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,325,131.00	\$ -	\$ 1,325,131.00
2021	102/500731	Contracts for Program Services	92057040	\$ 236,916.00	\$ -	\$ 236,916.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 166,000.00	\$ 166,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 400,000.00	\$ 400,000.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 200,000.00	\$ 200,000.00
		<i>Sub Total</i>		\$ 2,272,793.00	\$ 318,027.00	\$ 2,590,820.00

Cheshire

Vendor # 155405

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 615,100.00	\$ (3,813.00)	\$ 611,287.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,127,557.00	\$ -	\$ 1,127,557.00
2021	102/500731	Contracts for Program Services	92057040	\$ 205,033.00	\$ -	\$ 205,033.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 229,925.00	\$ 229,925.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 532,304.00	\$ 532,304.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 266,152.00	\$ 266,152.00
		<i>Sub Total</i>		\$ 1,947,690.00	\$ 1,024,568.00	\$ 2,972,258.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 SFY 2016 FINANCIAL DETAIL

Granite Pathways Manchester

Vendor #228900

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,331,471.00	\$ -	\$ 1,331,471.00
2020	102/500731	Contracts for Program Services	92057040	\$ 2,349,699.00	\$ -	\$ 2,349,699.00
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ -	\$ -
<i>Sub Total</i>				\$ 3,681,170.00	\$ -	\$ 3,681,170.00

Granite Pathways Nashua

Vendor # 228900

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,348,973.00	\$ -	\$ 1,348,973.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,865,736.00	\$ -	\$ 1,865,736.00
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ -	\$ -
<i>Sub Total</i>				\$ 3,214,709.00	\$ -	\$ 3,214,709.00

Littleton Regional

Vendor # 177162

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 627,250.00	\$ (388,115.00)	\$ 239,135.00
2020	102/500731	Contracts for Program Services	92057040	\$ 882,805.00	\$ -	\$ 882,805.00
2021	102/500731	Contracts for Program Services	92057040	\$ 203,750.00	\$ -	\$ 203,750.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 175,000.00	\$ 175,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 423,333.00	\$ 423,333.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 211,666.00	\$ 211,666.00
<i>Sub Total</i>				\$ 1,713,805.00	\$ 421,884.00	\$ 2,135,689.00

LRGHealthcare

Vendor # 177161

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 615,000.00	\$ (115,000.00)	\$ 500,000.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,167,673.00	\$ (525,559.00)	\$ 642,114.00
2021	102/500731	Contracts for Program Services	92057040	\$ 205,000.00	\$ -	\$ 205,000.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 178,000.00	\$ 178,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 430,000.00	\$ 430,000.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 215,000.00	\$ 215,000.00
<i>Sub Total</i>				\$ 1,987,673.00	\$ 182,441.00	\$ 2,170,114.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
SFY 2016 FINANCIAL DETAIL

Mary Hitchcock

Vendor # 177180

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,390,247.00		\$ 1,390,247.00
2020	102/500731	Contracts for Program Services	92057040	\$ 2,575,109.00		\$ 2,575,109.00
2021	102/500731	Contracts for Program Services	92057040	\$ 383,958.00		\$ 383,958.00
2021	102/500731	Contracts for Program Services	92057047	\$ -		\$ -
2021	102/500731	Contracts for Program Services	92057048	\$ -		\$ -
2022	102/500731	Contracts for Program Services	92057048	\$ -		\$ -
		Sub Total		\$ 4,349,314.00	\$ -	\$ 4,349,314.00

Wentworth Douglass

Vendor # 177187

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 722,025.00	\$ (184,962.00)	\$ 537,063.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,806,752.00		\$ 1,806,752.00
2021	102/500731	Contracts for Program Services	92057040	\$ 240,675.00		\$ 240,675.00
2021	102/500731	Contracts for Program Services	92057047		\$ 299,000.00	\$ 299,000.00
2021	102/500731	Contracts for Program Services	92057048		\$ 691,360.00	\$ 691,360.00
2022	102/500731	Contracts for Program Services	92057048		\$ 345,680.00	\$ 345,680.00
		Sub Total		\$ 2,769,452.00	\$ 1,151,078.00	\$ 3,920,530.00

Catholic Medical Center

Vendor # 177240

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2020	102/500731	Contracts for Program Services	92057040	\$ 1,223,728.00	\$ (878,709.00)	\$ 345,019.00
2021	102/500731	Contracts for Program Services	92057040	\$ 724,614.00		\$ 724,614.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 802,501.00	\$ 802,501.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 1,846,000.00	\$ 1,846,000.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 923,000.00	\$ 923,000.00
		Sub Total		\$ 1,948,342.00	\$ 2,692,792.00	\$ 4,641,134.00

Southern New Hampshire Health Systems, Inc.

Vendor # 177321

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ -		\$ -
2020	102/500731	Contracts for Program Services	92057040	\$ 1,048,716.00		\$ 1,048,716.00
2021	102/500731	Contracts for Program Services	92057040	\$ 522,272.00		\$ 522,272.00
2021	102/500731	Contracts for Program Services	92057047	\$ -		\$ -
2021	102/500731	Contracts for Program Services	92057048	\$ -		\$ -
2022	102/500731	Contracts for Program Services	92057048	\$ -		\$ -
		Sub Total		\$ 1,570,988.00	\$ -	\$ 1,570,988.00
		Total SOR		\$ 27,125,897.00	\$ 6,045,256.00	\$ 33,171,243.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
SFY 2018 FINANCIAL DETAIL

03-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF
DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Vendor # 177220

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 18,750.00	\$ 18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 6,250.00	\$ 6,250.00
		Sub Total		\$ -	\$ 25,000.00	\$ 25,000.00

Vendor # 177853

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 73,481.00	\$ 73,481.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 24,493.00	\$ 24,493.00
		Sub Total		\$ -	\$ 97,974.00	\$ 97,974.00

Vendor # 155405

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 68,612.00	\$ 68,612.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 22,870.00	\$ 22,870.00
		Sub Total		\$ -	\$ 91,482.00	\$ 91,482.00

Vendor # 177182

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 18,750.00	\$ 18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 6,250.00	\$ 6,250.00
		Sub Total		\$ -	\$ 25,000.00	\$ 25,000.00

Vendor # 177181

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 110,222.00	\$ 110,222.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 36,740.00	\$ 36,740.00
		Sub Total		\$ -	\$ 146,962.00	\$ 146,962.00

Vendor # 177180

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
		Sub Total		\$ -	\$ -	\$ -

Vendor # 177187

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 141,652.00	\$ 141,652.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 47,217.00	\$ 47,217.00
		Sub Total		\$ -	\$ 188,869.00	\$ 188,869.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 SFY 2016 FINANCIAL DETAIL

Catholic Medical Center Vendor # 177240

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 208,492.00	\$ 208,492.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 69,497.00	\$ 69,497.00
		<i>Sub Total</i>		\$ -	\$ 277,989.00	\$ 277,989.00

Southern New Hampshire Health Systems, Inc. Vendor # 177321

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
		<i>Sub Total</i>		\$ -	\$ -	\$ -
		<i>Total Gov Commitment</i>		\$ -	\$ 853,276.00	\$ 853,276.00
		<i>Total All</i>		\$ 27,125,987.00	\$ 6,894,532.00	\$ 34,024,519.00

JUN 11 2020

31 MAC



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

Loel A. Shibleyette
Commissioner

Katja S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

June 2, 2020

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing Sole Source contracts with the vendors listed below, except for Granite Pathways, that provide a statewide network of Doorways for substance use disorder treatment and recovery support services access, by adding budgets for State Fiscal Year 2021, with no change to the price limitation of \$23,606,657 and no change to the contract completion dates of September 29, 2020 effective upon Governor and Council approval.

The contracts were approved by the Governor and Executive Council as indicated in the table below.

Vendor Name	Vendor Code	Area Served	Current Amount	Increase/ (Decrease)	New Amount	G&C Approval
Androscoggin Valley Hospital, Inc., Berlin, NH	TBD	Berlin	\$1,870,051	\$0	\$1,670,051	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10)
Concord Hospital, Inc., Concord, NH	177653-B003	Concord	\$2,272,793	\$0	\$2,272,793	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10)
Granite Pathways, Concord, NH	228900-B001	N/A	\$6,895,879	\$0	\$6,895,879	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Littleton Regional Hospital, Littleton, NH	TBD	Littleton	\$1,713,805	\$0	\$1,713,805	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
LRGHealthcare, Laconia, NH	TBD	Laconia	\$1,987,673	\$0	\$1,987,673	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)

Mary Hitchcock Memorial Hospital, Lebanon, NH	177651-B001	Lebanon	\$4,349,314	\$0	\$4,349,314	O: 10/31/18 Item #17A A1: 11/14/18 (Item #11) A2: O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
The Cheshire Medical Center, Keene, NH	155405-B001	Keene	\$1,947,690	\$0	\$1,947,690	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Wentworth-Douglass Hospital, Dover, NH	TBD	Dover	\$2,769,452	\$0	\$2,769,452	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
		Total	\$23,606,657	\$0	\$23,606,657	

Funds are available in the following accounts for State Fiscal Year 2021 with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details

EXPLANATION

This request is Sole Source because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labelled as sole source. Upon the initial award of State Opioid Response funding from the federal Substance Abuse and Mental Health Services Administration, the Department restructured the State's service delivery system to provide individuals a more streamlined process to access substance use disorder and opioid use disorder services. The vendors above were identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the restructured system. As part of the ongoing improvement of the Doorway system, Granite Pathways has been replaced as the Doorway provider in Manchester (Catholic Medical Center) and Nashua (Southern New Hampshire Medical Center). This action was approved by Governor and Executive Council on March 11, 2020, item 9A.

The purpose of this request is add budgets to the contracts for State Fiscal Year 2021. In accordance with the terms of Exhibit B Method and Conditions Precedent to Payment, the budgets are to be submitted to Governor and Executive Council for approval no later than June 30, 2020. State Fiscal Year 2019 budgets are being reduced by a total amount of \$2,271,726 which is identified as unspent funding that is being carried forward to fund activities in the contract for State Fiscal Year 2021, specifically July 1, 2020 through September 29, 2020. The new Manchester and Nashua Doorway contracts already include budgets for July 1, 2020 through September 29, 2020.

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

Approximately 2,000 individuals will be served from July 1, 2020 to September 30, 2020.

These contractors provide a network of Doorways to ensure that every resident in NH has access to substance use disorder treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for substance-use disorders, in order to ensure no one in NH has to travel more than sixty (60) minutes to access services. The Doorways increase and standardize services for individuals with opioid use disorders; strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in NH; and promote engagement in the recovery process. Because no one will be turned away from the Doorway, individuals outside of opioid use disorders are also being seen and referred to the appropriate services.

The Department has been monitoring the contracted services using the following performance measures:

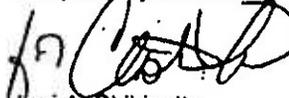
- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow-ups through the Web Information Technology System (WITS) database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is not exercising its option to renew at this time.

Should the Governor and Council not authorize this request, the Department may not have the ability to ensure proper billing and proper use of funding by the vendors.

Area served: Statewide

Respectfully submitted,


Lori A. Shibinette
Commissioner

Financial Detail

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT					
100% Federal Funds CFDA #93.788 FAIN T1081685					
Activity Code: 92057040					
Androscoggin Valley					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 821,133.00	\$ (201,283.00)	\$ 619,850.00
2020	Contracts for Prog Svcs	102-500731	\$ 848,918.00		\$ 848,918.00
2021	Contracts for Prog Svcs	102-500731		\$ 201,283.00	\$ 201,283.00
Subtotal			\$ 1,670,051.00	\$ -	\$ 1,670,051.00
Concord					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 947,662.00	\$ (236,916.00)	\$ 710,746.00
2020	Contracts for Prog Svcs	102-500731	\$ 1,325,131.00		\$ 1,325,131.00
2021	Contracts for Prog Svcs	102-500731		\$ 236,916.00	\$ 236,916.00
Subtotal			\$ 2,272,793.00	\$ -	\$ 2,272,793.00
Cheshire					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 820,133.00	\$ (205,033.00)	\$ 615,100.00
2020	Contracts for Prog Svcs	102-500731	\$ 1,127,557.00		\$ 1,127,557.00
2021	Contracts for Prog Svcs	102-500731		\$ 205,033.00	\$ 205,033.00
Subtotal			\$ 1,947,690.00	\$ -	\$ 1,947,690.00
Mary Hitchcock					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 1,774,205.00	\$ (383,958.00)	\$ 1,390,247.00
2020	Contracts for Prog Svcs	102-500731	\$ 2,575,109.00		\$ 2,575,109.00
2021	Contracts for Prog Svcs	102-500731		\$ 383,958.00	\$ 383,958.00
Subtotal			\$ 4,349,314.00	\$ -	\$ 4,349,314.00
LRGHealthcare					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 820,000.00	\$ (205,000.00)	\$ 615,000.00
2020	Contracts for Prog Svcs	102-500731	\$ 1,167,673.00		\$ 1,167,673.00
2021	Contracts for Prog Svcs	102-500731		\$ 205,000.00	\$ 205,000.00
Subtotal			\$ 1,987,673.00	\$ -	\$ 1,987,673.00

Financial Detail

Granite Pathways Manchester					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,331,471.00		\$ 1,331,471.00
2020	Contracts for Prog Svs	102-500731	\$ 2,349,699.00		\$ 2,349,699.00
2021	Contracts for Prog Svs	102-500731			\$ -
Subtotal			\$ 3,681,170.00	\$ -	\$ 3,681,170.00
Granite Pathways Nashua					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,348,973.00		\$ 1,348,973.00
2020	Contracts for Prog Svs	102-500731	\$ 1,865,736.00		\$ 1,865,736.00
2021	Contracts for Prog Svs	102-500731			\$ -
Subtotal			\$ 3,214,709.00	\$ -	\$ 3,214,709.00
Provider name here					
Littleton Regional					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 831,000.00	\$ (203,750.00)	\$ 627,250.00
2020	Contracts for Prog Svs	102-500731	\$ 882,805.00		\$ 882,805.00
2021	Contracts for Prog Svs	102-500731		\$ 203,750.00	\$ 203,750.00
Subtotal			\$ 1,713,805.00	\$ -	\$ 1,713,805.00
Wentworth Douglass					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 962,700.00	\$ (240,675.00)	\$ 722,025.00
2020	Contracts for Prog Svs	102-500731	\$ 1,806,752.00		\$ 1,806,752.00
2021	Contracts for Prog Svs	102-500731		\$ 240,675.00	\$ 240,675.00
Subtotal			\$ 2,769,452.00	\$ -	\$ 2,769,452.00
Subtotal			\$ 23,606,657.00	\$ -	\$ 23,606,657.00



Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF DRUG AND ALCOHOL SERVICES

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6110 1-800-852-3345 Ext. 6738
Fax: 603-271-6105 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

August 13, 2019

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing sole source agreements with the two (2) vendors listed in bold below, to implement and operationalize a statewide network of Doorways for substance use disorder treatment and recovery support services access, by increasing the total price limitation by \$537,976 from \$19,106,657 to \$19,644,633, with no change to the completion date of September 29, 2020, effective upon Governor and Executive Council approval. 100% Federal Funds.

These agreements were originally approved by the Governor and Executive Council on October 31, 2018 (Item #17A) and Mary Hitchcock Memorial Hospital amended on November 14, 2018 (Item #11).

Vendor Name	Vendor ID	Vendor Address	Current Budget	Increase/ (Decrease)	Updated Budget
Androscoggin Valley Hospital, Inc.	TBD	59 Page Hill Rd. Berlin, NH 03570	\$1,559,611	\$110,440	\$1,670,051
Concord Hospital, Inc.	177653-B003	250 Pleasant St. Concord, NH, 03301	\$1,845,257	\$427,536	\$2,272,793
Granite Pathways	228900-B001	10 Ferry St. Ste. 308, Concord, NH, 03301	\$5,008,703	\$0	\$5,008,703
Littleton Regional Hospital	TBD	600 St. Johnsbury Road, Littleton, NH 03561	\$1,572,101	\$0	\$1,572,101
LRGHealthcare	TBD	80 Highland St. Laconia, NH 003246	\$1,593,000	\$0	\$1,593,000
Mary Hitchcock Memorial Hospital	177651-B001	One Medical Center Drive Lebanon, NH 03756	\$4,043,958	\$0	\$4,043,958
The Cheshire Medical Center	155405-B001	580 Court St. Keene, NH 03431	\$1,593,611	\$0	\$1,593,611
Wentworth-Douglass Hospital	TBD	789 Central Ave. Dover, NH 03820	\$1,890,416	\$0	\$1,890,416
		Total	\$19,106,657	\$537,976	\$19,644,633

Funds to support this request are anticipated to be available in the following accounts for State Fiscal Years 2020 and 2021 upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified.

will align evidence-based methods to expand treatment, recovery, and prevention services to individuals with OUD in NH. During the first six (6) months of implementation, the Department identified these factors as inhibitors to the long-term success of the program. The outcomes from this amendment align with the original contract to connect individuals with needed services to lower the deaths from OUD in NH and increase the use of Medication Assisted Treatment.

Approximately 9,700 individuals are expected to be served from August 1, 2019 through June 30, 2020. During the first six (6) months of service, the vendors completed 1,571 clinical evaluations, conducted 2,219 treatment referrals, and served 3,239 individuals.

These contracts will allow the Doorways to continue to ensure that every resident in NH has access to SUD treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for SUD, in order to ensure no one in NH has to travel more than sixty (60) minutes to access services. The Doorways increase and standardize services for individuals with OUD; strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in NH; and promote engagement in the recovery process. Because no one will be turned away from the Doorway, individuals outside of OUD are also being seen and referred to the appropriate services.

The Department will monitor the effectiveness and the delivery of services required under this agreement using the following performance measures:

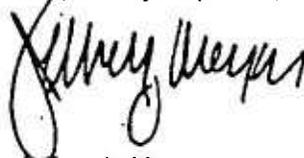
- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow ups through the Web Information Technology System (WITS) database.

Should Governor and Executive Council not authorize this request, individuals seeking help for OUD in NH may experience difficulty navigating a complex system, may not receive the supports and clinical services they need, and may experience delays in receiving care.

Area served: Statewide

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration. CFDA # 93.788, FAIN #H79TI081685 and FAIN #TI080246.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

State Fiscal Year	Class/ Account	Class Title	Job Number	Current Funding	Increase/ (Decrease)	Updated Funding
2019	102-500731	Contracts for Prog Svc	92057040	\$9,325,277	\$0	\$9,325,277
2020	102-500731	Contracts for Prog Svc	92057040	\$9,449,380	\$537,976	\$9,987,356
2021	102-500731	Contracts for Prog Svc	92057040	\$0	\$0	\$0
			Sub-Total	\$18,774,657	\$537,976	\$19,312,633

05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

State Fiscal Year	Class/ Account	Class Title	Job Number	Current Funding	Increase/ (Decrease)	Updated Funding
2019	102-500731	Contracts for Prog Svc	92052561	\$332,000	\$0	\$332,000
2020	102-500731	Contracts for Prog Svc	92052561	\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	92052561	\$0	\$0	\$0
			Sub-Total	\$332,000	\$0	\$332,000
			Grand Total	\$19,106,657	\$537,976	\$19,644,633

EXPLANATION

This request is sole source because upon the initial award of State Opioid Response (SOR) funding from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Department restructured the State's service delivery system to provide individuals a more streamlined process to access substance use disorder (SUD) and Opioid Use Disorder (OUD) services. The vendors above were identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the restructured system.

The purpose of this request is to add funding for: Naloxone kits to distribute to individuals and community partners; additional flexible funds to address barriers to care such as transportation and childcare; and respite shelter vouchers to assist in accessing short-term, temporary housing. This action

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF DRUG AND ALCOHOL SERVICES

Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6110 1-800-852-3345 Ext. 6738
Fax: 603-271-6105 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

October 17, 2018

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, Bureau of Drug and Alcohol Services, to enter into sole source agreements with the eight (8) vendors listed below, in an amount not to exceed \$16,606,487; to develop, implement and operationalize a statewide network of Regional Hubs for opioid use disorder treatment and recovery support services, effective upon date of Governor and Council approval; through September 29, 2020. Federal Funds 100%.

Vendor Name	Vendor ID	Vendor Address	Amount
Androscoggin Valley Hospital, Inc.	TBD	59 Page Hill Rd. Berlin, NH 03570	\$1,559,611
Concord Hospital, Inc.	177653-B003	250 Pleasant St. Concord, NH, 03301	\$1,845,257
Granite Pathways	228900-B001	10 Ferry St. Ste. 308, Concord, NH, 03301	\$5,008,703
Littleton Regional Hospital	TBD	600 St. Johnsbury Road Littleton, NH 03561	\$1,572,101
LRGHealthcare	TBD	80 Highland St. Laconia, NH 003246	\$1,593,000
Mary Hitchcock Memorial Hospital	177651-B001	One Medical Center Drive Lebanon, NH 03756	\$1,543,788
The Cheshire Medical Center	155405-B001	580 Court St. Keene, NH 03431	\$1,593,611
Wentworth-Douglass Hospital	TBD	789 Central Ave. Dover, NH 03820	\$1,890,416
		Total	\$16,606,487

Funds are available in the following account(s) for State Fiscal Year (SFY) 2019, and are anticipated to be available in SFY 2020 and SFY 2021, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from the Governor and Executive Council.

06-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2019	102-500731	Contracts for Prog Svc	92057040	\$8,281,704
SFY 2020	102-500731	Contracts for Prog Svc	92057040	\$7,992,783
SFY 2021	102-500731	Contracts for Prog Svc	92057040	\$0
			Sub-Total	\$16,274,487

06-95-92-920510-2659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2019	102-500731	Contracts for Prog Svc	92052561	\$332,000
SFY 2020	102-500731	Contracts for Prog Svc	92052561	\$0
SFY 2021	102-500731	Contracts for Prog Svc	92052561	\$0
			Sub-Total	\$332,000
			Grand Total	\$16,606,487

EXPLANATION

This request is sole source because the Department is seeking to restructure its service delivery system in order for individuals to have more rapid access to opioid use disorder (OUD) services. The vendors above have been identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the service restructure. Presently, the Department funds a separate contract with Granite Pathways through December 31, 2018 for Regional Access Points, which provide screening and referral services to individuals seeking help with substance use disorders. The Department is seeking to re-align this service into a streamlined and standardized approach as part of the State Opioid Response (SOR) grant, as awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). With this funding opportunity, New Hampshire will use evidence-based methods to expand treatment, recovery, and prevention services to individuals with OUD in NH. The establishment of nine (9) Regional Hubs (hereafter referred to as Hubs) is critical to the Department's plan.

The Hubs will ensure that every resident in NH has access to SUD treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for substance use disorders. The statewide telephone coverage will be accomplished

evaluations for substance use disorders. The statewide telephone coverage will be accomplished through a collaborative effort among all of the Hubs for overnight and weekend access to a clinician, which will be presented to the Governor and Executive Council at the November meeting. The Hubs will be situated to ensure that no one in NH has to travel more than sixty (60) minutes to access their Hub and initiate services. The vendors will be responsible for providing screening, evaluation, closed loop referrals, and care coordination for clients along the continuum of care.

In the cities of Manchester and Nashua, given the maturity of the Safe Stations programs as access points in those regions, Granite Pathways, the existing Regional Access Point contractor, was selected to operate the Hubs in those areas to ensure alignment with models consistent with ongoing Safe Station's operations. To maintain fidelity to existing Safe Stations operations, Granite Pathways will have extended hours of on-site coverage from 8am-11pm on weekdays and 11am-11pm on weekends.

The Hubs will receive referrals for OUD services through a new contract with the crisis call center (2-1-1 NH) operated by Granite United Way and through existing referral networks. Consumers and providers will also be able to directly contact their local Hub for services. The Hubs will refer clients to services for all American Society of Addiction Medicine (ASAM) levels of care. This approach eliminates consumer confusion caused by multiple access points to services and ensures that individuals who present for help with OUD are receiving assistance immediately.

Funds for each Hub were determined based on a variety of factors, including historical client data from Medicaid claims and State-funded treatment services based on client address, naloxone administration and distribution data, and hospital admissions for overdose events. Funds in these agreements will be used to establish the necessary infrastructure for Statewide Hub access and to pay for naloxone purchase and distribution. The vendors will also have a flexible needs fund for providers to access for OUD clients in need of financial assistance for services and items such as transportation, childcare, or medication co-pays not otherwise covered by another payer.

Unique to this service redesign is a robust level of client-specific data that will be available. The SOR grant requires that all individual served receive a comprehensive assessment at several time intervals, specifically at intake, three (3) months, six (6) months and upon discharge. Through care coordination efforts, the Regional Hubs will be responsible for gathering data on items including, but not limited to recovery status, criminal justice involvement, employment, and housing needs at the time intervals listed above. This data will enable the Department to measure short and long-term outcomes associated with SOR-funded initiatives and to determine which programs are generating the best results for the clients served.

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

Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 and SFY 2022-2023 biennia.

Should Governor and Executive Council not authorize this request, individuals seeking help for OUD in NH may experience difficulty navigating a complex system, may not receive the supports and clinical services they need, and may experience delays in receiving care.

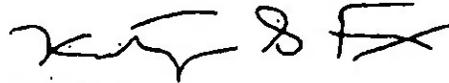
Area served: Statewide

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration. CFDA # 93.788, FAIN #H79T1081685 and FAIN #T1080246.

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

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

Respectfully submitted,



Katja S. Fox
Director

Approved by:



Jeffrey A. Meyers
Commissioner

Financial Detail

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT			
100% Federal Funds			
Activity Code: 92057040			
Androscoggin Valley Hospital, Inc			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 805,133.00
2020	Contracts for Prog Svs	102-500731	\$ 738,478.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 1,643,611.00
Concord Hospital, Inc			
Vendor # 177653-B003			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 947,662.00
2020	Contracts for Prog Svs	102-500731	\$ 897,595.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 1,845,257.00
Granite Pathways			
Vendor # 228900-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 2,380,444.00
2020	Contracts for Prog Svs	102-500731	\$ 2,328,259.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 4,708,703.00
Littlaton Regional Hospital			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 815,000.00
2020	Contracts for Prog Svs	102-500731	\$ 741,101.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 1,556,101.00
LRGHealthcare			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,000.00
2020	Contracts for Prog Svs	102-500731	\$ 773,000.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 1,593,000.00

Financial Detail

Mary Hitchcock Memorial Hospital			
Vendor # 177651-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 730,632.00
2020	Contracts for Prog Svs	102-500731	\$ 813,156.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,543,788.00
The Cheshire Medical Center			
Vendor # 155405-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,133.00
2020	Contracts for Prog Svs	102-500731	\$ 773,478.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,593,611.00
Wentworth-Douglas Hospital			
Vendor # 157797			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 962,700.00
2020	Contracts for Prog Svs	102-500731	\$ 927,716.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,890,416.00
SUB TOTAL			\$ 16,274,487.00

05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT			
100% Federal Funds			
Activity Code: 92052561			
Androscoggin Valley Hospital, Inc			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 16,000.00
Concord Hospital, Inc			
Vendor # 177653-B003			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -

Financial Detail

Granite Pathways			
Vendor # 228900-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 300,000.00
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 300,000.00
Littleton Regional Hospital			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 16,000.00
LRGHealthcare			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -
Mary Hitchcock Memorial Hospital			
Vendor # 177651-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -
The Cheshire Medical Center			
Vendor # 155405-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -
Wentworth-Douglas Hospital			
Vendor # 157797			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -
SUB TOTAL			\$ 332,000.00
TOTAL			\$ 16,606,487.00

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

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Concord Hospital - Laconia ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 2, 2021 (Item #28), and most recently amended on October 13, 2021, (Item #39), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2023
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$2,140,830.00
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
Robert W. Moore, Director.
4. Modify Exhibit B, Scope of Services, Section-8. Reporting Requirements, Subsection 8.4. by adding Paragraph 8.4.11 to read:
8.4.11. Client demographic data.
5. Modify Exhibit B, Section 10. Contract Management, by adding Subsection 10.4. to read:
10.4. The Contractor shall participate in meetings with the Department leadership and SOR staff, on a quarterly basis, or as otherwise requested by the Department, to discuss program sustainability and ongoing access to vulnerable populations.
6. Modify Exhibit B, Section 11, State Opioid Response (SOR) Grant Standards, by adding Subsection 11.15. as follows:
11.15. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.
7. Modify Exhibit C, Amendment #1, Payment Terms Section 1., to read:
 1. This Agreement is funded by:
 - 1.1. 87.57% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN ~~H79TI083326~~

H79TI083326; and as awarded on 09/23/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI085759

- 1.2. 2.95% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, as awarded on 3/11/21, by the U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, CFDA #93.959, FAIN B08TI083509.
 - 1.3. 2.66% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG, as awarded on 02/10/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, FAIN TI084659.
 - 1.4. 6.82% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds, effective from 9/30/2020 through 9/29/2021.
8. Modify Exhibit C – Amendment #1, Payment Terms Section 5 to read:
5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Appendix E Budget Form (4 Pages in total) through Exhibit C-11 Amendment #12 SOR II Budget.
9. Modify Exhibit C, Amendment #1, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1., Paragraph 7.1.3., Subparagraph 7.1.3.1., Part 7.1.3.1.4. to read:
- 7.1.3.1.4. Food or water.
10. Modify Exhibit C, Amendment #1, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1., Paragraph 7.1.3., Subparagraph 7.1.3.1., Part 7.1.3.1.7. to read:
- 7.1.3.1.7. RESERVED
11. Add Exhibit C-3 – Amendment #2, SOR II Budget, which is attached hereto and incorporated by reference herein.
12. Add Exhibit C-4 – Amendment #2, SOR II Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to September 29, 2022, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

10/24/2022

Date

DocuSigned by:
Katja S. Fox

Name: Katja S. Fox
Title: Director

Concord Hospital – Laconia

10/22/2022

Date

DocuSigned by:
Robert Steigmeyer

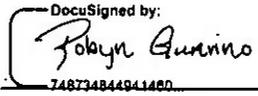
Name: Robert Steigmeyer
Title: President and CEO

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

OFFICE OF THE ATTORNEY GENERAL

10/24/2022

Date

DocuSigned by:

748734844941460

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services Complete one budget form for each budget period.			
		Concord Hospital, Inc. - Laconia	
		Contractor Name:	
		Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services	
		Budget Request for:	
		Budget Period	
		FY23 - (September 30, 2022 - June 30, 2023)	
		Indirect Cost Rate (if applicable)	
		3.00%	
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$177,831	\$16,259	\$194,090
2. Fringe Benefits	\$42,680		\$42,680
3. Consultants	\$0		\$0
4. Equipment	\$4,500		\$4,500
5.(a) Supplies - Educational	\$0		\$0
5.(b) Supplies - Lab	\$2,000		\$2,000
5.(c) Supplies - Pharmacy	\$1,000		\$1,000
5.(d) Supplies - Medical	\$1,400		\$1,400
5.(e) Supplies Office/Telephone			\$0
6. Travel	\$3,000		\$3,000
7. Software	\$0		\$0
8. (a) Other - Marketing/Communications	\$4,618		\$4,618
8. (b) Other - Education and Training	\$13,000		\$13,000
8. (c) Other -			
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 3/14/23</i>	\$41,901		\$41,901
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23</i>	\$27,933		\$27,933
<i>Naloxone</i>	\$60,000		\$60,000
<i>Flex Funds - client Transportation</i>	\$119,500		\$119,500
<i>Flex funds - Client Housing</i>	\$48,350		\$48,350
9. Subcontracts	\$58,500		\$58,500
Total Direct Costs	\$606,213	\$16,259	\$622,472
Total Unmet 3/14 Indirect Costs	\$4,656		\$4,656
Total Unmet 9/29 Indirect Costs	\$3,104		\$3,104
Total Indirect Costs	\$11,025		\$11,025
TOTAL	\$624,998	\$16,259	\$641,257


 Contractor Initials
 Date 10/22/2022

New Hampshire Department of Health and Human Services			
Complete one budget form for each budget period.			
Contractor Name:		Concord Hospital, Inc. - Laconia	
Budget Request for:		Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services	
Budget Period		FY24 - (July 1, 2023 - September 29, 2023)	
Indirect Cost Rate (if applicable)		2.00%	
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$59,277	\$5,420	\$64,697
2. Fringe Benefits	\$14,227	\$0	\$14,227
3. Consultants	\$0	\$0	\$0
4. Equipment	\$1,000	\$0	\$1,000
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$500	\$0	\$500
5.(c) Supplies - Pharmacy	\$500	\$0	\$500
5.(d) Supplies - Medical	\$628	\$0	\$628
5.(e) Supplies Office/ Telephone	\$0	\$0	\$0
6. Travel	\$1,000	\$0	\$1,000
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$1,500	\$0	\$1,500
8. (b) Other - Education and Training	\$2,500	\$0	\$2,500
8. (c) Other - Other (please specify)			
Naloxone	\$28,000	\$0	\$28,000
Flex Funds - Client Transportation	\$36,000	\$0	\$36,000
Flex Funds - Client Housing	\$14,000	\$0	\$14,000
Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23	\$25,865	\$0	\$25,865
9. Subcontracts	\$19,500	\$0	\$19,500
Total Direct Costs	\$204,497	\$5,420	\$209,917
Total Indirect Costs	\$3,836	\$0	\$3,836
TOTAL	\$208,333	\$5,420	\$213,753

Contractor Initials 
 Date 10/22/2022

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that CONCORD HOSPITAL - LACONIA is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 18, 2020. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 842949

Certificate Number: 0005772404



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 6th day of May A.D. 2022.

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

David M. Scanlan
Secretary of State

CERTIFICATE

I, William Chapman, Secretary of Concord Hospital, Inc. do hereby certify:

- 1) I maintain and have custody of and am familiar with the seal and minute books of the corporation;
- 2) I am authorized to issue certificates with respect to the contents of such books and to affix such seal to such certificates;
- 3) The following is a true and complete copy of the resolution adopted by the board of trustees of the corporation at a meeting of that board on March 21, 2005 which meeting was held in accordance with the law of the state of incorporation and the bylaws of the corporation:

The motion was made, seconded and the Board unanimously voted that the powers and duties of the President shall include the execution of all contracts and other legal documents on behalf of the corporation, unless some other person is specifically so designated by the Board, by law, or pursuant to the administrative policy addressing contract and expenditure approval levels.

- 4) the foregoing resolution is in full force and effect, unamended; as of the date hereof and for the following 30 days; and
- 5) the following persons lawfully occupy the offices indicated below:

Robert P. Steigmeyer, President.
Scott W. Sloane, Chief Financial Officer

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the Corporation this 29th day of SEPTEMBER 2022.

William Chapman
Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/09/2022

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

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

PRODUCER MARSH USA, INC. 89 HIGH STREET BOSTON, MA 02110 Attn: Boston.cerrequest@Marsh.com	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE INSURER A : Granite Shield Insurance Exchange INSURER B : _____ INSURER C : _____ INSURER D : _____ INSURER E : _____ INSURER F : _____
CN107277064-CRHC-GPI-22-23 INSURED Concord Hospital - Laconia c/o Concord Hospital, Inc. 250 Pleasant Street Concord, NH 03301	NAIC # _____

COVERAGES **CERTIFICATE NUMBER:** NYC-011321037-01 **REVISION NUMBER:** 3

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

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			GSIE-PRIM-2022-101	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 12,000,000 PRODUCTS - COMPROP AGG \$ _____ \$ _____ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	<input type="checkbox"/> UMBRELLA LIAB. <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB. <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$: E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			GSIE-PRIM-2022-101	01/01/2022	01/01/2023	SEE ABOVE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 General Liability And Professional Liability Share A Combined Limit Of 2,000,000/12,000,000. Hospital Professional Liability Retro Active-Date 05/01/21.

CERTIFICATE HOLDER State of New Hampshire Attn: Department of Health and Human Services 129 Pleasant Street Concord, NH 03301-3857	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED, IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <p style="text-align: right;"><i>Marsh USA Inc.</i></p>
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CAPIREG-01

MDUNNING

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 11/8/2022

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

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

PRODUCER License # 1780862 HUB International New England 100 Central Street Suite 201 Holliston, MA 01746	CONTACT NAME: Cheryl Walunas PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: cheryl.walunas@hubinternational.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Citizens Insurance Company of America</td> <td style="text-align: center;">31534</td> </tr> <tr> <td>INSURER B: The Gray Insurance Company</td> <td style="text-align: center;">36307</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Citizens Insurance Company of America	31534	INSURER B: The Gray Insurance Company	36307	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Citizens Insurance Company of America	31534														
INSURER B: The Gray Insurance Company	36307														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Concord Hospital-Laconia 250 Pleasant Street Concord, NH 03301															

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COM/POP AGG \$ _____ \$ _____																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____																
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____																
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WBND117735	11/23/2022	11/23/2023	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">PER STATUTE</td> <td style="width: 5%;">OTH-ER</td> <td style="width: 10%;"></td> <td style="width: 80%;"></td> </tr> <tr> <td></td> <td></td> <td>E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td></td> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td></td> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table>	PER STATUTE	OTH-ER					E.L. EACH ACCIDENT	\$ 1,000,000			E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000			E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
PER STATUTE	OTH-ER																						
		E.L. EACH ACCIDENT	\$ 1,000,000																				
		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																				
		E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
B	Excess Worker's Comp			SPX0702455	10/1/2022	10/1/2023	SIR Buy Down \$ 200,000																

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Named Insured includes CONCORD HOSPITAL
 Evidence of Excess Workers Compensation - Self-Insured Retention of \$650,000

CERTIFICATE HOLDER State of New Hampshire Attn: Department of Health and Human Services 129 Pleasant Street Concord, NH 03301-3857	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Concord Hospital Mission Statement

Concord Hospital is a charitable organization which exists to meet the health needs of individuals within the communities it serves.

It is the established policy of Concord Hospital to provide services on the sole basis of the medical necessity of such services as determined by the medical staff without reference to race, color, ethnicity, national origin, sexual orientation, marital status, religion, age, gender, disability, or inability to pay for such services.

**BAKER
NEWMAN
NOYES**

**Concord Hospital, Inc.
and Subsidiaries**

Audited Consolidated Financial Statements

*Years Ended September 30, 2021 and 2020
With Independent Auditors' Report*

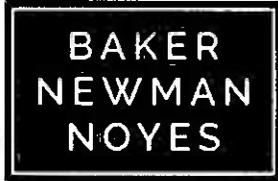
CONCORD HOSPITAL, INC. AND SUBSIDIARIES

Audited Consolidated Financial Statements

Years Ended September 30, 2021 and 2020

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Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
800.244.7444 | www.bnn CPA.com

INDEPENDENT AUDITORS' REPORT

The Board of Trustees
Concord Hospital, Inc.

We have audited the accompanying consolidated financial statements of Concord Hospital, Inc. and Subsidiaries (the System), which comprise the consolidated balance sheets as of September 30, 2021 and 2020, the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

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

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

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

The Board of Trustees
Concord Hospital, Inc.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the System as of September 30, 2021 and 2020, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As further discussed in Note 3, the System acquired certain assets and liabilities of LRGHealthcare, which operates two acute care hospitals located in Franklin and Laconia, New Hampshire; Granite Shield Insurance Exchange and Subsidiary, an insurance captive; and Concord Endoscopy Center, LLC, during the year ended September 30, 2021.

Baker Newman & Noyes LLC

Manchester, New Hampshire
December 17, 2021

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS

September 30, 2021 and 2020

ASSETS
(In thousands)

	<u>2021</u>	<u>2020</u>
Current assets:		
Cash and cash equivalents	\$ 37,722	\$ 29,342
Short-term investments	66,525	73,907
Accounts receivable	94,720	66,175
Due from affiliates	1,031	90
Supplies	5,656	2,871
Prepaid expenses and other current assets	<u>11,575</u>	<u>6,923</u>
Total current assets	217,229	179,308
Assets whose use is limited or restricted:		
Board designated	365,305	296,887
Funds held by trustee for insurance reserves, escrows and construction funds	77,443	18,000
Donor-restricted funds and restricted grants	<u>48,313</u>	<u>39,462</u>
Total assets whose use is limited or restricted	491,061	354,349
Other noncurrent assets:		
Due from affiliates, net of current portion	615	654
Other assets	<u>16,656</u>	<u>13,567</u>
Total other noncurrent assets	17,271	14,221
Property and equipment:		
Land and land improvements	8,193	6,332
Buildings	269,286	239,545
Equipment	271,210	255,660
Construction in progress	<u>10,144</u>	<u>12,075</u>
	558,833	513,612
Less accumulated depreciation	<u>(337,496)</u>	<u>(309,639)</u>
Net property and equipment	<u>221,337</u>	<u>203,973</u>
	<u>\$ 946,898</u>	<u>\$ 751,851</u>

LIABILITIES AND NET ASSETS
(In thousands)

	<u>2021</u>	<u>2020</u>
Current liabilities:		
Accounts payable and accrued expenses	\$ 47,073	\$ 34,569
Accrued compensation and related expenses	43,982	30,543
Accrual for estimated third-party payor settlements	96,403	48,392
Current portion of long-term debt	<u>5,447</u>	<u>5,186</u>
Total current liabilities	192,905	118,690
Long-term debt, net of current portion	155,323	116,555
Reserve for insurance	28,932	7,081
Accrued pension and other long-term liabilities	<u>40,391</u>	<u>139,571</u>
Total liabilities	417,551	381,897
Net assets:		
Without donor restrictions	477,710	331,060
With donor restrictions	<u>48,903</u>	<u>38,894</u>
Total Concord Hospital net assets	526,613	369,954
Noncontrolling interest in consolidated subsidiary	<u>2,734</u>	<u>—</u>
Total net assets	529,347	369,954
	<u> </u>	<u> </u>
	<u>\$ 946,898</u>	<u>\$ 751,851</u>

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**CONSOLIDATED STATEMENTS OF OPERATIONS**

Years Ended September 30, 2021 and 2020
(In thousands)

	<u>2021</u>	<u>2020</u>
Revenue and other support without donor restrictions:		
Patient service revenue	\$598,533	\$455,512
Other revenue	30,661	48,612
Disproportionate share revenue	26,545	18,202
Net assets released from restrictions for operations	<u>1,537</u>	<u>1,983</u>
Total revenue and other support without donor restrictions	657,276	524,309
Operating expenses:		
Salaries and wages	297,198	245,681
Employee benefits	81,179	68,329
Supplies and other	143,972	109,783
Purchased services	47,807	34,943
Professional fees	8,354	7,722
Depreciation and amortization	27,207	24,355
Medicaid enhancement tax	26,631	22,572
Interest expense	<u>3,835</u>	<u>2,595</u>
Total operating expenses	<u>636,183</u>	<u>515,980</u>
Income from operations	21,093	8,329
Nonoperating income (loss):		
Gifts and bequests without donor restrictions	328	411
Investment income and other	69,338	10,056
Loss on extinguishment of long-term debt	-	(1,231)
Other nonoperating income	2,118	-
Net periodic benefits cost, other than service cost	<u>(1,931)</u>	<u>(2,931)</u>
Total nonoperating income	<u>69,853</u>	<u>6,305</u>
Consolidated excess of revenues and nonoperating income over expenses	90,946	14,634
Excess of revenues and nonoperating income over expenses attributable to noncontrolling interest in consolidated subsidiary	<u>(144)</u>	<u>-</u>
Excess of revenues and nonoperating income over expenses attributable to the System	<u>\$ 90,802</u>	<u>\$ 14,634</u>

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS

Years Ended September 30, 2021 and 2020
(In thousands)

	<u>2021</u>	<u>2020</u>
System net assets without donor restrictions:		
Excess of revenues and nonoperating income over expenses attributable to the System	\$ 90,802	\$ 14,634
Net transfers to affiliates	(15)	(145)
Net assets released from restrictions used for purchases of property and equipment	165	61
Pension adjustment	<u>55,698</u>	<u>(16,512)</u>
Increase (decrease) in System net assets without donor restrictions	146,650	(1,962)
System net assets with donor restrictions:		
Contributions and pledges with donor restrictions	5,128	2,079
Net investment gain	5,429	945
Contributions to affiliates and other community organizations	(222)	(210)
Unrealized gains on trusts administered by others	1,376	62
Net assets released from restrictions for operations	(1,537)	(1,983)
Net assets released from restrictions used for purchases of property and equipment	<u>(165)</u>	<u>(61)</u>
Increase in System net assets with donor restrictions	<u>10,009</u>	<u>832</u>
Increase (decrease) in System net assets	156,659	(1,130)
Noncontrolling interest in consolidated subsidiary:		
Net increase in noncontrolling interest in consolidated subsidiary	2,681	-
Distributions to noncontrolling interest in consolidated subsidiary	(91)	-
Excess of revenues and nonoperating income over expenses attributable to noncontrolling interest in consolidated subsidiary	<u>144</u>	<u>-</u>
Increase in noncontrolling interest in consolidated subsidiary	<u>2,734</u>	<u>-</u>
Increase (decrease) in total net assets	159,393	(1,130)
Net assets, beginning of year	<u>369,954</u>	<u>371,084</u>
Net assets, end of year	<u>\$529,347</u>	<u>\$369,954</u>

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended September 30, 2021 and 2020
(In thousands)

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities:		
Increase (decrease) in net assets	\$ 159,393	\$ (1,130)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities:		
Contributions and pledges with donor restrictions	(5,128)	(2,079)
Depreciation and amortization	27,207	24,355
Net realized and unrealized gains on investments	(70,262)	(7,469)
Bond premium and issuance cost amortization	(430)	(356)
Equity in earnings of affiliates, net	(5,082)	(4,865)
Distributions to noncontrolling interest in consolidated subsidiary	91	-
Loss on disposal of property and equipment	-	33
Loss on extinguishment of long-term debt	-	1,231
Pension adjustment	(55,698)	16,512
Changes in operating assets and liabilities:		
Accounts receivable	(13,615)	2,439
Supplies, prepaid expenses and other current assets	(5,711)	(736)
Other assets	3,077	5,758
Due from affiliates	(902)	456
Accounts payable and accrued expenses	6,524	6,228
Accrued compensation and related expenses	8,494	2,369
Accrual for estimated third-party payor settlements	41,645	13,823
Accrued pension and other long-term liabilities	(48,992)	55,175
Reserve for insurance	3,440	247
Net cash provided by operating activities	<u>44,051</u>	<u>111,991</u>
Cash flows from investing activities:		
Cash paid for business acquisitions, net	(24,167)	-
Increase in property and equipment, net	(21,665)	(53,596)
Purchases of investments	(96,717)	(132,901)
Proceeds from sales of investments	57,942	95,541
Equity distributions from affiliates	4,662	3,813
Net cash used by investing activities	<u>(79,945)</u>	<u>(87,143)</u>
Cash flows from financing activities:		
Payments on long-term debt	(11,341)	(52,800)
Proceeds from issuance of long-term debt	51,498	49,102
Bond issuance costs	(698)	(256)
Distributions to noncontrolling interest in consolidated subsidiary	(91)	-
Contributions and pledges with donor restrictions	4,906	2,044
Net cash provided (used) by financing activities	<u>44,274</u>	<u>(1,910)</u>
Net increase in cash and cash equivalents	8,380	22,938
Cash and cash equivalents at beginning of year	<u>29,342</u>	<u>6,404</u>
Cash and cash equivalents at end of year	<u>\$ 37,722</u>	<u>\$ 29,342</u>

Supplemental disclosure of noncash transactions:

The System acquired certain assets and liabilities of Granite Shield Insurance Exchange and Subsidiary during 2021 for no consideration. See note 3.

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies

Organization

Concord Hospital, Inc., (the Hospital) located in Concord, New Hampshire, is a not-for-profit acute care hospital. The Hospital provides inpatient, outpatient, emergency care and physician services for residents within its geographic region. Admitting physicians are primarily practitioners in the local area. The Hospital is controlled by Capital Region Health Care Corporation (CRHC).

In 1985, the then Concord Hospital underwent a corporate reorganization in which it was renamed and became CRHC. At the same time, the Hospital was formed as a new entity. All assets and liabilities of the former hospital, now CRHC, with the exception of its endowments and restricted funds, were conveyed to the new entity. The endowments were held by CRHC for the benefit of the Hospital, which is the true party in interest. Effective October 1, 1999, CRHC transferred these funds to the Hospital.

In March 2009, the Hospital created The Concord Hospital Trust (the Trust), a separately incorporated, not-for-profit organization to serve as the Hospital's philanthropic arm. In establishing the Trust, the Hospital transferred philanthropic funds with donor restrictions, including board designated funds, endowments, indigent care funds and specific purpose funds, to the newly formed organization together with the stewardship responsibility to direct monies available to support the Hospital's charitable mission and reflect the specific intentions of the donors who made these gifts.

During 2021, the Hospital completed several acquisitions as described in Note 3.

Subsidiaries of the Hospital, including those acquired in 2021, are as follows:

Capital Region Health Care Development Corporation (CRHCDC) is a not-for-profit real estate corporation that owns and operates medical office buildings and other properties.

Capital Region Health Ventures Corporation (CRHVC) is a not-for-profit corporation that engages in health care delivery partnerships and joint ventures. It operates ambulatory surgery and diagnostic facilities independently and in cooperation with other entities.

NH Cares ACO, LLC (NHC) is a single member limited liability company that engages in providing medical services to Medicare beneficiaries as an accountable care organization. NHC has a perpetual life and is subject to termination in certain events.

Concord Hospital – Laconia (CH-Laconia) is a not-for-profit corporation formed to operate a licensed hospital providing inpatient, outpatient, emergency care and physician services for residents within its geographic region of Laconia, New Hampshire. The CH-Laconia facility includes 137 acute care beds and was designated a Rural Referral Center in 1986, and a Sole Community Hospital in 2009. Admitting physicians are primarily practitioners in the local area. CH-Laconia is controlled by the Hospital, and was acquired by the Hospital in 2021. See Note 3.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Concord Hospital – Franklin (CH-Franklin) is a not-for-profit corporation formed to operate a licensed hospital providing inpatient, outpatient, emergency care and physician services for residents within its geographic region of Franklin, New Hampshire. The CH-Franklin facility was designated a Critical Access Hospital effective July 1, 2004, and includes 25 acute care beds. CH-Franklin also operates a 10 bed designated psychiatric receiving facility. Admitting physicians are primarily practitioners in the local area. CH-Franklin is controlled by the Hospital, and was acquired by the Hospital in 2021. See Note 3.

Granite Shield Insurance Exchange and Subsidiaries (GSIE) was formed on December 20, 2010, in the State of Vermont as an industrial insured reciprocal insurance entity and unincorporated association. GSIE commenced underwriting activities on January 1, 2011. GSIE was formed to provide healthcare professional liability, general liability and medical stop loss insurance to its subscribers through GSI Services, LLC (GSI), the attorney-in-fact. GSI was formed in the State of Vermont as a limited liability company on December 14, 2010, and acts as an agent to enable the subscribers of GSIE to exchange insurance contracts. Through December 31, 2020, GSI was equally controlled by each of the subscribers of GSIE, all of which were health systems located in the State of New Hampshire, inclusive of the Hospital. Effective January 1, 2021, as further described in Note 3, the Hospital became the sole voting member of GSIE, resulting in all activity of GSIE for the period January 1, 2021 to September 30, 2021 being recorded within the accompanying consolidated financial statements. See also Note 3.

Concord Endoscopy Center, LLC (CEC) is a New Hampshire limited liability company that engages in providing gastrointestinal services, including the diagnosis and treatment of digestive and liver diseases. CEC has a perpetual life, is subject to termination in certain events, and was acquired by the Hospital in 2021 as further described in Note 3.

The Hospital, its subsidiaries and the Trust are collectively referred to as the System. The consolidated financial statements include the accounts of the Hospital, the Trust, CRHCDC, CRHVC, NHC, CH-Laconia, CH-Franklin, GSIE and CEC. All significant intercompany balances and transactions have been eliminated in consolidation. The Hospital, the Trust, CH-Laconia and CH-Franklin constitute the Obligated Group at September 30, 2021 (the Hospital and Trust constituted the Obligated Group at September 30, 2020) to certain debt described in Note 7.

Principles of Consolidation

Noncontrolling interests in less-than-wholly-owned consolidated subsidiaries of the System are presented as a component of total net assets to distinguish between the interests of the System and the interests of the noncontrolling owners. Revenues, expenses and nonoperating income from these subsidiaries are included in the consolidated amounts presented on the consolidated statements of operations. Excess of revenues and nonoperating income over expenses attributable to the System separately presents the amounts attributable to the controlling interest.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Noncontrolling Interests

Noncontrolling interests represent the portion of equity in a subsidiary not attributable, directly or indirectly, to a parent. The System's accompanying consolidated financial statements include all assets, liabilities, revenues and expenses at their consolidated amounts, which include the amounts attributable to the System and the noncontrolling interest. The System recognizes as a separate component of net assets and earnings the portion of income or loss attributable to noncontrolling interests based on the portion of the entity not owned by the System.

Use of Estimates

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

Concentration of Credit Risk

Financial instruments which subject the System to credit risk consist primarily of cash equivalents, accounts receivable and investments. The risk with respect to cash equivalents is minimized by the System's policy of investing in financial instruments with short-term maturities issued by highly rated financial institutions. The System's accounts receivable are primarily due from third-party payors and amounts are presented net of expected explicit and implicit price concessions, including estimated implicit price concessions from uninsured patients. The System's investment portfolio consists of diversified investments, which are subject to market risk. The System's investment in one fund, the Vanguard Institutional Index Fund, exceeded 10% of total System investments as of September 30, 2021 and 2020.

Cash and Cash Equivalents

Cash and cash equivalents include money market funds with original maturities of three months or less, excluding assets whose use is limited or restricted. The System maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The System has not experienced any losses on such accounts.

Supplies

Supplies are carried at the lower of cost, determined on a weighted-average method, or net realizable value.

Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted include assets held by trustees for insurance reserves, escrows, construction funds, designated assets set aside by the Board of Trustees (over which the Board retains control and may, at its discretion, subsequently use for other purposes), and donor-restricted investments.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Investments and Investment Income

Investments are carried at fair value in the accompanying consolidated balance sheets. Investment income (including realized gains and losses on investments, interest and dividends) and the net change in unrealized gains and losses on investments are included in the excess of revenues and nonoperating income over expenses in the accompanying consolidated statements of operations, unless the income or loss is restricted by donor or law.

Beneficial Interest in Perpetual Trusts

The System has an irrevocable right to receive income earned on certain trust assets established for its benefit. Distributions received by the System are without donor restrictions. The System's interest in the fair value of the trust assets is included in assets whose use is limited or restricted and as net assets with donor restrictions. Changes in the fair value of beneficial trust assets are reported as increases or decreases to net assets with donor restrictions.

Investment Policies

The System's investment policies provide guidance for the prudent and skillful management of invested assets with the objective of preserving capital and maximizing returns. The invested assets include endowment, specific purpose and board designated funds.

Endowment funds are identified as perpetual in nature, intended to provide support for current or future operations and other purposes identified by the donor. These funds are managed with disciplined longer-term investment objectives and strategies designed to accommodate relevant, reasonable, or probable events.

Specific purpose funds are temporary in nature, restricted as to time or purpose as identified by the donor or grantor. These funds have various intermediate/long-term time horizons associated with specific identified spending objectives.

Board designated funds have various intermediate/long-term time horizons associated with specific spending objectives as determined by the Board of Trustees.

Management of these assets is designed to increase, with minimum risk, the inflation adjusted principal and income of the endowment funds over the long term. The System targets a diversified asset allocation that places emphasis on achieving its long-term return objectives within prudent risk constraints.

Spending Policy for Appropriation of Assets for Expenditure

In accordance with the *Uniform Prudent Management of Institutional Funds Act* (UPMIFA), the System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (a) the duration and preservation of the fund; (b) the purpose of the organization and the donor-restricted endowment fund; (c) general economic conditions; (d) the possible effect of inflation and deflation; (e) the expected total return from income and the appreciation of investments; (f) other resources of the organization; and (g) the investment policies of the organization.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. **Description of Organization and Summary of Significant Accounting Policies (Continued)**

Spending policies may be adopted by the System, from time to time, to provide a stream of funding for the support of key programs. The spending policies are structured in a manner to ensure that the purchasing power of the assets is maintained while providing the desired level of annual funding to the programs. The System has a current spending policy on various funds currently equivalent to 5% of twelve-quarter moving average of the funds' total market value.

Accounts Receivable

Patient accounts receivable for which the unconditional right to payment exists are receivables if the right to consideration is unconditional and only the passage of time is required before payment of that consideration is due. Accounts receivable at September 30, 2021 and 2020 reflect the fact that any estimated uncollectible amounts are generally considered implicit price concessions that are a direct reduction to accounts receivable rather than allowance for doubtful accounts. At September 30, 2021 and 2020, estimated implicit price concessions of \$24,643 and \$14,119, respectively, had been recorded as reductions to accounts receivable balances to enable the System to record revenues and accounts receivable at the estimated amounts expected to be collected.

Property and Equipment

Property and equipment is stated at cost at time of purchase, or at fair value at time of donation for assets contributed, less any reductions in carrying value for impairment and less accumulated depreciation. The System's policy is to capitalize expenditures for major improvements and charge maintenance and repairs currently for expenditures which do not extend the lives of the related assets. Depreciation is computed using the straight-line method in a manner intended to amortize the cost of the related assets over their estimated useful lives. For the years ended September 30, 2021 and 2020, depreciation expense was \$27,207 and \$24,355, respectively.

The System has also capitalized certain costs associated with property and equipment not yet in service. Construction in progress includes amounts incurred related to major construction projects, other renovations, and other capital equipment purchased but not yet placed in service. During 2021 and 2020, the System capitalized \$200 and \$1,953, respectively, of interest expense relating to various construction projects.

Gifts of long-lived assets such as land, buildings or equipment are reported as support without donor restrictions, and are excluded from the excess of revenues and nonoperating income over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets, are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Intangible Assets

The System reviews its intangible and other long-lived assets annually to determine whether the carrying amount of such assets is impaired. Upon determination that an impairment has occurred, these assets are reduced to fair value. There were no impairments recorded for the years ended September 30, 2021 or 2020. See also Note 3.

Federal Grant Revenue and Expenditures

Revenues and expenses under federal grant programs are recognized as the grant expenditures are incurred.

Bond Issuance Costs/Original Issue Discount or Premium

Bond issuance costs incurred to obtain financing for construction and renovation projects and the original issue discount or premium are amortized to interest expense using the straight-line method, which approximates the effective interest method, over the life of the respective bonds. The original issue discount or premium and bond issuance costs are presented as a component of bonds payable.

Charity Care

The System provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates (Note 12). Because the System does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The System uses an industry standard approach in calculating the costs associated with providing charity care. Funds received from gifts and grants to subsidize charity services provided for the years ended September 30, 2021 and 2020 were approximately \$132 and \$246, respectively.

Net Assets With Donor Restrictions

Gifts are reported as restricted support if they are received with donor stipulations that limit the use of donated assets. Donated investments, supplies and equipment are reported at fair value at the date of receipt. Unconditional promises to give cash and other assets are reported at fair value at the date of receipt of the promise. When a donor restriction expires (when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statement of operations as either net assets released from restrictions for operations (for noncapital related items) or as net assets released from restrictions used for purchases of property and equipment (capital related items). Some net assets with donor restrictions have been restricted by donors to be maintained by the System in perpetuity.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Patient Service Revenue

Revenues generally relate to contracts with patients in which the System's performance obligations are to provide health care services to patients. Revenues are recorded during the period obligations to provide health care services are satisfied. Performance obligations for inpatient services are generally satisfied over a period of days. Performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationships with patients, in most cases, also involve a third-party payor (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges) and the transaction prices for the services provided are dependent upon the terms provided by Medicare and Medicaid or negotiated with managed care health plans and commercial insurance companies, the third-party payors. The payment arrangements with third-party payors for the services provided to related patients typically specify payments at amounts less than standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge, per identified service or per covered member. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the revenue recognition process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals.

The collection of outstanding receivables for Medicare, Medicaid, managed care payers, other third-party payors and patients is the System's primary source of cash and is critical to its operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the aging of those accounts. Accounts are written off when all reasonable internal and external collection efforts have been performed. The estimates for implicit price concessions are based upon management's assessment of historical write-offs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical write-offs and collections at facilities that represent a majority of hospital revenues and accounts receivable (the "hindsight analysis") as a primary source of information in estimating the collectability of accounts receivable. Management performs the hindsight analysis regularly, utilizing rolling twelve-months accounts receivable collection and write-off data. Management believes its regular updates to the estimated implicit price concession amounts provide reasonable estimates of revenues and valuations of accounts receivable. These routine, regular changes in estimates have not resulted in material adjustments to the valuations of accounts receivable or period-to-period comparisons of operations.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

The System receives payment for other Medicaid outpatient services on a reasonable cost basis which are settled with retroactive adjustments upon completion and audit of related cost finding reports. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenues in the year that such amounts become known. For the years ended September 30, 2021 and 2020, patient service revenue in the accompanying consolidated statements of operations increased by approximately \$4,800 and \$3,400, respectively, due to actual settlements and changes in assumptions underlying estimated future third-party settlements.

Revenues from the Medicare and Medicaid programs accounted for approximately 38% and 6% and 35% and 4% of the System's patient service revenue for the years ended September 30, 2021 and 2020, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation.

Excess of Revenues and Nonoperating Income Over Expenses

The System has deemed all activities as ongoing, major or central to the provision of health care services and, accordingly, they are reported as operating revenue and expenses, except for contributions and pledges without donor restrictions, the related philanthropy expenses and investment income which are recorded as nonoperating income.

The consolidated statements of operations also include excess of revenues and nonoperating income over expenses. Changes in net assets without donor restrictions which are excluded from excess of revenues and nonoperating income over expenses, consistent with industry practice, include the permanent transfers of assets to and from affiliates for other than goods and services, pension liability adjustments and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Estimated Workers' Compensation, Malpractice and Health Care Claims

The provision for estimated workers' compensation, malpractice and health care claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Functional Expense Allocation

The costs of providing program services and other activities have been summarized on a functional basis in Note 11. Accordingly, costs have been allocated among program services and supporting services benefitted.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Income Taxes

The Hospital, CH-Laconia, CH-Franklin, CRHCDC, CRHVC, and the Trust are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code, and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. NHC is organized as a single member limited liability company and has elected to be treated as a disregarded entity for federal and state income tax reporting purposes. Accordingly, all income or losses and applicable tax credits are reported on the member's income tax returns, with the exception of taxes due to the State of New Hampshire. Management evaluated the System's tax positions and concluded the System has maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment to or disclosure in the accompanying consolidated financial statements. GSIE, NHC and CEC account for income taxes in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740, *Income Taxes*. FASB ASC 740 is an asset and liability method, which requires the recognition of deferred tax assets and liabilities for the expected future tax consequences of temporary differences between the tax and financial reporting basis of certain assets and liabilities. Resulting income tax expense and the temporary differences between the tax and financial reporting basis are not material.

Advertising Costs

The System expenses advertising costs as incurred, and such costs totaled approximately \$168 and \$181 for the years ended September 30, 2021 and 2020, respectively.

Recent Accounting Pronouncements

In February 2016, the FASB issued Accounting Standards Update (ASU) No. 2016-02, *Leases (Topic 842)* (ASU 2016-02). Under ASU 2016-02, at the commencement of a long-term lease, lessees will recognize a liability equivalent to the discounted payments due under the lease agreement, as well as an offsetting right-of-use asset. ASU 2016-02 is effective for the System on October 1, 2022. Lessees (for capital and operating leases) must apply a modified retrospective transition approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements. The modified retrospective approach would not require any transition accounting for leases that expired before the earliest comparative period presented. Lessees may not apply a full retrospective transition approach. The System is currently evaluating the impact of the pending adoption of ASU 2016-02 on the System's consolidated financial statements.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement* (ASU 2018-13). The amendments in this ASU modify the disclosure requirements for fair value measurements for Level 3 assets and liabilities, and eliminate the requirement to disclose transfers between Levels 1 and 2 of the fair value hierarchy, among other modifications. ASU 2018-13 was effective for the System on October 1, 2020. The adoption of ASU 2018-13 did not have a material impact on these consolidated financial statements.

In August 2018, FASB issued ASU No. 2018-14, *Compensation – Retirement Benefits – Defined Benefit Plans – General (Topic 715)* (ASU 2018-14). Under ASU 2018-14, the disclosure requirements for employers that sponsor defined benefit pension and other postretirement plans are modified. ASU 2018-14 is effective for the System on October 1, 2022, with early adoption permitted. The System will apply the amendments on a retrospective basis to all periods presented.

In September 2020, the FASB issued ASU No. 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. ASU 2020-07 enhances the presentation of disclosure requirements for contributed nonfinancial assets. ASU 2020-07 requires entities to present contributed nonfinancial assets as a separate line item in the statement of operations and disclose the amount of contributed nonfinancial assets recognized within the statement of operations by category that depicts the type of contributed nonfinancial assets, as well as a description of any donor-imposed restrictions associated with the contributed nonfinancial assets and the valuation techniques used to arrive at a fair value measure at initial recognition. ASU 2020-07 is effective for the System beginning October 1, 2021, with early adoption permitted. The System is currently evaluating the impact of the pending adoption of ASU 2020-07 on its financial statements.

Risks and Uncertainties

On March 11, 2020, the World Health Organization declared the outbreak of coronavirus (COVID-19) a pandemic. The COVID-19 pandemic has significantly affected employees, patients, systems, communities and business operations, as well as the U.S. economy and financial markets. Consolidated patient volumes and revenues experienced gradual improvement beginning in the latter part of April 2020, and continuing through fiscal year 2021, however uncertainty still exists as the future is unpredictable. The System's pandemic response plan has multiple facets and evolves as conditions warrant. The System has taken precautionary steps to enhance its operational and financial flexibility, and react to the risks the COVID-19 pandemic presents in its operations, including the following:

- Implemented certain cost reduction initiatives;
- Increased the availability on its revolving line of credit from \$10,000 to \$40,000 (Note 7);
- Elected to defer payments on employer payroll tax incurred through December 31, 2020 as provided for under the *Coronavirus Aid, Relief, and Economic Security Act* ("CARES Act");
- Since the declaration of the pandemic, the System received \$57,885 of accelerated Medicare payments (Note 6) and \$29,468 in general and targeted Provider Relief Fund distributions, both as provided for under the CARES Act.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

September 30, 2021 and 2020
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

During the third quarter of fiscal 2020, the System was awarded \$9,539 from the \$50 billion general distribution fund and \$19,929 of targeted distributions from the CARES Act Provider Relief Fund. These distributions from the Provider Relief Fund are not subject to repayment, provided the System is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for healthcare-related expenses or lost revenue attributable to COVID-19. Such payments are accounted for as government grants, and are recognized on a systematic and rational basis as other income once there is reasonable assurance that the applicable terms and conditions required to retain the funds will be met. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and the impact of the pandemic on operating results through September 30, 2020, the System recognized \$29,468 related to these general distribution funds, and these payments are recorded within other revenue in the consolidated statements of operations for the year ended September 30, 2020.

The CARES Act also provides for a deferral of payments of the employer portion of payroll tax incurred during the pandemic, allowing half of such payroll taxes to be deferred until December 2021, and the remaining half until December 2022. At September 30, 2021 and 2020, the System had deferred \$8,866 and \$6,051, respectively, of payroll taxes recorded, of which \$4,433 and \$6,051, respectively, are included within accrued pension and other long-term liabilities in the accompanying consolidated balance sheet. As of September 30, 2021, \$4,433 of deferred payroll taxes are recorded within accrued compensation and related expenses on the accompanying consolidated balance sheet.

The System received funding from the Federal Emergency Management Agency (FEMA) for pandemic related expenses of \$6,706 during 2021, of which \$4,206 was recorded within other revenue on the accompanying consolidated statements of operations. In addition, \$476 of funding was received from the State of New Hampshire.

Reclassifications

Certain 2020 amounts have been reclassified to permit comparison with the 2021 consolidated financial statements presentation format.

Subsequent Events

Management of the System evaluated events occurring between the end of the System's fiscal year and December 17, 2021, the date the consolidated financial statements were available to be issued.

2. Transactions With Affiliates

The System provides funds to CRHC and its affiliates which are used for a variety of purposes. The System records the transfer of funds to CRHC and the other affiliates as either receivables or directly against net assets, depending on the intended use and repayment requirements of the funds. Generally, funds transferred for start-up costs of new ventures or capital related expenditures are recorded as charges against net assets. For the years ended September 30, 2021 and 2020, transfers made to CRHC were \$(171) and \$(457), respectively, and transfers received from Capital Region Health Services Corporation (CRHSC) were \$156 and \$312, respectively.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

September 30, 2021 and 2020
(In thousands)

2. Transactions With Affiliates (Continued)

Amounts due the System, primarily from joint ventures, totaled \$1,646 and \$744 at September 30, 2021 and 2020, respectively. Amounts have been classified as current or long-term depending on the intentions of the parties involved. Beginning in 1999, the Hospital began charging interest on a portion of the receivables (\$615 and \$654 at September 30, 2021 and 2020, respectively) with principal and interest (6.75% at September 30, 2021) payments due monthly. Interest income amounted to \$29 and \$46 for the years ended September 30, 2021 and 2020, respectively.

A brief description of CRHC's affiliated entities is as follows:

- CRHSC is a for-profit provider of health care services, including an eye surgery center and assisted living facility.
- Granite VNA (formerly Concord Regional Visiting Nurse Association, Inc. and Subsidiary) provides home health care services.
- Riverbend Community Mental Health, Inc. provides behavioral health services.

Contributions to affiliates and other community organizations from net assets with donor restrictions were \$222 and \$210 in 2021 and 2020, respectively.

3. Business Acquisitions and Intangible Assets**LRGHealthcare**

On October 19, 2020, the Hospital entered into an asset purchase agreement (the Agreement) with LRGHealthcare (the Seller) to acquire certain assets and assume certain liabilities of Lakes Region General Hospital in Laconia, New Hampshire, and Franklin Regional Hospital in Franklin, New Hampshire. Upon execution of the Agreement, the Seller filed a voluntary case under Chapter 11 of the United States bankruptcy code. As a result, the Agreement was subject to bankruptcy proceedings, including a formal bid process and auction, as well as subsequent regulatory approvals. The Hospital's bid was accepted and approved by the State of New Hampshire during 2021. The transaction was completed effective May 1, 2021 for total consideration paid of \$23,476.

The purchase price was allocated to tangible and identifiable intangible assets acquired based on their estimated fair values at the acquisition date, as summarized below:

Assets acquired:	
Accounts receivable	\$12,145
Supplies	1,641
Property and equipment	22,833
Other assets	<u>6,948</u>
Total assets acquired	43,567

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

3. Business Acquisitions and Intangible Assets (Continued)

Liabilities assumed:

Accrued insurance liabilities	\$ 3,270
Accrued compensation and related expenses	4,945
Accrual for estimated third-party payor settlements	6,366
Accrued pension and other long-term liabilities	<u>5,510</u>

Total liabilities assumed 20,091

Fair value of assets acquired and liabilities assumed \$23,476

Total consideration paid \$23,476

The results from the acquisition date through September 30, 2021 are included in the accompanying 2021 consolidated financial statements. Direct costs (primarily legal) in 2021 related to the transaction were not material and were expensed as incurred within professional fees in the consolidated statement of operations.

Concord Endoscopy Center, LLC

On April 1, 2021, CRHVC completed the acquisition of a 40% interest in CEC, as further described in Note 1. CEC has operations in Concord, New Hampshire. CRHVC owned 30% of CEC prior to the acquisition date. As a result of this transaction, CRHVC holds a majority interest and control of CEC, and is therefore required to consolidate CEC as of the acquisition date. The total consideration paid of \$3,485, net of cash acquired of \$88, was comprised entirely of cash. The purchase price of the additional interest in CEC was allocated to the tangible and identifiable intangible assets acquired based on their estimated fair values at the acquisition date, as summarized below:

Assets acquired:

Cash	\$ 88
Accounts receivable	425
Supplies	6
Prepaid expenses and other current assets	79
Property and equipment	6
Patient list and other intangible assets	<u>8,556</u>

Total assets acquired 9,160

Liabilities assumed:

Accounts payable and accrued expenses	<u>(225)</u>
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Total liabilities assumed (225)

Fair value of assets acquired and liabilities assumed 8,935

Less amount attributable to noncontrolling interest (2,681)

Amount attributable to CRHVC \$6,254

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

3. Business Acquisitions and Intangible Assets (Continued)

The intangible assets from the CEC acquisition are included within other noncurrent assets in the accompanying 2021 consolidated balance sheet at cost less accumulated amortization. Amortizable intangible assets consist of the following at September 30, 2021:

	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net</u>
Amortizable intangible assets	\$8,556	\$(428)	\$8,128

Amortization expense was \$428 during the year ended September 30, 2021 and is recorded within other nonoperating expense in the accompanying 2021 consolidated statement of operations.

Expected amortization of intangible assets through their useful lives is as follows:

2022	\$ 856
2023	856
2024	856
2025	856
2026	856
Thereafter	<u>3,848</u>
	<u>\$ 8,128</u>

The results of CEC from the acquisition date through September 30, 2021 are included in the accompanying 2021 consolidated financial statements. Direct costs (primarily legal) in 2021 related to the transaction were not material and were expensed as incurred within professional fees in the accompanying 2021 consolidated statement of operations.

Granite Shield Insurance Exchange

As a result of the acquisition of certain LRGHealthcare assets and liabilities, as noted above, the Hospital gained effective control of GSIE as of December 31, 2020. GSIE's operations have been reported within the accompanying 2021 consolidated financial statements beginning as of the effective date. Prior to gaining control, the Hospital owned approximately a 79% interest in GSIE, but shared control equally with LRGHealthcare.

As of December 31, 2020, the following tangible assets acquired and liabilities assumed were recorded based on their estimated fair values at the date of the transaction as follows:

Assets acquired:	
Cash and cash equivalents	\$ 2,794
Accounts receivable	2,360
Assets whose use is limited or restricted	20,071
Other assets	<u>4,521</u>
Total assets acquired	29,746

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

3. Business Acquisitions and Intangible Assets (Continued)

Liabilities assumed:

Accounts payable and accrued expenses	\$ 2,485
Unpaid losses and loss adjustment expenses	<u>18,411</u>
Total liabilities assumed	<u>20,896</u>

Fair value of assets acquired and liabilities assumed \$ 8,850

Investment in GSIE as of the acquisition date \$ 8,850

The results of GSIE from the acquisition date through September 30, 2021 are included in the accompanying 2021 consolidated financial statements.

4. Investments and Assets Whose Use is Limited or Restricted

Short-term investments totaling \$66,525 and \$73,907 at September 30, 2021 and 2020, respectively, are comprised primarily of cash and cash equivalents. Assets whose use is limited or restricted are carried at fair value and consist of the following at September 30:

	<u>2021</u>	<u>2020</u>
Board designated funds:		
Cash and cash equivalents	\$ 4,845	\$ 961
Fixed income securities	26,316	25,457
Marketable equity and other securities	318,051	258,108
Inflation-protected securities	<u>16,093</u>	<u>12,361</u>
	365,305	296,887
Held by trustee for workers' compensation reserves:		
Fixed income securities	2,988	2,974
Self-insurance escrows and construction funds:		
Cash and cash equivalents	8,996	1,242
Fixed income securities	45,456	3,176
Marketable equity securities	<u>20,003</u>	<u>10,608</u>
	74,455	15,026
Donor-restricted funds and restricted grants:		
Cash and cash equivalents	\$ 5,169	\$ 4,027
Fixed income securities	1,890	1,850
Marketable equity securities	27,021	21,299
Inflation-protected securities	1,369	1,020
Trust funds administered by others	12,341	10,965
Other	<u>523</u>	<u>301</u>
	<u>48,313</u>	<u>39,462</u>
	<u>\$491,061</u>	<u>\$354,349</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

4. Investments and Assets Whose Use is Limited or Restricted (Continued)

Included in marketable equity and other securities above are \$220,974 and \$188,376 at September 30, 2021 and 2020, respectively, in so called alternative investments and collective trust funds. See also Note 15.

Investment income, net realized gains and losses and net unrealized gains and losses on assets whose use is limited or restricted, cash and cash equivalents, and other investments are as follows at September 30:

	<u>2021</u>	<u>2020</u>
Net assets without donor restrictions:		
Interest and dividends	\$ 4,831	\$ 4,894
Investment income from trust funds administered by others	595	539
Net realized gains on sales of investments	11,760	9,312
Net unrealized gains (losses) on investments	<u>52,054</u>	<u>(2,448)</u>
	69,240	12,297
Net assets with donor restrictions:		
Interest and dividends	357	402
Net realized gains on sales of investments	933	768
Net unrealized gains (losses) on investments	<u>5,515</u>	<u>(163)</u>
	<u>6,805</u>	<u>1,007</u>
	<u>\$76,045</u>	<u>\$13,304</u>

In compliance with the System's spending policy, portions of investment income and related fees are recognized in other operating revenue on the accompanying consolidated statements of operations. Investment income reflected in other operating revenue was \$1,764 and \$2,024 in 2021 and 2020, respectively.

Investment management fees expensed and reflected in investment income and other were \$1,035 and \$849 for the years ended September 30, 2021 and 2020, respectively.

5. Retirement Plans

The System has a noncontributory defined benefit pension plan (the Concord Hospital Plan) covering all eligible employees of the System and subsidiaries, excluding employees of CH-Laconia and CH-Franklin. As a result of the acquisition of certain assets and liabilities of LRGHealthcare effective May 1, 2021 as discussed in Note 3, the System assumed and became the plan sponsor for LRGHealthcare's defined benefit plan, which covers all eligible employees of CH-Laconia and CH-Franklin (the CH-Laconia and CH-Franklin Plan). The Concord Hospital Plan and CH-Laconia and CH-Franklin Plan provide benefits based on an employee's years of service, age and the employee's compensation over those years. The System's funding policy for the plans is to contribute annually the amount needed to meet or exceed actuarially determined minimum funding requirements of the *Employee Retirement Income Security Act of 1974* (ERISA).

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

5. Retirement Plans (Continued)

The System accounts for its defined benefit pension plans under ASC 715, *Compensation Retirement Benefits*. This Statement requires entities to recognize an asset or liability for the overfunded or underfunded status of their benefit plans in their financial statements.

The following table summarizes the Concord Hospital Plan's funded status at September 30, 2021 and 2020 and the CH-Laconia and CH-Franklin Plan's funded status as of September 30, 2021:

	<u>Concord Hospital Plan</u>		<u>CH-Laconia and CH-Franklin Plan</u>
	<u>2021</u>	<u>2020</u>	<u>2021</u>
Funded status:			
Fair value of plan assets	\$ 309,685	\$ 258,752	\$ 65,409
Projected benefit obligation	<u>(322,873)</u>	<u>(327,793)</u>	<u>(69,402)</u>
	<u>\$ (13,188)</u>	<u>\$ (69,041)</u>	<u>\$ (3,993)</u>
Activities for the year consist of:			
Benefit payments and administrative expenses paid	\$ 21,445	\$ 21,516	\$ 2,634
Net periodic benefit cost	16,909	15,267	352

The table below presents details about the Concord Hospital Plan, and CH-Laconia and CH-Franklin Plan, including the funded status, components of net periodic benefit cost, and certain assumptions used in determining the funded status and cost:

	<u>Concord Hospital Plan</u>		<u>CH-Laconia and CH-Franklin Plan</u>
	<u>2021</u>	<u>2020</u>	<u>2021</u>
Change in benefit obligation:			
Projected benefit obligation at beginning of year/acquisition date (see Note 3)	\$ 327,793	\$ 304,836	\$ 69,725
Service cost	14,578	12,336	752
Interest cost	10,367	11,102	1,002
Actuarial (gain) loss	(8,420)	19,835	557
Benefit payments and administrative expenses paid	(21,445)	(21,516)	(2,634)
Other adjustments to benefit cost	<u>—</u>	<u>1,200</u>	<u>—</u>
Projected benefit obligation at end of year	<u>\$ 322,873</u>	<u>\$ 327,793</u>	<u>\$ 69,402</u>
Change in plan assets:			
Fair value of plan assets at beginning of year	\$ 258,752	\$ 251,574	\$ 64,215
Actual return on plan assets	56,378	12,694	846
Employer contributions	16,000	16,000	2,982
Benefit payments and administrative expenses	<u>(21,445)</u>	<u>(21,516)</u>	<u>(2,634)</u>
Fair value of plan assets at end of year	<u>\$ 309,685</u>	<u>\$ 258,752</u>	<u>\$ 65,409</u>
Funded status and amount recognized in noncurrent liabilities at September 30	<u>\$ (13,188)</u>	<u>\$ (69,041)</u>	<u>\$ (3,993)</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

5. Retirement Plans (Continued)

Amounts recognized as a change in net assets without donor restrictions during the years ended September 30, 2021 and 2020 consist of:

	<u>Concord Hospital Plan</u>		<u>CH-Laconia and CH-Franklin Plan</u>
	<u>2021</u>	<u>2020</u>	<u>2021</u>
Net actuarial (gain) loss	\$ (44,383)	\$ 27,689	\$ 1,064
Net amortized loss	(12,622)	(11,420)	-
Prior service credit amortization	<u>243</u>	<u>243</u>	<u>-</u>
Total amount recognized	<u>\$ (56,762)</u>	<u>\$ 16,512</u>	<u>\$ 1,064</u>

Pension Plan Assets

The fair values of the Concord Hospital Plan's assets as of September 30, 2021 and 2020, and the CH-Laconia and CH-Franklin Plan's assets as of September 30, 2021 by asset category are as follows (see Note 15 for level definitions). In accordance with ASC 820, *Fair Value Measurements*, certain investments that are measured using the net value per share practical expedient have not been classified in the fair value hierarchy.

	<u>Concord Hospital Plan</u>		<u>CH-Laconia and CH-Franklin Plan</u>
	<u>2021</u>	<u>2020</u>	<u>2021</u>
Short-term investments:			
Money market funds	\$ 10,402	\$ 1,189	\$ 1,257
Equity securities:			
Common stocks	-	7,862	-
Mutual funds – domestic	104,362	72,339	19,089
Mutual funds – international	-	-	12,848
Mutual funds – inflation hedge	14,599	7,685	-
Fixed income securities:			
Mutual funds – REIT	-	525	-
Mutual funds – fixed income	<u>22,290</u>	<u>19,628</u>	<u>32,215</u>
	151,653	109,228	65,409
Funds measured at net asset value:			
Equity securities:			
Funds-of-funds	94,714	87,887	-
Collective trust funds:			
Equities	52,696	51,545	-
Fixed income	<u>10,622</u>	<u>10,092</u>	<u>-</u>
	<u>158,032</u>	<u>149,524</u>	<u>-</u>
Total investments at fair value	<u>\$309,685</u>	<u>\$258,752</u>	<u>\$65,409</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

5. Retirement Plans (Continued)

The target allocation for the Concord Hospital Plan's assets as of September 30, 2021 and 2020, by asset category are as follows:

	<u>Target Allocation</u>		<u>Concord Hospital Plan</u>	
	<u>2021</u>	<u>2020</u>	<u>2021</u>	<u>2020</u>
Short-term investments	0-20%	0-20%	3%	0%
Equity securities	40-80%	40-80%	69%	68%
Fixed income securities	5-80%	5-80%	11%	12%
Other	0-30%	0-30%	17%	20%

The target allocation for the CH-Laconia and CH-Franklin Plan's assets as of September 30, 2021 by asset category are as follows:

	<u>Target Allocation</u>	<u>Percentage of Plan Assets</u>
Short-term investments	0%	2%
Equity securities	50%	49%
Fixed income securities	50%	49%

The funds-of-funds in the Concord Hospital Plan are invested with thirteen investment managers and have various restrictions on redemptions. One manager holding amounts totaling approximately \$19 million at September 30, 2021 allows for semi-monthly redemptions, with 5 days' notice. One manager holding approximately \$9 million at September 30, 2021 allows for monthly redemptions, with 15 days' notice. Six managers holding amounts totaling approximately \$45 million at September 30, 2021 allow for quarterly redemptions, with notices ranging from 45 to 65 days. Two of the managers holding amounts of approximately \$9 million at September 30, 2021 allow for annual redemptions, with notice ranging from 60 to 90 days. Two of the managers holding amounts of approximately \$13 million at September 30, 2021 allows for redemptions on a semi-annual basis, with a notice of 60 days. The collective trust funds allow for daily, weekly or monthly redemptions, with notices ranging from 6 to 10 days. Certain funds also may include a fee estimated to be equal to the cost the fund incurs in converting investments to cash (ranging from 0.5% to 1.5%), limit the percent of the investment that can be redeemed each redemption period, or are subject to certain lock periods.

The System considers various factors in estimating the expected long-term rate of return on plan assets. Among the factors considered include the historical long-term returns on plan assets, the current and expected allocation of plan assets, input from the System's actuaries and investment consultants, and long-term inflation assumptions. The System's expected allocation of plan assets is based on a diversified portfolio consisting of domestic and international equity securities, fixed income securities, and real estate.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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September 30, 2021 and 2020
(In thousands)

5. Retirement Plans (Continued)

The System's investment policy for its pension plans is to balance risk and returns using a diversified portfolio consisting primarily of high quality equity and fixed income securities. To accomplish this goal, plan assets are actively managed by outside investment managers with the objective of optimizing long-term return while maintaining a high standard of portfolio quality and proper diversification. The System monitors the maturities of fixed income securities so that there is sufficient liquidity to meet current benefit payment obligations. The System's Investment Committee provides oversight of the plan investments and the performance of the investment managers.

Amounts included in expense during fiscal 2021 and 2020 consist of:

	<u>Concord Hospital Plan</u>		<u>CH-Laconia and CH-Franklin Plan</u>
	<u>2021</u>	<u>2020</u>	<u>2021</u>
Components of net periodic benefit cost:			
Service cost	\$ 14,578	\$ 12,336	\$ 752
Interest cost	10,367	11,102	1,002
Expected return on plan assets	(20,416)	(20,548)	(1,402)
Amortization of prior service credit and loss	12,380	11,177	-
Other adjustments to benefits cost	<u>-</u>	<u>1,200</u>	<u>-</u>
Net periodic benefit cost	<u>\$ 16,909</u>	<u>\$ 15,267</u>	<u>\$ 352</u>

The accumulated benefit obligations for the Concord Hospital Plan at September 30, 2021 and 2020 were \$308,420 and \$310,208, respectively. The accumulated benefit obligation for the CH-Laconia and CH-Franklin Plan was \$66,600 at September 30, 2021.

	<u>Concord Hospital Plan</u>		<u>CH-Laconia and CH-Franklin Plan</u>
	<u>2021</u>	<u>2020</u>	<u>2021</u>
Weighted average assumptions to determine benefit obligation:			
Discount rate	3.33%	3.11%	3.33%
Rate of compensation increase	2.50% for the next year, 3.00% thereafter	2.50% for the next two years, 3.00% thereafter	3.00%
Weighted average assumptions to determine net periodic benefit cost:			
Discount rate	3.11%	3.59%	3.55%
Expected return on plan assets	7.75%	7.75%	6.50%
Cash balance credit rate	5.00%	5.00%	N/A
Rate of compensation increase	2.50%/3.00%	2.50%/3.00%	3.00%

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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5. Retirement Plans (Continued)

In selecting the long-term rate of return on plan assets, the System considered the average rate of earnings expected on the funds invested or to be invested to provide for the benefits of the plans. This included considering the plans' asset allocation and the expected returns likely to be earned over the life of the plans, as well as the historical returns on the types of assets held and the current economic environment.

The loss and prior service credit amount expected to be recognized in net periodic benefit cost in 2022 are as follows:

	<u>Concord Hospital Plan</u>	<u>CH-Laconia and CH-Franklin Plan</u>
Actuarial loss	\$ 10,149	\$ —
Prior service credit	<u>(243)</u>	<u>—</u>
	<u>\$ 9,906</u>	<u>\$ —</u>

The System funds the pension plans and no contributions are made by employees. The System funds the plans annually by making a contribution of at least the minimum amount required by applicable regulations and as recommended by the System's actuary. However, the System may also fund the plans in excess of the minimum required amount.

Cash contributions in subsequent years will depend on a number of factors including performance of plan assets. However, the System expects to fund \$16,000 in cash contributions to the Concord Hospital Plan for the 2022 plan year. There are no contributions expected to the CH-Laconia and CH-Franklin Plan in 2022.

Benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows:

<u>Year Ended September 30</u>	<u>Concord Hospital Plan</u>	<u>CH-Laconia and CH-Franklin Plan</u>
2022	\$ 18,134	\$ 5,674
2023	18,120	4,231
2024	18,446	4,438
2025	18,506	3,673
2026	19,392	4,094
2027 – 2031	112,720	18,295

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

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6. Estimated Third-Party Payor Settlements

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare

Inpatient and outpatient services rendered to Medicare program beneficiaries are primarily paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical diagnosis and other factors. In addition to this, the System is also reimbursed for medical education and other items which require cost settlement and retrospective review by the fiscal intermediary. Accordingly, the System files an annual cost report with the Medicare program after the completion of each fiscal year to report activity applicable to the Medicare program and to determine any final settlements.

The physician practices are reimbursed on a fee schedule basis.

Medicaid Enhancement Tax and Disproportionate Share Payment

Under the State of New Hampshire's (the State) tax code, the State imposes a Medicaid Enhancement Tax (MET) equal to 5.40% of net patient service revenues in State fiscal years 2021 and 2020. The amount of tax incurred by the System for 2021 and 2020 was \$26,631 and \$22,572, respectively.

In the fall of 2010, in order to remain in compliance with stated federal regulations, the State of New Hampshire adopted a new approach related to Medicaid disproportionate share funding (DSH) retroactive to July 1, 2010. Unlike the former funding method, the State's approach led to a payment that was not directly based on, and did not equate to, the level of tax imposed. As a result, the legislation created some level of losses at certain New Hampshire hospitals, while other hospitals realized gains. DSH payments from the State are recorded within revenue without donor restrictions and other support and amounted to \$26,545 in 2021 and \$18,202 in 2020, net of reserves referenced below.

The Centers for Medicare and Medicaid Services (CMS) has completed audits of the State's program and the disproportionate share payments made by the State from 2011 to 2017, the first years that those payments reflected the amount of uncompensated care provided by New Hampshire hospitals. It is possible that subsequent years will also be audited by CMS. The System has recorded reserves to address its potential exposure based on the audit results to date or any future redistributions.

Medicaid

Inpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under fee schedules and cost reimbursement methodologies subject to various limitations or discounts. The System is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicaid program.

The physician practices are reimbursed on a fee schedule basis.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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(In thousands)

6. Estimated Third-Party Payor Settlements (Continued)

Other

The System has also entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the System under these agreements includes prospectively determined rates per discharge, discounts from established charges, fee schedules, and prospectively determined rates.

The accrual for estimated third-party payor settlements reflected on the accompanying consolidated balance sheets represents the estimated net amounts to be paid under reimbursement contracts with the Centers for Medicare and Medicaid Services (Medicare), the New Hampshire Department of Welfare (Medicaid) and any commercial payors with settlement provision. Settlements for the Hospital have been finalized through 2016 for Medicare and Medicaid. Settlements for CH-Laconia have been finalized through 2018 for Medicare and 2017 for Medicaid. Settlements for CH-Franklin have been finalized through 2017 for Medicare and 2016 for Medicaid.

During fiscal year 2020, the System requested accelerated Medicare payments as provided for in the CARES Act, which allows for eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. One year from the date of receipt of the advance payments (beginning April 2021) 25% of the advances will be recouped in the first eleven months. An additional 25% of the advances will be recouped in the next six months, with the entire amount repayable in 29 months. Any outstanding balance after 29 months is repayable at a 4% interest rate. During the third quarter of fiscal 2020, the System received \$57,885 from these accelerated Medicare payment requests. At September 30, 2021 and 2020, the current portion due within a year, totaling \$41,036 and \$7,893, respectively, is recorded under the caption "accrual for estimated third-party payors" and the long-term portion as of September 30, 2020, totaling \$49,992, in the caption "accrued pension and other long-term liabilities" in the accompanying consolidated balance sheets. There is no long-term portion as of September 30, 2021.

7. Long-Term Debt and Revolving Line of Credit

Revolving Line of Credit

In November 2019, the Hospital entered into a \$10,000 revolving line of credit agreement with a bank. In June 2020, the Hospital increased the availability on the line of credit to \$40,000. Any amounts outstanding under the agreement bear interest at the per annum London Interbank Offered Rate (LIBOR) plus 1.85%. In the event LIBOR is discontinued while the agreement remains in place, a replacement rate will be assigned, as determined by the bank. The line of credit was secured by substantially all business assets. No amounts were outstanding under this revolving line of credit at September 30, 2020. The line of credit expired in June 2021 and was not renewed.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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7. Long-Term Debt and Revolving Line of Credit (Continued)

Long-term debt consists of the following at September 30, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue bonds, Concord Hospital Issue, Series 2021A; interest ranging from 3.0% to 5.0% per year and principal payable in annual installments ranging from \$1,680 to \$3,095 through October 2042, including unamortized original issue premium of \$7,590 in 2021	\$ 50,930	\$ -
2020A note payable to a bank, due October 1, 2026, interest at 1.93% per annum, payable in monthly and annual principal payments ranging from \$2,427 to \$2,580 beginning October 2022. This note converted into tax-exempt revenue bonds effective July 6, 2021. As a result of the conversion, the interest rate was reduced to 1.57%	12,520	12,520
2020B note payable to a bank, due October 1, 2035 (lender has the option to extend the maturity date through October 1, 2043), interest at 2.26% per annum, payable in monthly and annual principal payments ranging from \$991 to \$2,942 beginning October 2023. Final balloon payment of \$10,157 due October 1, 2035, if the maturity date is not extended by the lender	36,582	36,582
NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2017; interest of 5.0% per year and principal payable in annual installments. Installments ranging from \$2,010 to \$5,965 beginning October 2032, including unamortized original issue premium of \$6,575 in 2021 and \$6,901 in 2020	60,785	61,111
3.38% to 5.0% NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013A; due in annual installments, including principal and interest ranging from \$1,543 to \$3,555 through 2043, including unamortized original issue premium of \$121 in 2021 and \$242 in 2020. Series 2013A revenue bonds totaling \$33,785 were refunded in 2020 through issuance of the 2020B note payable described below	1,461	2,867
1.71% fixed rate NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013B; due in annual installments, including principal and interest ranging from \$1,860 to \$2,038 through 2024. Series 2013B bonds totaling \$6,036 were refunded in 2021 through issuance of the NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2021A described below	-	7,601
4.25% to 5.5% NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2011; due in annual installments, including principal and interest ranging from \$2,737 to \$5,192 through 2026, including unamortized original issue premium of \$19 in 2020. Series 2011 revenue bonds totaling \$11,780 were refunded in 2020 through issuance of the 2020A note payable described below. The remaining amounts due were repaid in full during 2021	-	2,044
	<u>162,278</u>	<u>122,725</u>
Less unamortized bond issuance costs	(1,508)	(984)
Less current portion	<u>(5,447)</u>	<u>(5,186)</u>
	<u>\$155,323</u>	<u>\$116,555</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
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7. Long-Term Debt and Revolving Line of Credit (Continued)

In June 2021, \$51,498 (including an original issue premium of \$7,728) of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2021A, were issued to assist in funding capital and facility projects, and to refund the Series 2013B NHHEFA Hospital Revenue Bonds.

In March 2020, the Hospital entered into a \$12,520 note payable agreement (2020A note) with a lender to advance refund \$11,780 of the Series 2011 NHHEFA Hospital Revenue Bonds. As a result of the advance refunding, the unamortized bond issuance costs and original issue discount related to the bonds refunded were included in loss on extinguishment of debt and totaled \$520 for the year ended September 30, 2020. As of September 30, 2021, \$11,780 of the Series 2011 advance refunded bonds, which are considered extinguished for purposes of these consolidated financial statements, remain outstanding. In conjunction with the issuance of the 2020A note, in order to further reduce debt service obligations, the Hospital, NHHEFA and the lender entered into a forward purchase agreement. Under the forward purchase agreement, the Hospital has the option to request NHHEFA to issue tax-exempt revenue bonds on or after July 3, 2021 to refinance the 2020A note. The Hospital exercised this option on July 6, 2021, which resulted in the interest rate decreasing from 1.93% to 1.57%.

In March 2020, the Hospital entered into a \$36,582 note payable agreement (2020B note) with a lender to advance refund the Series 2013A NHHEFA Hospital Revenue Bonds. As a result of the bond refinancing, the unamortized bond issuance costs and original issue premium related to the Series 2013A NHHEFA Hospital Revenue Bonds were included in loss on extinguishment of debt and totaled \$711 for the year ended September 30, 2020. As of September 30, 2021, \$33,785 of the Series 2013A advance refunded bonds, which are considered extinguished for purposes of these consolidated financial statements, remain outstanding. In conjunction with the issuance of the 2020B note, in order to further reduce debt service obligations, the Hospital, NHHEFA and the lender entered into a forward purchase agreement. Under the forward purchase agreement, the Hospital has the option to request NHHEFA to issue tax-exempt revenue bonds on or after July 3, 2022 to refinance the 2020B note.

In December 2017, \$62,004 (including an original issue premium of \$7,794) of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2017, were issued to pay for the construction of a new medical office building. In addition, the Series 2017 Bonds reimbursed the Hospital for capital expenditures incurred in association with the construction of a parking garage and the construction of a medical office building, as well as routine capital expenditures.

In February 2013, \$48,631 (including an original issue premium of \$3,631) of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013A, were issued to assist in the funding of a significant facility improvement project and to advance refund the Series 2001 NHHEFA Hospital Revenue Bonds. The facility improvement project included enhancements to the System's power plant, renovation of certain nursing units, expansion of the parking capacity at the main campus and various other routine capital expenditures and miscellaneous construction, renovation and improvements of the System's facilities.

In March 2011, \$49,795 of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2011, were issued to assist in the funding of a significant facility improvement project and pay off the Series 1996 Revenue Bonds. The project included expansion and renovation of various Hospital departments, infrastructure upgrades, and acquisition of capital equipment. The bonds were paid in full during 2021.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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7. Long-Term Debt and Notes Payable (Continued)

Substantially all the property and equipment relating to the aforementioned construction and renovation projects, as well as subsequent property and equipment additions thereto, are pledged as collateral for all outstanding long-term debt. In addition, the gross receipts of the Hospital, CH-Laconia and CH-Franklin are also pledged as collateral for all outstanding long-term debt. CH-Laconia and CH-Franklin also pledge gross receipts as collateral for the outstanding Series 2021A Revenue Bonds. The most restrictive financial covenants require a 1.10 to 1.0 ratio of aggregate income available for debt service to total annual debt service and a day's cash on hand ratio of 75 days. The System was in compliance with its debt covenants at September 30, 2021 and 2020.

The obligations of the Hospital under the 2020A and B notes, Series 2021A, Series 2017, Series 2013A and B and Series 2011 Revenue Bond Indentures are guaranteed by the Hospital, CH-Laconia and CH-Franklin and are not guaranteed by any of the subsidiaries or affiliated entities.

Interest paid on long-term debt amounted to \$4,465 (including capitalized interest of \$200) and \$4,888 (including capitalized interest of \$1,953) for the years ended September 30, 2021 and 2020, respectively.

The aggregate principal payments on long-term debt for the next five fiscal years ending September 30 and thereafter are as follows:

2022	\$ 5,447
2023	6,104
2024	6,215
2025	5,181
2026	5,264
Thereafter	<u>119,781</u>
	<u>\$147,992</u>

8. Commitments and Contingencies

Malpractice Loss Contingencies

Effective February 1, 2011, the System insures its medical malpractice risks through GSIE, a multiprovider captive insurance company. Prior to December 31, 2020, the System accounted for its investment in GSIE under the equity method, as control of the captive was shared equally between the other participating entities. The System recorded its interest in the captive's equity, totaling approximately \$5,509 at September 30, 2020, in other noncurrent assets on the accompanying 2020 consolidated balance sheets. As discussed in Note 3, effective December 31, 2020, the System gained control of GSIE, which requires GSIE to be consolidated in the consolidated financial statements as of September 30, 2021. The results from the acquisition date through September 30, 2021 are included in the accompanying 2021 consolidated financial statements.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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8. Commitments and Contingencies (Continued)

GSIE provides claims-made medical stop loss coverage to its subscriber health systems. Subsequent to December 31, 2020, the System is the sole remaining subscriber. GSIE purchases reinsurance from three reinsurers to limit potential exposure to the System. The reinsurance policies in place are subject to renewal on January 1, 2022, and, after the System's primary retained layer of \$2 million per occurrence and \$12 million aggregate, cover up to \$25 million per occurrence and aggregate per annum. The failure of reinsurers to honor their obligations could result in additional losses to GSIE, and those losses could be significant to GSIE and the System.

The reserve for unpaid losses and loss adjustment expenses and the related reinsurance recoverables includes case basis estimates of reported losses, plus supplemental reserves for incurred but not reported losses (IBNR) calculated based upon loss projections utilizing historical and industry data. An independent consulting actuary is involved in establishing this reserve and the related reinsurance recoverables. Management of the System believes that GSIE's aggregate reserve for unpaid losses and loss adjustment expenses and related reinsurance recoverables at year-end represent its best estimate, based on the available data, of the amount necessary to cover the ultimate cost of losses; however, because of the nature of the insured risks and limited historical experience, actual loss experience may not conform to the assumptions used in determining the estimated amounts for such liability and corresponding asset at the consolidated balance sheet date. Accordingly, the ultimate liability and corresponding asset could be significantly in excess of or less than the amount indicated in these consolidated financial statements. As adjustments to these estimates become necessary, such adjustments are reflected in current year operations. Amounts recoverable from reinsurers have been reduced to their net realizable value.

At September 30, 2021, there were no known malpractice claims outstanding for the System, which, in the opinion of management will be settled for amounts in excess of insurance coverage, nor were there any unasserted claims or incidents which require loss accruals. The System has established reserves for unpaid claim amounts for Hospital and Physician Professional Liability and General Liability reported claims and for unreported claims for incidents that have been incurred but not reported. The amounts of the reserves total \$22,303 and \$4,081 at September 30, 2021 and 2020, respectively and are reflected in the accompanying consolidated balance sheets within reserves for insurance. The increase in the reserve is due to accounting changes as a result of the change in control of GSIE as described in Note 3. The possibility exists, as a normal risk of doing business, that malpractice claims in excess of insurance coverage may be asserted against the System.

In accordance with ASU No. 2010-24, "Health Care Entities" (Topic 954): *Presentation of Insurance Claims and Related Insurance Recoveries*, at September 30, 2021 and 2020, the System recorded a liability of approximately \$6,600 and \$3,000, respectively, related to estimated professional liability losses. At September 30, 2021 and 2020, the System also recorded a receivable of \$6,600 and \$3,000, respectively, related to estimated recoveries under insurance coverage for recoveries of the potential losses. These amounts are included in reserve for insurance (\$6,600 at September 30, 2021 and \$3,000 at September 30, 2020), accounts receivable (\$2,800 at September 30, 2021 and \$-0- at September 30, 2020) and other assets (\$3,800 at September 30, 2021 and \$3,000 at September 30, 2020), respectively, in the accompanying consolidated balance sheets.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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8. Commitments and Contingencies (Continued)

Workers' Compensation

The System maintains workers' compensation insurance under a self-insurance plan. The plan offers, among other provisions, certain specific and aggregate stop-loss coverage to protect the System against excessive losses. The System has employed independent actuaries to estimate the ultimate costs, if any, of the settlement of such claims. Accrued workers' compensation losses of \$3,043 and \$2,388 at September 30, 2021 and 2020, respectively, are recorded within accounts payable and accrued expenses in the accompanying consolidated balance sheets and have been discounted at 3% (both years) and, in management's opinion, provide an adequate reserve for loss contingencies. A trustee held fund has been established as a reserve under the plan. Assets held in trust totaled \$2,988 and \$2,974 at September 30, 2021 and 2020, respectively, and are included in assets whose use is limited or restricted in the accompanying consolidated balance sheets.

Litigation

The System is involved in litigation and regulatory investigations arising in the ordinary course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the System's financial position, results of operations or cash flows.

Health Insurance

The System has a self-funded health insurance plan. The plan is administered by an insurance company which assists in determining the current funding requirements of participants under the terms of the plan and the liability for claims and assessments that would be payable at any given point in time. The System recognizes revenue for services provided to employees of the System during the year. The System is insured above a stop-loss amount of \$550 effective January 1, 2021 (previously \$440) on individual claims. Estimated unpaid claims, and those claims incurred but not reported at September 30, 2021 and 2020, have been recorded as a liability of \$10,042 and \$5,709, respectively, and are reflected in the accompanying consolidated balance sheets within accounts payable and accrued expenses.

Operating Leases

The System has various operating leases relative to its office and offsite locations. Future annual minimum lease payments under noncancellable lease agreements as of September 30, 2021 are as follows:

Year Ending September 30:	
2022	\$ 6,405
2023	6,283
2024	5,574
2025	4,094
2026	2,986
Thereafter	<u>7,097</u>
	<u>\$32,439</u>

Rent expense was \$8,314 and \$7,125 for the years ended September 30, 2021 and 2020, respectively.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

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9. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at September 30:

	<u>2021</u>	<u>2020</u>
Purpose restriction:		
Health education and program services	\$21,662	\$14,997
Capital acquisitions	806	1,870
Indigent care	135	126
Pledges receivable with stipulated purpose and/or time restrictions	<u>499</u>	<u>283</u>
	23,102	17,276
Perpetual in nature:		
Health education and program services	22,613	18,744
Capital acquisitions	803	803
Indigent care	2,105	1,811
Annuities to be held in perpetuity	<u>280</u>	<u>260</u>
	25,801	21,618
Total net assets with donor restrictions	<u>\$48,903</u>	<u>\$38,894</u>

10. Patient Service Revenue

An estimated breakdown of patient service revenue for the System by major payor sources is as follows for the years ended September 30:

	<u>2021</u>	<u>2020</u>
Private payor (includes coinsurance and deductibles)	\$335,415	\$271,664
Medicare	226,029	158,747
Medicaid	33,413	18,848
Self-pay	<u>3,676</u>	<u>6,253</u>
	<u>\$598,533</u>	<u>\$455,512</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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11. Functional Expenses

The System provides general health care services to residents within its geographic location. Expenses related to providing these services are as follows for the years ended September 30:

	<u>Health Services</u>	<u>General and Administrative</u>	<u>Fund- raising</u>	<u>Total</u>
<u>2021</u>				
Salaries and wages	\$247,354	\$ 49,320	\$ 524	\$297,198
Employee benefits	67,564	13,472	143	81,179
Supplies and other	119,973	23,868	131	143,972
Purchased services	32,741	14,920	146	47,807
Professional fees	8,273	81	-	8,354
Depreciation and amortization	18,275	8,644	288	27,207
Medicaid enhancement tax	26,631	-	-	26,631
Interest	<u>2,572</u>	<u>1,222</u>	<u>41</u>	<u>3,835</u>
	<u>\$523,383</u>	<u>\$111,527</u>	<u>\$ 1,273</u>	<u>\$636,183</u>
 <u>2020</u>				
Salaries and wages	\$203,587	\$ 41,594	\$ 500	\$245,681
Employee benefits	56,622	11,568	139	68,329
Supplies and other	96,353	13,346	84	109,783
Purchased services	25,469	9,346	128	34,943
Professional fees	7,722	-	-	7,722
Depreciation and amortization	16,363	7,735	257	24,355
Medicaid enhancement tax	22,572	-	-	22,572
Interest	<u>1,756</u>	<u>812</u>	<u>27</u>	<u>2,595</u>
	<u>\$430,444</u>	<u>\$ 84,401</u>	<u>\$ 1,135</u>	<u>\$515,980</u>

The consolidated financial statements report certain expense categories that are attributable to more than one healthcare service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, such as depreciation and interest, are allocated to a function based on square footage. Supporting activities that are not directly identifiable with one or more healthcare programs are classified as general and administrative. If it is impossible or impractical to make a direct identification, allocation of the expenses were made according to management's estimates. Employee benefits are allocated in accordance with the ratio of salaries and wages of the functional classes. Specifically identifiable costs are assigned to the function which they are identified to.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

12. Charity Care and Community Benefits (Unaudited)

The System maintains records to identify and monitor the level of charity care it provides. The System provides traditional charity care, as well as other forms of community benefits. The estimated cost of all such benefits provided is as follows for the years ended September 30:

	<u>2021</u>	<u>2020</u>
Government sponsored healthcare	\$29,001	\$31,319
Community health services	1,408	1,582
Health professions education	1,813	2,304
Subsidized health services	49,746	44,867
Research	62	81
Financial contributions	936	829
Community benefit operations	130	72
Community building activities	2,411	—
Charity care costs (see Note 1)	<u>4,043</u>	<u>3,445</u>
	<u>\$89,550</u>	<u>\$84,499</u>

The System incurred estimated costs for services to Medicare patients in excess of the payment from this program of \$73,871 and \$71,877 in 2021 and 2020, respectively.

13. Concentration of Credit Risk

The System grants credit without collateral to its patients, most of whom are local residents of southern New Hampshire and are insured under third-party payor agreements. The mix of gross receivables from patients and third-party payors as of September 30 is as follows:

	<u>2021</u>	<u>2020</u>
Patients	8%	10%
Medicare	40	37
Anthem Blue Cross	16	15
Cigna	3	4
Medicaid	13	9
Commercial	18	23
Workers' compensation	<u>2</u>	<u>2</u>
	<u>100%</u>	<u>100%</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

14. Volunteer Services (Unaudited)

Total volunteer service hours received by the System were approximately 16,000 in 2021 and 2020. The volunteers provide various nonspecialized services to the System, none of which has been recognized as revenue or expense in the accompanying consolidated statements of operations.

15. Fair Value Measurements

Fair value of a financial instrument is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the System uses various methods including market, income and cost approaches. Based on these approaches, the System often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable; market corroborated, or generally unobservable inputs. The System utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the System is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1 – Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Level 1 also includes U.S. Treasury and federal agency securities and federal agency mortgage-backed securities, which are traded by dealers or brokers in active markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

Level 2 – Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.

Level 3 – Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

In determining the appropriate levels, the System performs a detailed analysis of the assets and liabilities. There have been no changes in the methodologies used at September 30, 2021 and 2020. In accordance with ASC 820, *Fair Value Measurements*, certain investments that are measured using the net value per share practical expedient have not been classified in the fair value hierarchy.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

15. Fair Value Measurements (Continued)

The following presents the balances of assets measured at fair value on a recurring basis at September 30:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2021</u>				
Cash and cash equivalents	\$ 85,535	\$ —	\$ —	\$ 85,535
Fixed income securities	56,003	16,575	—	72,578
Marketable equity and other securities	144,101	—	—	144,101
Inflation-protected securities and other	17,985	—	—	17,985
Trust funds administered by others	<u>—</u>	<u>—</u>	<u>12,341</u>	<u>12,341</u>
	<u>\$303,624</u>	<u>\$16,575</u>	<u>\$12,341</u>	332,540
Funds measured at net asset value:				
Marketable equity and other securities				<u>220,974</u>
				<u>\$553,514</u>
<u>2020</u>				
Cash and cash equivalents	\$ 80,137	\$ —	\$ —	\$ 80,137
Fixed income securities	30,415	—	—	30,415
Marketable equity and other securities	101,639	—	—	101,639
Inflation-protected securities and other	13,682	—	—	13,682
Trust funds administered by others	<u>—</u>	<u>—</u>	<u>10,965</u>	<u>10,965</u>
	<u>\$225,873</u>	<u>\$ —</u>	<u>\$10,965</u>	236,838
Funds measured at net asset value:				
Marketable equity and other securities				<u>188,376</u>
				<u>\$425,214</u>

In addition, for the years ended September 30, 2021 and 2020, there are certain investments totaling \$4,072 and \$3,042, respectively, which are appropriately being carried at cost.

The System's Level 3 investments consist of funds administered by others. The fair value measurement is based on significant unobservable inputs.

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. As such, it is reasonably possible that changes in the fair value of investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated balance sheets and statements of operations.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

15. Fair Value Measurements (Continued)

A reconciliation of the fair value measurements using significant unobservable inputs (Level 3) is as follows for 2021 and 2020:

	<u>Trust Funds Administered by Others</u>
Balance at September 30, 2019	\$ 10,903
Net realized and unrealized gains	<u>62</u>
Balance at September 30, 2020	10,965
Net realized and unrealized gains	<u>1,376</u>
Balance at September 30, 2021	<u>\$12,341</u>

The table below sets forth additional disclosures for investment funds (other than mutual funds) valued based on net asset value to further understand the nature and risk of the investments by category:

	<u>Fair Value</u>	<u>Unfunded Commit- ments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
September 30, 2021:				
Funds-of-funds	\$22,685	\$ -	Semi-monthly	5 days
Funds-of-funds	12,926	-	Monthly	15 days
Funds-of-funds	59,430	=	Quarterly	45 - 65 days**
Funds-of-funds	11,157	-	Annual	90 days
Funds-of-funds	9,837	-	Semi-annual	60 days*
Funds-of-funds	24,592	20,713	Illiquid	N/A
Collective trust funds	16,131	-	Daily	10 days
Collective trust funds	9,810	-	Weekly	10 days
Collective trust funds	54,406	-	Monthly	6 - 10 days
September 30, 2020:				
Funds-of-funds	\$17,543	\$ -	Semi-monthly	5 days
Funds-of-funds	9,468	-	Monthly	15 days
Funds-of-funds	48,190	-	Quarterly	45 - 65 days**
Funds-of-funds	23,631	-	Annual	60 - 90 days
Funds-of-funds	9,631	-	Semi-annual	60 days*
Funds-of-funds	9,717	20,156	Illiquid	N/A
Collective trust funds	15,326	-	Daily	10 days
Collective trust funds	4,980	-	Weekly	10 days
Collective trust funds	49,890	-	Monthly	6 - 10 days

* Limited to 25% of the investment balance at each redemption.

** One investment has a one-year lock period and redemption of one investment is limited to 12.5% of the investment balance at each redemption.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

15. Fair Value Measurements (Continued)

Fixed Income Securities

The primary purpose of fixed income investments is to provide a highly predictable and dependable source of income, preserve capital, and reduce the volatility of the total portfolio and hedge against the risk of deflation or protracted economic contraction.

Marketable Equity and Other Securities

The primary purpose of marketable equity investments is to provide appreciation of principal and growth of income with the recognition that this requires the assumption of greater market volatility and risk of loss. The total marketable equity portion of the portfolio will be broadly diversified according to economic sector, industry, number of holdings and other characteristics including style and capitalization. The System may employ multiple equity investment managers, each of whom may have distinct investment styles. Accordingly, while each manager's portfolio may not be fully diversified, it is expected that the combined equity portfolio will be broadly diversified.

The System invests in other securities that are considered alternative investments that consist of limited partnership interests in investment funds, which, in turn, invest in diversified portfolios predominantly comprised of equity and fixed income securities, as well as options, futures contracts, and some other less liquid investments. Management has approved procedures pursuant to the methods in which the System values these investments at fair value, which ordinarily will be the amount equal to the pro-rata interest in the net assets of the limited partnership, as such value is supplied by, or on behalf of, each investment from time to time, usually monthly and/or quarterly by the investment manager. Collective trust funds are generally valued based on the proportionate share of total fund net assets.

System management is responsible for the fair value measurements of investments reported in the consolidated financial statements. Such amounts are generally determined using audited financial statements of the funds and/or recently settled transactions and is estimated using the net asset value per share of the fund. Because of inherent uncertainty of valuation of certain alternative investments, the estimate of the fund manager or general partner may differ from actual values, and differences could be significant. Management believes that reported fair values of its alternative investments at the balance sheet dates are reasonable.

The System has committed to invest up to \$51,683 with various investment managers, and had funded \$15,757 of that commitment as of September 30, 2021. As these investments are made, the System reallocates resources from its current investments resulting in an asset allocation shift within the investment pool.

Inflation-Protected Securities

The primary purpose of inflation-protected securities is to provide protection against the negative effects of inflation.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021 and 2020
(In thousands)

15. Fair Value Measurements (Continued)

Fair Value of Other Financial Instruments

Other financial instruments consist of accounts and pledges receivable, accounts payable and accrued expenses, estimated third-party payor settlements, and long-term debt and notes payable. The fair value of all financial instruments other than long-term debt and notes payable approximates their relative book values as these financial instruments have short-term maturities or are recorded at amounts that approximate fair value.

16. Financial Assets and Liquidity Resources

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs, consisted of the following at September 30, 2021: -

Cash and cash equivalents	\$ 37,722
Short-term investments	66,525
Accounts receivable	94,720
Funds held by trustee for insurance reserves, escrows and construction costs	<u>77,443</u>
	<u>\$276,410</u>

To manage liquidity, the System maintains sufficient cash and cash equivalent balances to support daily operations throughout the year. Cash and cash equivalents and short-term investments include bank deposits, money market funds, and other similar vehicles that generate a return on cash and provide daily liquidity to the System. In addition, the System has board-designated assets without donor restrictions that can be utilized at the discretion of management to help fund both operational needs and/or capital projects. As of September 30, 2021, the balance of liquid investments in board-designated assets was \$342,620.

**CONCORD HOSPITAL
BOARD OF TRUSTEES
2022**

<u>Name</u>	<u>Mailing Address</u>	<u>Business Address</u>	<u>Phone/E-mail</u>
Philip Emma Chair	[REDACTED] Henniker, NH 03242		[REDACTED] [REDACTED]
Manisha Patel, DDS Vice Chair	[REDACTED] Concord, NH 03301	[REDACTED] Belmont, NH	[REDACTED]
William Chapman, Esq. Secretary	[REDACTED] [REDACTED] [REDACTED] Concord, NH 03302-3550	[REDACTED]	[REDACTED] [REDACTED]
Robert Steigmeyer President and CEO (ex-officio)	[REDACTED] [REDACTED] [REDACTED] Concord, NH 03301	[REDACTED]	[REDACTED] [REDACTED]
Scott W. Sloane Treasurer (Not a Board Member)	[REDACTED] [REDACTED] [REDACTED] [REDACTED] Concord, NH 03301	[REDACTED]	[REDACTED] [REDACTED]
Christopher Allen, MD CH Medical Staff Pres. (ex-officio)	[REDACTED] Concord, NH 03301	[REDACTED]	[REDACTED] [REDACTED]
Sol Asmar	[REDACTED] Laconia, NH 03246		[REDACTED] [REDACTED]
Frederick Briccetti, MD	[REDACTED] [REDACTED] Concord, NH 03301	[REDACTED]	[REDACTED] [REDACTED]
Charles Fanaras	[REDACTED] [REDACTED] Concord, NH 03301	[REDACTED]	[REDACTED] [REDACTED]
Lucy Hodder, Esq.	[REDACTED] Hopkinton, NH 03229	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]
Lucy Karl, Esq.	[REDACTED] Hopkinton, NH 03229	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]

Concord Hospital Board of Trustees – 2022

<u>Name</u>	<u>Mailing Address</u>	<u>Business Address</u>	<u>Phone/E-mail</u>
Linda Lorden	[REDACTED] Concord, NH 03301	[REDACTED]	[REDACTED]
Joseph Meyer, MD	[REDACTED] Hopkinton, NH 03229	[REDACTED]	[REDACTED]
Peter Noordsij, MD	[REDACTED] New London, NH 03257	[REDACTED]	[REDACTED]
Robert Segal	[REDACTED] Concord, NH 03301	[REDACTED]	[REDACTED]
Jeffrey Towle	[REDACTED] Henniker, NH 03242	[REDACTED]	[REDACTED]
Donald Welford	[REDACTED] Gilmanton IW, NH 03837	[REDACTED]	[REDACTED]

2022

Erika Houten



Authorized to work in the US for any employer

Work Experience

Coordinator

The Doorway at Concord Hospital-Laconia (formerly LRGHealthcare) - Laconia, NH
February 2019 to Present

- Overseeing the day to day operations of the Doorway, including managing staff and overseeing subcontracted staff, providing them with direction, and coordinating staff debriefing sessions and collaboration sessions
- Communication and coordination with local mental health agencies and counseling agencies in our 37 town Doorway area. Maintain up to date information about those agencies, contact information, services, and availability. This includes meeting with those agencies in the community and making sure they know and also understand our services.
- Helping people access all treatment types for substance use disorder. Following up with these people as well as the facilities and programs which they may have applied for.
- Dealing with comments, complaints or other problems unless they need to be escalated to the director.
- Working with DCYF as well as probation and parole and other area agencies.
- Coordinations and communication with 211, DHHS and Dartmouth after hours
- Provide community presentations regarding services that the Doorway offers
- Collaborating with The Recovery coaches and the Clinician, including overseeing scheduling and delegation projects, appointments and any other assigned work.
- Making sure there is added CRSWs when needed for extra coverage.
- Oversight and authorizing of flex spending, sober house costs, and all other funding for clients
- Financial assistance counseling and referrals for clients as needed
- Ordering office supplies and Narcan.
- Working with the administrative assistant to get invoices processed in a timely manner.
- Keeping current on area resources and meeting with community partners.
- Overseeing all monthly data collection and state reports, including flex spending
- Bridge gaps within social determinants of health including housing, and food resource, which includes maintaining contact with local agencies that provide these services
- Process referrals to other facilities in our 37 town area and oversee staff utilization of the Unite Us platform
- Attendance at state level meetings, including weekly Doorway manager meetings, GPRA meetings, and all meetings regarding Doorway financials
- Coordinate with the Director of Substance Use Services in order to maintain

I have completed my CRSW classes and have all required coaching and supervision hours needed to take the state test to become certified. After one year of being a CRSW I will be eligible to supervise other CRSWs.

Shared Family Living Provider

Lakes Region Community Service Council

August 2008 to June 2021

Shared Family Living Provider (Adult w/Disabilities in my home)

- Bathing
- Toileting (some incontinence)
- All personal care
- Dressing
- Supporting in community and personal relationships
- Active Part of her Care Team
- Assistance with all ADLs
- Scheduling appointments
- Assisting with communication (she is non verbal/uses minimal sign)

ER Technician

LRGHealthcare - Laconia, NH

September 2016 to February 2019

I am a Mental Health worker in the emergency psych department. I help patients with substance misuse disorders and mental health issues.

LNA

Concord Hospital - Concord, NH

November 2015 to May 2017

Per diem LNA on an adult Med-Surge unit. All responsibilities of an LNA working as part of a team to provide the best patient care possible.

Adult & Senior Psychiatric Patient Care

Franklin Region Hospital & Lakes Region General Hospital - Franklin, NH

October 2013 to April 2015

Per diem LNA on an Adult DRF, also per diem in Gero Psych, Med Surge and ICU

- Adult & Senior Psychiatric Patient Care
- Bathing
- Toileting
- All personal care
- Supporting Adults and Seniors with Psychiatric and Mental Health Issues
- Deescalating patients that may be aggressive verbally or physically
- Reporting behaviors and complaints to the RN
- Monitoring agitation levels, sleep, and safety for all patients
- CPI certified

Front Desk Receptionist

Riverbend Community Mental Health - Concord, NH

July 2007 to June 2008

Answering Phones

- Scheduling Appointment thru Computerized system
- Assisting clients with mental health emergencies, by calming them and contacting appropriate team members

- Filing
- Billing
- Active Part of the Administrative Team to support the Mental Health Office

Customer Service Associate

Cigna Healthcare - Hooksett, NH

November 2005 to July 2007

High Volume call center for Cigna Healthcare.

- Premium Billing.
- Handle over 100+ inbound calls per shift.
- Take incoming calls from both providers and members answering questions about benefits and claims.
- Resolving eligibility claims and benefits issues using industry software and tools.
- Document all activities to ensure accurate reporting of plan issues.
- Provide timely resolution of claim issues within company standards.
- Troubleshooting claims to find out why they were processed incorrect.
- Verify whether or not the providers are in network.
- Data entry.
- Processing returned claims.

Administrative Assistant

M&D Paving Enterprises - Belmont, NH

April 2001 to November 2005

Seasonal, Light Quick Books exp.

- Payroll; filing, banking (deposits)
- Answering heavy call volume relating to sales and customer concerns
- Setting appointments
- Direct interaction with the president on a daily basis and other work related errands.

Education

In progress of obtaining my BA In Psychology

SNHU - Manchester, NH

2012 to 2016

Certifications and Licenses

CPR

CRSW

November 2021 to November 2023

Additional Information

TECHNICAL SKILLS:

- Windows NT 4.0/2000/XP • MS Outlook • PC's

- Microsoft Office, • Color Laser Printers • Quick books • Fax machine
- Xerox & Cannon Copiers

Corey E. Gately



Education

Springfield College School for Human Services, Manchester, NH
Master's of Science in Human Services, concentration in Community Psychology
Graduated May 1995
GPA: 3.9

Keene State College, Keene, NH
Bachelor of Arts in Psychology
Bachelor of Arts in Sociology
Associate's in Chemical Dependency
Psychology Honor Society
Graduated May 1993

Experience

May 2021 – present
Concord Hospital – Laconia – Laconia, NH
Concord Hospital – Franklin – Franklin, NH
(formerly LRGHealthcare)
Full Time
Director of Substance Use Services
Master's Licensed Alcohol and Drug Counselor

July 2021 – present
Dartmouth Health
Per Diem/On Call
Master's Licensed Alcohol and Drug Counselor

May 2015 – May 2021
LRGHealthcare – Laconia NH
Director of Substance Use Services
Master's Licensed Alcohol and Drug Counselor,

September 2012 – May 2015
Horizon's Counseling Center, Gilford, NH
Intensive Outpatient Substance Abuse Counselor
Master's Licensed Alcohol and Drug Counselor
DOT Substance Abuse Professional

June 2001 - August 2012
Lakes Region General Healthcare, Laconia, NH
Intensive Outpatient Substance Abuse Counselor
Master's Licensed Alcohol and Drug Counselor
DOT Substance Abuse Professional

Current Activities

NAADAC Member

NHADACA Member

2011 New Hampshire 40 under 40 Award

2012 NHADACA Counselor of the Year

2016 Leadership Lakes Region Participant

2020 Level I Crossfit Coaching Certification

Rotary International Member 2019 – present

LORI L. SEOG, LADC, IDSP

EMPLOYMENT

September 2019 to
Present

CONCORD HOSPITAL LACONIA RECOVERY CLINIC / THE DOORWAY
(Formerly LRGHEALTHCARE LLC/FRANKLIN REGIONAL HOSPITAL)
14 Aiken Avenue, Franklin, NH

Recovery Clinic Counselor

- Provide clinical screening, assessment and counseling to adult men and women related to substance use disorders
- Conduct clinical evaluations for clients accessing emergency substance use disorder services
- In collaboration with clients, create meaningful treatment plans to support desired personal recovery outcomes
- Facilitate group counseling sessions to include psycho-education
- Identify resources and provide case management to clients needing supports such as housing, insurance, food, etc.
- Manage data, files, and required client documentation
- Prepare comprehensive clinical evaluations regarding client history of misuse and identification of appropriate recommendations
- Work with community providers to identify crisis interventions as required

April 2017 to
Present

CHANGING POINT COUNSELING, LLC / Better Days Counseling Services
20 Canal Street, Suite 315, Franklin, NH

Licensed Alcohol and Drug Counselor

- Provide clinical screening, assessment and counseling to adolescent/adult men and women related to substance use disorders
- Work in collaboration with clients to create meaningful treatment plans
- Identify resources and provide case management to clients needing supports such as housing, insurance, food, etc.
- Manage data, files, and required client documentation
- Prepare comprehensive clinical evaluations regarding client history of misuse and identification of appropriate recommendations
- Authorized by State of New Hampshire as an Impaired Driver Services Provider
- Instruct psycho-educational classes related to trauma, substance misuse, and life skills
- Work with community providers to identify crisis interventions as required
- Full-time position through September 2019 and presently working part-time in this role

December 2010
- February 2017

MERRIMACK COUNTY DEPARTMENT OF CORRECTIONS
314 Daniel Webster Highway, Boscawen, NH

Chief/Administrator of Programs and Services

- Provided oversight of inmate management to include community corrections, mental health services, substance use disorder services, and rehabilitative services
- Created, modified and recommended programs, policies, and procedures to support agency operations
- Facilitated individual and group substance use disorder counseling sessions
- Instructed psycho-educational classes related to trauma, substance misuse, and life skills
- Participated as member of the Department's executive staff
- Conducted inspections of correctional facility to assess operations
- Developed and monitored budget and grants for Programs and Services Section
- Ensured regulatory compliance with local, state, and federal laws
- Handled inmate grievances and personnel investigations as directed by the Superintendent
- Interpreted and enforced policies, rules, and regulations of the agency
- Provided comprehensive case management to male and female offenders as needed
- Collaborated with community partners to identify resources to support inmates' transition from jail to community
- Provided crisis intervention to inmates with co-occurring disorders

LORI L. SEOG

Page Two

December 2007
- January 2011

STATE OF NEW HAMPSHIRE, DEPARTMENT OF CORRECTIONS

105 Pleasant Street, Concord, NH

Administrator III, Director of Programs, Bureau of Programs

- Interpreted the needs of and provided oversight of service delivery for all male and female offenders in the content areas of education, career and technical education, family support, substance use disorder services, recreation, library, chaplaincy, volunteer services, and case management within each of the Department's state prisons
- Worked directly with the Assistant Commissioner and Commissioner of the Department to strategize and achieve agency goals and objectives
- Developed, implemented and reviewed policies and procedures for long-term administration of departmental programs
- Ensured regulatory and legal compliance was achieved and maintained in areas of oversight
- Monitored operational activities throughout the Bureau for efficient and effective allocation of agency resources by evaluating programs and implementing changes as necessary
- Managed staffing plans for up to 85 employees as well as personnel policies to accomplish organizational objectives
- Represented the Department at legislative hearings and public speaking engagements
- Responsible for budget development and accountability as related to the Bureau of Programs

July 2007
- December 2007

STATE OF NEW HAMPSHIRE, DEPARTMENT OF CORRECTIONS

105 Pleasant Street, Concord, NH

Administrator III, Administrator of Women Offenders and Family Services

- Developed and coordinated programs within the NH Department of Corrections State Prison for Women to ensure gender responsive and evidence based measures were utilized to meet the specific needs of women
- Developed, implemented and reviewed policies, procedures and programs related to women
- Monitored operational activities for efficient and effective allocation of agency resources by evaluating programs and authored changes as necessary
- Planned, developed and provided training for successful program implementation
- Evaluated quality assurance for all Department of Corrections' treatment programs and any contracted programs to maintain program consistency
- Conferred with and made recommendations to the Commissioner, Assistant Commissioner or designee, regarding program services and management strategies for any changes to meet agency objectives
- Provided input regarding necessary data collection and evaluation to measure effective programming and supervision
- Acted as Interim Director of Programs, Bureau of Programs for the NH Department of Corrections

November 2004
- July 2007

STATE OF NEW HAMPSHIRE, DEPARTMENT OF CORRECTIONS

1 Right Way Path, Laconia, NH

Case Counselor/Case Manager

- Observed inmates and collaborated with colleagues to develop programs for assessing resident treatment and rehabilitation services
- Established treatment goals and developed individualized treatment programs for incarcerated offenders in preparation for release
- Prepared reports and case summaries for Office of Parole and the Courts
- Provided consultation services to other professionals, employers, probation and parole officers, police and others regarding program objectives of incarcerated participants
- Developed and taught life skills educational opportunities; facilitated peer support groups

March 2003
- December 2004

LAKES REGION COMMUNITY SERVICES COUNCIL

635 Main Street, Laconia, NH

Family Support Manager

- Interpreted the needs of the community to develop and evaluate relevant programming for children, adolescents, adults, and families
- Directed operation of Family Resource Center programs and services to at-risk families and in-home supports

LORIL SEOG

Page Three

- Engaged in public speaking, workshop leadership, and education
- Responsible for developing, implementing grants and monitoring program budgets
- Supervised and implemented State of New Hampshire's Comprehensive Family Support Grant
- Supervised staff and volunteers
- Researched, developed, managed and implemented grants

February 2001
- June 2002

CHIROPRACTIC ASSOCIATES OF BEDFORD

39 So. River Road, Bedford, NH

Marketing and Promotions Outreach Specialist

- Developed and implemented all aspects of marketing strategy for three doctor practice and supporting services
- Created and implemented special events and educational offerings both on and off-site
- Maintained and provided oversight of computer systems
- Responsible for management and purchasing of business supplies
- In absence of Business Administrator, responsible for all levels of business operations to include payroll, accounts receivables, banking, and personnel management

March 1994
- December 2000

PENACOOK COMMUNITY CENTER

76 Community Drive, Penacook, NH

Executive Director

- Chief Executive Officer of a non-profit agency that provided educational, social, and recreational needs within the community for children, adolescents, adults, and senior citizens
- Responsible for fiscal management to include budgeting, fundraising and grant development as well as oversight implementation of organization policies and personnel management to include hiring, firing and staff development
- Interpreted the needs of the community to develop relevant programming for children, teens, adults, and senior citizens
- Supervised juvenile diversion program for adjudicated and pre-adjudicated youth
- Set guidelines for supervision of youth behavior within all programs
- Collaborated with various local, county, school district and social service agencies to develop and implement programs for children, adolescents, adults and senior citizens
- Insure agency met all state, local and county government licensing requirements
- Developed strategic, long-range plans for organization in collaboration with Board of Directors

EDUCATION

Southern New Hampshire University, Manchester, NH

January 2012 – March 2013, Master of Science, Justice Studies/Public Administration

American Jail Association and Correctional Management Institute of Texas at
Sam Houston University, Huntsville, TX

National Jail Leadership Command Academy Class #11
Graduate, November 2012

National Institute of Corrections, Aurora, CO

Executive Excellence Class #14
Graduate, January 2011

State of New Hampshire Police Standards and Training Council, Concord, NH
New Hampshire Department of Corrections Academy Class #79
Graduate, May 2005

Franklin Pierce University, Concord, NH

December 2004, Bachelor of Arts, Human Services/Social Work, *Magna Cum Laude*
May 2000, Associate of Arts Degree, Management
October 1988, Certificate, Business Management

LORI L. SEOG

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PERSONAL

State of New Hampshire, Licensed Alcohol and Drug Counselor, License #0124 (LADC)

State of New Hampshire authorized Impaired Driver Service Provider

Certified Recovery Coach, Connecticut Community for Addiction Recovery

Notary Public

Justice of the Peace

Leadership Greater Concord Program Graduate, 2015-2016

Member, New Hampshire Association of Alcohol and Drug Counselors

Member, New Hampshire Providers Association

Franklin Animal Shelter Volunteer, Former Board Member/Officer

Employee of the Year 2004, Lakes Region Facility, NH Department of Corrections

Employee of the Quarter, Merrimack County Department of Corrections

Computer Literate to include Microsoft Word, Excel, Publisher, Visio, and PowerPoint

Former Board Member Good Life/Centennial Senior Center; Merrimack Valley Little League; Merrimack Valley

Youth Soccer; Appalachian Mountain Teen Project and Very Special Arts New Hampshire

MARK DORMAN



I have strived to perform at my optimum potential. Throughout my work experience, I have always been reliable and have always been the person that people have looked up to. I have been trusted with various duties and obligations that I have taken on with enthusiasm and a willingness that many people have admired. I take pride in the job that I do and find reward in helping people that need help.

EXPERIENCE

JULY 2019 – PRESENT

Administrative Assistant, THE DOORWAY AT CONCORD HOSPITAL/LACONIA "FORMERLY LRGHEALTHCARE"

- ANSWERED PHONES AND RELAYED CORRESPONDENCE WHEN NECESSARY
- RECEIVED AND SUBMITTED BILLING FOR ALL DOORWAY EXPENSES.
- MAINTAINED A CALL LOG FOR THE DEPARTMENT
- MAINTAINED AND COMPLETED VARIOUS STATE REPORTS ON A MONTHLY BASIS.
 - MONTHLY DOORWAY NUMBERS REPORT
 - FLEXIBLE SPENDING REPORT
 - NALOXONE BALANCE REPORT
- DATA ENTRY FOR ALL CLIENTS
- REGISTRATION OF CLIENTS/ENCOUNTER INTO THE HOSPITAL PLATFORMS
- INPUTTING CHARGES FOR CLIENTS PER ENCOUNTER
- ASSIST IN MAINTAINING GREAT WORKING RELATIONSHIPS WITH COMMUNITY PARTNERS
- DISTRIBUTION OF NALOXONE TO VARIOUS COMMUNITY PARTNERS
- COMMUNITY OUTREACH ABOUT OUR ORGANIZATION

DECEMBER 2016-PRESENT

REALTOR, KELLER WILLIAMS METROPOLITAN

- Prepared market analysis statistics, bid presentation for buyers & sellers, researched listings, set up title searches and home inspections
- Promoted sales through advertising; worked with multiple websites to promote seller's home, hosted open house events, and participated in the multiple listing services
- Established positive flow of communication with agents, clients, and all personnel involved in closing transactions
- Negotiated contracts with agents representing buyers and sellers
- Educated sellers and buyers concerning legal disclosures
- Facilitated the closing process on behalf of the clients and insured that all parts of the contracts were met prior to closing

NOVEMBER 2005 – JULY 2019

MASTER SECURITY OFFICER, LAKES REGION GENERAL HOSPITAL

- I help maintain a safe environment for patients, visitors, and employees.
- I have to be ready for any disturbances that may put patients, visitors, and employees in danger.
- I conduct various rounds to insure the security of the hospital and the outside practices of the hospital.
- I have dealt and continue to deal with mental health patients on a daily basis.
- I have restrained patients, via 4-point, that have become out of control and are either suicidal, a flight risk, or another form of risk that may be harmful to themselves or others.
- I am in charge of key disbursement through requisitions forms that come into the security department.
- I have conducted restraint training to various departments throughout the organization.
- I have conducted the monthly duress alarm testing in the facility.
- I have conducted fire extinguisher checks on a monthly basis.
- With the role of Master Security Officer, I am the Officer in charge when there is not a Security Sergeant on duty.

MAY 2001 – OCTOBER 2005

HEAD COUNSILOR, RECREATION LEADER, THE BALSAMS GRAND RESORT

- In the summer time, I was the head Counselor for the children's camp.
- I led, organized, and controlled activities for the children.
- I was also a Lifeguard for our outdoor pool.
- My responsibilities were to maintain a safe environment for the guests in and around the pool.
- In the winter season, I was the Recreation Leader.
- My responsibilities were to lead and help organize the winter activities for the guests.

EDUCATION

SEPTEMBER 2000 – JANUARY 2002

STUDIED: SPORTS MANAGEMENT, NICHOLS COLLEGE

SEPTEMBER 2002 – MAY 2004

ASSOCIATES IN BUISNESS ADMINISTRATION WITH A SPECIALIZATION IN SPORTS MANAGEMENT, NEW HAMPSHIRE TECHNICAL INSTITUTE

SKILLS

- People-person
- Microsoft Excel, Word, and PowerPoint
- Sales
- Organizational
- Communication and Listening
- Customer Service

ACTIVITIES

There are many things in life that I find truly happy. One of them being spending as much time as I can with my family. Another passion I have is softball and basketball. I enjoy playing in the local leagues and really developing team building.

CERTIFICATIONS/LICENSES

- Real Estate Salesperson
- IAHSS – Supervisory
- CPR/AED

Shaney Blais

EXPERTISE

Leadership and managerial experience in the healthcare field. Track record of delivering results in a timely manner within budget expectations.

- Lead by example and successfully guide others through the ever-changing world of healthcare
- Strong communication skills with a focus on listening and respect
- Adaptable, willing to take on new challenges and roles
- Encourage and motivate others to reach their potential
- Creative problem solving skills
- Comprehensive knowledge of Client, Provider Based and Critical Access Billing
- EMR experience and knowledge

EXPERIENCE

Concord Hospital, Concord, NH

2018-Current

Asst Manager Occupational Health & Employee Health, July 2018-Current

Oversite of Occupational Health and Employee Health for 3 hospitals with 3 providers and 12 support staff. Responsibilities include but not limited to budgetary, project management and recruitment, day to day operations, indirect supervision of all staff, and dealing with patient, companies and employee concerns. Daily communication with employers, insurance adjusters, and case managers related to workers compensation injury management. Manager of hospital drug consortium.

LRGHealthcare, Laconia, NH

2012-2018

Senior Office Manager, Provider Network, September 2012 – July 2018

Carry out organization's mission and vision with confidence and commitment. Direct oversight of multiple provider practice, with 10 providers and 30 support staff. Responsibilities include but not limited to budgetary forecasting, project management and recruitment. Research and implement opportunities for efficiencies and improvements. Maintain current knowledge of regulatory changes and implement as appropriate.

- Key contributor to the development and implementation of Client Billing
- Implementation of new service lines for Pain Management and Recovery Center

Contract Compliance Specialist, Provider Network, September 2012 – September 2013

Responsible for reviewing reimbursement payments to ensure correct reimbursement rates, for both the hospital and clinic settings.

- Through extensive research able to recoup over \$300,000 in workers compensation payments
- Through additional research able to recoup over \$100,000 in write off errors

Professional Physical Therapy Services, Concord, NH

2000-2012

Office Manager, Provider Network, September 2000 – September 2012

Carried out all day to day operation of a multi provider, multi practice physical therapy business. Direct supervision of all staff. Oversaw patient flow and provider support. Dealt with patient concerns and facility issues. Managed payroll, accounts receivable and payable.

- Successful passing of all state and regulatory audits and inspections

EDUCATION

Associates Degree, New Hampshire Technical Institute, 2018-current

Pre-Nursing, New Hampshire Technical Institute, 1988-1991

Multiple educational in services on Coding and Billing

Knowledgeable in all Microsoft Applications

Doorway full 9 mo. budget 547,404
 Salaries (177,831)
 Benefits (42,680)
 Amount left Doorway 326,893

Doorway full 3 mo. budget J 182,468
 Salaries (59,277)
 Benefits (14,227)
 Amount left Doorway 108,964

Doorway

Name	Job Title	Salary	9 Month Salary	3 month salary	% Paid from this Contract	Amount paid 3 months	Amount Paid 9 months
Corey Gately	Director Substance Use Services	\$115,774	\$86,830	\$28,943.46	50%	14,471.73	\$43,415
Lori Seog	Licensed Alcohol and Drug Counselor	\$65,786	\$49,339	\$16,446	90%	14,801.83	\$44,405
Mark Dorman	Administrative Assistant	\$51,509	\$38,632	\$12,877	100%	12,877.20	\$38,632
Erika Houten	Doorway Coordinator	\$60,702	\$45,527	\$15,176	100%	15,175.60	\$45,527
Shaney Blais	Practice manager	\$78,030	\$58,522.31	\$19,507.44	10%	1,950.74	\$5,852
						<u>59,277</u>	<u>177,831</u>



Lori A. Shibillette
Commissioner

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
GOVERNOR'S COMMISSION ON ALCOHOL & OTHER DRUGS

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9564 1-800-804-0909
Fax: 603-271-6105 TDD Access: 1-800-735-2964 www.dhhs.nh.gov/dcbca/bdas

August 30, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, on behalf of the Governor's Commission on Alcohol and Other Drugs, to amend existing contracts with the Contractors listed below in **bold** to continue providing a statewide network of Doorways for substance use disorder treatment and recovery support services access, by exercising contract renewal options by increasing the total price limitation by \$11,190,088 from \$37,617,414 to \$48,807,502 and extending the completion dates from September 29, 2021 to September 29, 2022, effective upon Governor and Council approval. 97.28% Federal Funds, 2.72% Other Funds.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Androscoggin Valley Hospital, Inc.	177220-B002	Berlin	\$1,949,517	\$669,740	\$2,619,257	O: 10/31/18 Item #17A A1: 8/28/19 Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
The Cheshire Medical Center	155405-B001	Keene	\$3,063,740	\$1,045,046	\$4,108,786	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Concord Hospital, Inc.	177653-B003	Concord	\$2,688,794	\$735,271	\$3,424,065	O: 10/31/18 Item #17A A1: 8/28/19, Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Mary Hitchcock Memorial Hospital	177651-B001	Lebanon	\$5,312,531	\$1,504,500	\$6,817,031	O: 10/31/18 Item #17A A1: 11/14/18 Item #1 A2: 9/18/19 Item #20 A3: 6/24/20 Item #31 A4: 2/17/21 Item #18
*LRGHealthcare	177161-B006	Laconia	\$2,317,076	\$0	\$2,317,076	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
*Granite Pathways Manchester	228900-B001	Manchester	\$3,831,170	\$0	\$3,831,170	O: 10/31/18 Item #17A A1: 9/18/19 Item #20
*Granite Pathways Nashua	228900-B001	Nashua	\$3,364,709	\$0	\$3,364,709	O: 10/31/18, Item #17A A1: 9/18/19, Item #20
Littleton Hospital Association	177162-B011	Littleton	\$2,160,689	\$712,612	\$2,873,301	O: 10/31/18, Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

His Excellency, Governor Christopher T. Sununu
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Wentworth-Douglass Hospital	177187-B001	Dover	\$4,109,399	\$1,153,475	\$5,262,874	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Catholic Medical Center	177240-B003	Greater Manchester	\$4,919,123	\$2,926,711	\$7,845,834	O: 3/11/20 Item #9A A1: 2/3/21 Item #10
Southern New Hampshire Health System, Inc.	177321-R004	Greater Nashua	\$3,339,704	\$1,696,196	\$5,035,900	O: 3/11/20 Item #9A A1: 2/17/21 Item #18
Concord Hospital, Inc. – Laconia	355356	Laconia	\$560,962	\$746,537	\$1,307,499	O: 6/2/21 Item #28
		Total:	\$37,617,414	\$11,190,088	\$48,807,502	
<i>*Indicates contracts that are okay to expire or have been terminated.</i>						

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is to continue to provide a network of Doorway programs to ensure access to substance use disorder treatment and recovery services within sixty (60) minutes of State residents' homes.

Approximately 4,000 individuals will be served between September 30, 2021 to September 29, 2022.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire at a minimum has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week.

The Doorways provide resources to strengthen existing prevention, treatment and recovery programs by ensuring access to critical services in order to decrease the number of opioid and/or stimulant-related misuses, overdoses and deaths in New Hampshire as well as promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants also are being served and referred to the appropriate services.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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The Department continues to monitor services by reviewing, analyzing and engaging in quality improvements based on:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language, or Exhibit A, Revisions to Standard Contract Provisions in the cases of Catholic Medical Center and Southern New Hampshire Health System, Inc. and Concord Hospital – Laconia, of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the one (1) year available.

Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care, which would negatively impact recovery and increase the risk of relapse.

Source of Federal Funds: Assistance Listing Number #93.788, FAIN #H79TI083326 and CFDA #93.959, FAIN #B08TI083509.

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

Respectfully submitted,

DocuSigned by:
Lori A. Weaver
4CA92904125473...

for
Lori A. Shibinette
Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

05-92-02-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT

100% Federal Funds

Vendor Name Androskoggin Valley							Vendor # 177220
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2019	102/500731	Contracts for Program Services	92057040	\$218,250.00	\$0.00	\$218,250.00	
2020	102/500731	Contracts for Program Services	92057040	\$652,985.00	\$0.00	\$652,985.00	
2021	102/500731	Contracts for Program Services	92057040	\$201,283.00	\$0.00	\$201,283.00	
2021	102/500731	Contracts for Program Services	92057047	\$181,000.00	\$0.00	\$181,000.00	
2021	102/500731	Contracts for Program Services	92057048	\$438,668.00	\$0.00	\$438,668.00	
2022	102/500731	Contracts for Program Services	92057048	\$218,333.00	\$0.00	\$218,333.00	
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$489,806.00	\$489,806.00	
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$163,269.00	\$163,269.00	
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$0.00	\$0.00	
Sub Total				\$1,908,517.00	\$653,075.00	\$2,561,592.00	

Vendor Name Concord Hospital, Inc.							Vendor # 177653
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2019	102/500731	Contracts for Program Services	92057040	\$282,773.00	\$0.00	\$282,773.00	
2020	102/500731	Contracts for Program Services	92057040	\$1,325,131.00	\$0.00	\$1,325,131.00	
2021	102/500731	Contracts for Program Services	92057040	\$236,916.00	\$0.00	\$236,916.00	
2021	102/500731	Contracts for Program Services	92057047	\$186,000.00	\$0.00	\$186,000.00	
2021	102/500731	Contracts for Program Services	92057048	\$400,000.00	\$0.00	\$400,000.00	
2022	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00	
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$538,954.00	\$538,954.00	
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$179,652.00	\$179,652.00	
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$0.00	\$0.00	
Sub Total				\$2,590,820.00	\$718,606.00	\$3,309,426.00	

Vendor Name Cheshire							Vendor # 155405
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2019	102/500731	Contracts for Program Services	92057040	\$611,287.00	\$0.00	\$611,287.00	
2020	102/500731	Contracts for Program Services	92057040	\$1,127,557.00	\$0.00	\$1,127,557.00	
2021	102/500731	Contracts for Program Services	92057040	\$205,033.00	\$0.00	\$205,033.00	
2021	102/500731	Contracts for Program Services	92057047	\$229,925.00	\$0.00	\$229,925.00	
2021	102/500731	Contracts for Program Services	92057048	\$532,304.00	\$0.00	\$532,304.00	
2022	102/500731	Contracts for Program Services	92057048	\$266,152.00	\$0.00	\$266,152.00	
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$771,286.00	\$771,286.00	
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$257,095.00	\$257,095.00	
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$0.00	\$0.00	
Sub Total				\$2,972,258.00	\$1,028,381.00	\$4,000,639.00	

Vendor Name Granite Pathways Manchester							Vendor # 228900
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2019	102/500731	Contracts for Program Services	92057040	\$1,331,471.00	\$0.00	\$1,331,471.00	
2020	102/500731	Contracts for Program Services	92057040	\$2,349,699.00	\$0.00	\$2,349,699.00	
Sub Total				\$3,681,170.00	\$0.00	\$3,681,170.00	

Vendor Name Granite Pathways Nashua							Vendor # 228900
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2019	102/500731	Contracts for Program Services	92057040	\$1,348,973.00	\$0.00	\$1,348,973.00	
2020	102/500731	Contracts for Program Services	92057040	\$1,865,736.00	\$0.00	\$1,865,736.00	
Sub Total				\$3,214,709.00	\$0.00	\$3,214,709.00	

Vendor Name Littleton Regional							Vendor # 177162
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2019	102/500731	Contracts for Program Services	92057040	\$223,135.00	\$0.00	\$223,135.00	
2020	102/500731	Contracts for Program Services	92057040	\$882,805.00	\$0.00	\$882,805.00	
2021	102/500731	Contracts for Program Services	92057040	\$203,750.00	\$0.00	\$203,750.00	
2021	102/500731	Contracts for Program Services	92057047	\$175,000.00	\$0.00	\$175,000.00	
2021	102/500731	Contracts for Program Services	92057048	\$423,333.00	\$0.00	\$423,333.00	
2022	102/500731	Contracts for Program Services	92057048	\$211,866.00	\$0.00	\$211,866.00	
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$521,960.00	\$521,960.00	
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$173,987.00	\$173,987.00	
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$0.00	\$0.00	
Sub Total				\$2,119,689.00	\$695,947.00	\$2,815,636.00	

Vendor Name LRGHealthcare							Vendor # 177161
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$500,000.00	\$0.00	\$500,000.00
2020	102/500731	Contracts for Program Services	92057040	\$642,114.00	\$0.00	\$642,114.00
2021	102/500731	Contracts for Program Services	92057040	\$205,000.00	\$0.00	\$205,000.00
2021	102/500731	Contracts for Program Services	92057047	\$178,000.00	\$0.00	\$178,000.00
2021	102/500731	Contracts for Program Services	92057048	\$430,000.00	\$0.00	\$430,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
		Sub Total		\$2,170,114.00	\$0.00	\$2,170,114.00

Vendor Name Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$449,937.00	\$0.00	\$449,937.00
2020	102/500731	Contracts for Program Services	92057040	\$2,575,109.00	\$0.00	\$2,575,109.00
2021	102/500731	Contracts for Program Services	92057040	\$383,958.00	\$0.00	\$383,958.00
2021	102/500731	Contracts for Program Services	92057047	\$430,000.00	\$0.00	\$430,000.00
2021	102/500731	Contracts for Program Services	92057048	\$947,333.00	\$0.00	\$947,333.00
2021	102/500731	Contracts for Program Services	92057048	\$473,686.00	\$0.00	\$473,686.00
2022	102/500731	Contracts for Program Services	92057048	\$0.00	\$1,115,876.00	\$1,115,876.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$371,959.00	\$371,959.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,487,835.00	\$1,487,835.00
		Sub Total		\$5,260,033.00	\$1,487,835.00	\$6,747,838.00

Vendor Name Wentworth Douglass				Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$537,063.00	\$0.00	\$537,063.00
2020	102/500731	Contracts for Program Services	92057040	\$1,806,752.00	\$0.00	\$1,806,752.00
2021	102/500731	Contracts for Program Services	92057040	\$240,675.00	\$0.00	\$240,675.00
2021	102/500731	Contracts for Program Services	92057047	\$299,000.00	\$0.00	\$299,000.00
2021	102/500731	Contracts for Program Services	92057048	\$691,360.00	\$0.00	\$691,360.00
2022	102/500731	Contracts for Program Services	92057048	\$345,680.00	\$0.00	\$345,680.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$852,607.00	\$852,607.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$284,203.00	\$284,203.00
		Sub Total		\$3,920,530.00	\$1,136,810.00	\$5,057,340.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$345,019.00	\$0.00	\$345,019.00
2021	102/500731	Contracts for Program Services	92057040	\$724,814.00	\$0.00	\$724,814.00
2021	102/500731	Contracts for Program Services	92057047	\$802,501.00	\$0.00	\$802,501.00
2021	102/500731	Contracts for Program Services	92057048	\$1,848,000.00	\$0.00	\$1,848,000.00
2022	102/500731	Contracts for Program Services	92057048	\$923,000.00	\$0.00	\$923,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$2,182,534.00	\$2,182,534.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$727,512.00	\$727,512.00
		Sub Total		\$4,641,134.00	\$2,910,046.00	\$7,551,180.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$223,242.00	\$0.00	\$223,242.00
2021	102/500731	Contracts for Program Services	92057040	\$522,272.00	\$0.00	\$522,272.00
2021	102/500731	Contracts for Program Services	92057047	\$580,000.00	\$0.00	\$580,000.00
2021	102/500731	Contracts for Program Services	92057048	\$1,280,000.00	\$0.00	\$1,280,000.00
2022	102/500731	Contracts for Program Services	92057048	\$640,000.00	\$0.00	\$640,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,259,648.00	\$1,259,648.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$419,883.00	\$419,883.00
		Sub Total		\$3,245,514.00	\$1,679,531.00	\$4,925,045.00

Vendor Name Concord Hospital - Leconia				Vendor # 355358		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
2022	074/500585	Contracts for Program Services	92057048	\$0.00	\$547,404.00	\$547,404.00
2023	074/500585	Contracts for Program Services	92057048	\$0.00	\$182,468.00	\$182,468.00
		Sub Total		\$415,000.00	\$729,872.00	\$1,144,872.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

SOR Total	\$36,139,458.00	\$11,040,103.00	\$47,179,561.00
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05-02-02-020510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SABG ADDITIONAL

100% Federal Funds

Vendor Name Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Concord Hospital, Inc.				Vendor # 177853		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Wentworth Douglass				Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Concord Hospital, Inc. - Laconia				Vendor # 355358		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

SABG Total	\$0.00	\$149,985.00	\$149,985.00
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05-05-02-020510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

100% Other Funds

Vendor Name Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
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2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		Sub Total		\$25,000.00	\$0.00	\$25,000.00

Vendor Name Concord				Vendor # 177853		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$73,481.00	\$0.00	\$73,481.00
2022	102/500731	Contracts for Program Services	92058501	\$24,493.00	\$0.00	\$24,493.00
		Sub Total		\$97,974.00	\$0.00	\$97,974.00

Vendor Name Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$68,812.00	\$0.00	\$68,812.00
2022	102/500731	Contracts for Program Services	92058501	\$22,870.00	\$0.00	\$22,870.00
		Sub Total		\$91,482.00	\$0.00	\$91,482.00

Vendor Name Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		Sub Total		\$25,000.00	\$0.00	\$25,000.00

Vendor Name LRGHealthcare				Vendor # 177161		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$110,222.00	\$0.00	\$110,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
		Sub Total		\$146,962.00	\$0.00	\$146,962.00

Vendor Name Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$39,396.00	\$0.00	\$39,396.00
2022	102/500731	Contracts for Program Services	92058501	\$13,132.00	\$0.00	\$13,132.00
		Sub Total		\$52,528.00	\$0.00	\$52,528.00

Vendor Name Wentworth Douglas				Vendor # 177167		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$141,852.00	\$0.00	\$141,852.00
2022	102/500731	Contracts for Program Services	92058501	\$47,217.00	\$0.00	\$47,217.00
		Sub Total		\$188,869.00	\$0.00	\$188,869.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$208,492.00	\$0.00	\$208,492.00
2022	102/500731	Contracts for Program Services	92058501	\$69,497.00	\$0.00	\$69,497.00
		Sub Total		\$277,989.00	\$0.00	\$277,989.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$70,843.00	\$0.00	\$70,843.00
2022	102/500731	Contracts for Program Services	92058501	\$23,547.00	\$0.00	\$23,547.00
		Sub Total		\$94,190.00	\$0.00	\$94,190.00

Vendor Name Concord Hospital - Laconia				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$109,222.00	\$0.00	\$109,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
		Sub Total		\$145,962.00	\$0.00	\$145,962.00

GC Total				\$1,145,956.00	\$0.00	\$1,145,956.00
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05-05-02-020510-2559 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

100% Federal Funds

Vendor Name Androscoggin Valley							Vendor # 177220
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2019	102/500731	Contracts for Program Services	92052581	\$18,000.00	\$0.00	\$18,000.00	
		<i>Sub Total</i>		\$18,000.00	\$0.00	\$18,000.00	

Vendor Name Granite Pathways Manchester							Vendor # 228900
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2019	102/500731	Contracts for Program Services	92052581	\$150,000.00	\$0.00	\$150,000.00	
		<i>Sub Total</i>		\$150,000.00	\$0.00	\$150,000.00	

Vendor Name Granite Pathways Nashua							Vendor # 228900
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2019	102/500731	Contracts for Program Services	92052581	\$150,000.00	\$0.00	\$150,000.00	
		<i>Sub Total</i>		\$150,000.00	\$0.00	\$150,000.00	

Vendor Name Littleton Regional Hospital							Vendor # 177182
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2019	102/500731	Contracts for Program Services	92052581	\$16,000.00	\$0.00	\$16,000.00	
		<i>Sub Total</i>		\$16,000.00	\$0.00	\$16,000.00	

STR Total	\$332,000.00	\$0.00	\$332,000.00
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GRAND TOTALS	\$37,617,414.00	\$11,100,088.00	\$48,607,502.00
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**State of New Hampshire
Department of Health and Human Services
Amendment #1**

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Concord Hospital – Laconia ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 2, 2021 (Item #28), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, and Exhibit A, Revisions to Standard Agreement Provisions, Section 1, Revisions to Form P-37, General Provisions, Subsection 1.2. the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37 General Provisions, Block 1.3., Contractor Name is modified to correct a scrivener's error, to read:
Concord Hospital - Laconia
2. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2022.
3. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$1,307,499.
4. Modify Exhibit B, Section 11, State Opioid Response (SOR) Grant Standards, Subsection 11.1 to read:
11.1. Reserved.
5. Modify Exhibit B, Section 11, State Opioid Response (SOR) Grant Standards, Subsection 11.11 to read:
11.11. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide marijuana or provide treatment using marijuana. The Contractor shall ensure:
11.11.1. Treatment in this context includes the treatment of opioid use disorder (OUD).
11.11.2. Grant funds are not provided to any individual who, or organization that, provides or permits marijuana use for the purposes of treating substance use or mental health disorders.
11.11.3. This marijuana restriction applies to all subcontracts and memorandums of understanding (MOU) that receive SOR funding.
6. Modify Exhibit B, Section 11, State Opioid Response (SOR) Grant Standards, Subsection 11.12 to read:
11.12. The Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan

includes:

- 11.12.1. Internal policies for the distribution of Fentanyl strips;
- 11.12.2. Distribution methods and frequency; and
- 11.12.3. Other key data as, requested by the Department.

7. Modify Exhibit B, Section 11, State Opioid Response (SOR) Grant Standards, by adding Subsection 11.13 as follows:

11.13. The Contractor shall provide a contingency management plan to the Department for approval prior to implementation of the contingency management plan. The Contractor shall ensure the contingency management plan includes:

11.13.1. Contingency management strategies to reward and incentivize individual treatment compliance;

11.13.2. Identified allowable contingency rewards, as approved by the Department, ensuring:

11.13.2.1. The maximum value per contingency does not exceed \$15; and

11.13.2.2. The maximum number of contingencies per year per individual does not exceed five (5); and

11.13.2.3. The maximum dollar value of all contingencies per individual does not exceed \$75 per year; and

11.13.3. Other key data as requested by the Department.

8. Modify Exhibit B, Section 11, State Opioid Response (SOR) Grant Standards, by adding Subsection 11.14 as follows:

11.14. The Contractor shall refer to Exhibit C – Amendment #1 for grant terms and conditions including, but not limited to:

11.14.1. Invoicing.

11.14.2. Funding restrictions.

11.14.3. Billing.

9. Modify Exhibit C, Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit C – Amendment #1, Methods and Conditions Precedent to Payment, in order to update payment terms, billing standards and various references to budgets, which is attached hereto and incorporated by reference herein.

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

11. Add Exhibit C-2 Amendment #1, SOR II Budget, which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire
Department of Health and Human Services

9/8/2021
Date

DocuSigned by:
Katja Fox
50004894C83443
Name: Katja Fox
Title: Director

Concord Hospital, Inc. - Laconia

9/7/2021
Date

DocuSigned by:
Scott W Sloane
400414F06A438
Name: Scott W Sloane
Title: Chief Financial Officer

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

OFFICE OF THE ATTORNEY GENERAL

9/9/2021
Date

DocuSigned by:
J. Christopher Marshall
Name: J. Christopher Marshall
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services



EXHIBIT C – Amendment #1

Payment Terms

1. This Agreement is funded by:
 - 1.1. 87.56% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326; and
 - 1.2. 1.27% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, as awarded on 3/11/21, by the U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, CFDA #93.959, FAIN B08TI083509.
 - 1.3. 11.16% Other Funds from Governor’s Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds, effective from 9/30/2020 through 9/29/2021.
2. Governor Commission Funds
 - 2.1. The Contractor shall utilize funds in Appendix E – Budget Form, Page 1 GovComm and Appendix E – Budget Form, Page 2 GovComm for the purpose of providing services and supports to clients whose needs do not make them eligible to receive SOR-funded services and supports.
 - 2.2. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.
3. SABG FY21 COVID Emergency Funds
 - 3.1. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.
4. For the purposes of this Agreement:
 - 4.1. The Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR §200.331.
 - 4.2. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.3327.
 - 4.3. The de minimis Indirect Cost Rate of 10% applies in accordance with 2 CFR §200.414.
5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved  item, as

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT C – Amendment #1

specified in Appendix E Budget Form (4 Pages in total) through Exhibit C-2 Amendment #1
SOR II Budget.

6. The Contractor shall seek payment for services, as follows:
 - 6.1. First, the Contractor shall charge the client's private insurance or other payor sources.
 - 6.2. Second, the Contractor shall charge Medicare.
 - 6.3. Third, the Contractor shall charge Medicaid enrolled individuals, as follows:
 - 6.3.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
 - 6.3.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
 - 6.4. Fourth, the Contractor shall charge the client in accordance with the Sliding Fee Scale Program.
 - 6.5. Lastly, if any portion of the amount specified in the Sliding Fee Scale remains unpaid, charge the Department for the unpaid balance.
7. The Contractor shall submit an invoice and supporting backup documentation in a form satisfactory to the State by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment. Invoices shall be net any other revenue received towards the services billed in fulfillment of this agreement. The Contractor shall ensure:
 - 7.1. Backup documentation includes, but is not limited to:
 - 7.1.1. General Ledger showing revenue and expenses for the contract.
 - 7.1.2. Timesheets and/or time cards that support the hours employees worked for wages reported under this contract.
 - 7.1.2.1. Per 45 CFR Part 75.430(i)(1) Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed.
 - 7.1.2.2. Attestation and time tracking templates, which are available to the Department upon request.
 - 7.1.3. Invoices supporting expenses reported:
 - 7.1.3.1. Unallowable expenses include, but are not limited to:
 - 7.1.3.1.1. Amounts belonging to other programs.
 - 7.1.3.1.2. Amounts prior to effective date of contract.
 - 7.1.3.1.3. Construction or renovation expenses.

SWS

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT C – Amendment #1

- 7.1.3.1.4. Food or water for employees.
- 7.1.3.1.5. Directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana.
- 7.1.3.1.6. Fines, fees, or penalties.
- 7.1.3.1.7. Per SAMSHA requirements, meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed three dollars (\$3.00) per person for clients.
- 7.1.3.1.8. Cell phones and cell phone minutes for clients.
- 7.1.4. Receipts for expenses within the applicable state fiscal year.
- 7.1.5. Cost center reports.
- 7.1.6. Profit and loss report.
- 7.1.7. Remittance Advices from the insurances billed. Remittance Advices do not need to be supplied with the invoice, but should be retained to be available upon request.
- 7.1.8. Information requested by the Department verifying allocation or offset based on third party revenue received.
- 7.1.9. Summaries of patient services revenue and operating revenue and other financial information as requested by the Department.
- 8. The Contractor is responsible for reviewing, understanding, and complying with further restrictions included in the Funding Opportunity Announcement (FOA).
- 9. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to DHHS.DBHInvoicesBDAS@dhhs.nh.gov, or invoices may be mailed to:
 - SOR Financial Manager
 - Department of Health and Human Services
 - 105 Pleasant Street
 - Concord, NH 03301
- 10. The Contractor agrees that billing submitted for review after twenty (20) business days of the last day of the billing month may be subject to non-payment.
- 11. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
- 12. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
- 13. The Contractor must provide the services in Exhibit B – Scope of Services, in compliance with funding requirements.

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SWS

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT C – Amendment #1

14. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit B – Scope of Services, including failure to submit required monthly and/or quarterly reports.
15. Notwithstanding Paragraph 17 of the General Provisions P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
16. Audits
 - 16.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:
 - 16.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 16.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 16.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
 - 16.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
 - 16.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
 - 16.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
 - 16.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.
17. Maintenance of Fiscal Integrity

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT C – Amendment #1

- 17.1. In order to enable the Department to evaluate the Contractor's fiscal integrity, the Contractor agrees to submit to the Department monthly, the Balance Sheet, Profit and Loss Statement (total organization and program-level), and Cash Flow Statement for the Contractor. Program-level Profit and Loss Statement shall include all revenue sources and all related expenditures for that program. The program-level Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. Outside of the program-level Profit and Loss Statement and budget to actual analysis, all other statements shall be reflective of the entire Partnership for Successful Living organization and shall be submitted on the same day the reports are submitted to the Board, but no later than the fourth Wednesday of the month. Additionally, the contractor will provide interim profit and loss statements for every program area, reported as of the 20th of the month, by the last day of every month.
- 17.2. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement.
- 17.3. The Contractor shall inform the Department by phone and by email within five business days when any Executive Management, Board Officers, or Program Managers for Department contracts submits a resignation or leaves for any other reason.

Exhibit C-1 Amendment #1 SOR # Budget

New Hampshire Department of Health and Human Services
 COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Concord Hospital - Laconia

Project Title: Access and Delivery Hub for Opioid Use Disorder Services

Budget Period: SFY22 09/30/21-04/30/22

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 148,500.00	\$ 1,800.00	\$ 150,300.00	\$ -	\$ -	\$ -	\$ 148,500.00	\$ 1,800.00	\$ 150,300.00
2. Employee Benefits	\$ 35,840.00	\$ 432.00	\$ 36,072.00	\$ -	\$ -	\$ -	\$ 35,840.00	\$ 432.00	\$ 36,072.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ 9.00	\$ -	\$ 9.00	\$ -	\$ -	\$ -	\$ 9.00	\$ -	\$ 9.00
Purchase/Depreciation	\$ 909.00	\$ -	\$ 909.00	\$ -	\$ -	\$ -	\$ 909.00	\$ -	\$ 909.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab (Parity) test strips	\$ 2,700.00	\$ -	\$ 2,700.00	\$ -	\$ -	\$ -	\$ 2,700.00	\$ -	\$ 2,700.00
Pharmacy (Naloxone)	\$ 90,000.00	\$ -	\$ 90,000.00	\$ -	\$ -	\$ -	\$ 90,000.00	\$ -	\$ 90,000.00
Medical	\$ 900.00	\$ -	\$ 900.00	\$ -	\$ -	\$ -	\$ 900.00	\$ -	\$ 900.00
Office	\$ 4,500.00	\$ -	\$ 4,500.00	\$ -	\$ -	\$ -	\$ 4,500.00	\$ -	\$ 4,500.00
6. Travel	\$ 1,800.00	\$ -	\$ 1,800.00	\$ -	\$ -	\$ -	\$ 1,800.00	\$ -	\$ 1,800.00
7. Occupancy	\$ 18,000.00	\$ -	\$ 18,000.00	\$ -	\$ -	\$ -	\$ 18,000.00	\$ -	\$ 18,000.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,800.00	\$ -	\$ 1,800.00	\$ -	\$ -	\$ -	\$ 1,800.00	\$ -	\$ 1,800.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 380.00	\$ -	\$ 380.00	\$ -	\$ -	\$ -	\$ 380.00	\$ -	\$ 380.00
10. Marketing/Communications	\$ 2,700.00	\$ -	\$ 2,700.00	\$ -	\$ -	\$ -	\$ 2,700.00	\$ -	\$ 2,700.00
11. Staff Education and Training	\$ 9,000.00	\$ -	\$ 9,000.00	\$ -	\$ -	\$ -	\$ 9,000.00	\$ -	\$ 9,000.00
12. Subcontracts/Agreements	\$ 54,000.00	\$ -	\$ 54,000.00	\$ -	\$ -	\$ -	\$ 54,000.00	\$ -	\$ 54,000.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Flex Funds - Client Transportation	\$ 90,000.00	\$ -	\$ 90,000.00	\$ -	\$ -	\$ -	\$ 90,000.00	\$ -	\$ 90,000.00
Flex Funds - Client Housing	\$ 66,354.00	\$ -	\$ 66,354.00	\$ -	\$ -	\$ -	\$ 66,354.00	\$ -	\$ 66,354.00
Flex Funds - Contingency Mgmt (Incentives)	\$ 9,000.00	\$ -	\$ 9,000.00	\$ -	\$ -	\$ -	\$ 9,000.00	\$ -	\$ 9,000.00
Support Clients' Unmet Needs	\$ 16,665.00	\$ -	\$ 16,665.00	\$ -	\$ -	\$ -	\$ 16,665.00	\$ -	\$ 16,665.00
TOTAL	\$ 561,637.90	\$ 2,232.00	\$ 564,069.90	\$ -	\$ -	\$ -	\$ 561,637.90	\$ 2,232.00	\$ 564,069.90

Indirect As A Percent of Direct

0.4%

Exhibit C-2 Amendment #1 SOR # Budget

New Hampshire Department of Health and Human Services
 COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Concord Hospital, Inc. - Lacois

Project Title: Access and Delivery Hub for Optoid Use Disorder Services

Budget Period: SFY23 07/01/2022-09/30/2022

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 49,500.00	\$ 600.00	\$ 50,100.00	\$ -	\$ -	\$ -	\$ 49,500.00	\$ 600.00	\$ 50,100.00
2. Employee Benefits	\$ 11,880.00	\$ 144.00	\$ 12,024.00	\$ -	\$ -	\$ -	\$ 11,880.00	\$ 144.00	\$ 12,024.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ 3.00	\$ -	\$ 3.00	\$ -	\$ -	\$ -	\$ 3.00	\$ -	\$ 3.00
Purchase/Depreciation	\$ 303.00	\$ -	\$ 303.00	\$ -	\$ -	\$ -	\$ 303.00	\$ -	\$ 303.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ 900.00	\$ -	\$ 900.00	\$ -	\$ -	\$ -	\$ 900.00	\$ -	\$ 900.00
Pharmacy	\$ 33,000.00	\$ -	\$ 33,000.00	\$ -	\$ -	\$ -	\$ 33,000.00	\$ -	\$ 33,000.00
Medical	\$ 300.00	\$ -	\$ 300.00	\$ -	\$ -	\$ -	\$ 300.00	\$ -	\$ 300.00
Office	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00
6. Travel	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ -	\$ -	\$ 600.00	\$ -	\$ 600.00
7. Occupancy	\$ 6,000.00	\$ -	\$ 6,000.00	\$ -	\$ -	\$ -	\$ 6,000.00	\$ -	\$ 6,000.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ -	\$ -	\$ 600.00	\$ -	\$ 600.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 120.00	\$ -	\$ 120.00	\$ -	\$ -	\$ -	\$ 120.00	\$ -	\$ 120.00
10. Marketing/Communications	\$ 900.00	\$ -	\$ 900.00	\$ -	\$ -	\$ -	\$ 900.00	\$ -	\$ 900.00
11. Staff Education and Training	\$ 3,500.00	\$ -	\$ 3,500.00	\$ -	\$ -	\$ -	\$ 3,500.00	\$ -	\$ 3,500.00
12. Subcontract/Agreements	\$ 18,000.00	\$ -	\$ 18,000.00	\$ -	\$ -	\$ -	\$ 18,000.00	\$ -	\$ 18,000.00
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Flex Funds - Chert Transportation	\$ 30,000.00	\$ -	\$ 30,000.00	\$ -	\$ -	\$ -	\$ 30,000.00	\$ -	\$ 30,000.00
Flex Funds - Chert Housing	\$ 22,118.00	\$ -	\$ 22,118.00	\$ -	\$ -	\$ -	\$ 22,118.00	\$ -	\$ 22,118.00
Flex Funds - Contingency Mgmt (Incentives)	\$ 2,500.00	\$ -	\$ 2,500.00	\$ -	\$ -	\$ -	\$ 2,500.00	\$ -	\$ 2,500.00
TOTAL	\$ 181,724.00	\$ 744.00	\$ 182,468.00	\$ -	\$ -	\$ -	\$ 181,724.00	\$ 744.00	\$ 182,468.00

Indirect As A Percent of Direct

0.4%

MAY 19 '21 PM 3:34 RCVD

28
MANLori A. Shlabinette
CommissionerKatja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

May 14, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into a **Retroactive, Sole Source** contract with Concord Hospital, Inc. - Laconia (Vendor #355356) of Laconia, New Hampshire, for the provision of Doorway services for access to substance use disorder treatment and recovery services and supports, in the amount of \$560,962, with the option to renew for up to one (1) additional year, effective retroactive to May 1, 2021, upon Governor and Council approval, through September 29, 2021. 97.28% Federal Funds, 2.72% Other Funds.

Funds are available in the following account for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Year 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-095-092-920510-70400000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2021	102-500731	Contracts for Program Svs	92057048	\$200,000
2022	102-500731	Contracts for Program Svs	92057048	\$215,000
			Subtotal	\$415,000

05-095-092-920510-33820000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2021	102-500731	Contracts for Program Svs	92058501	\$109,222
2022	102-500731	Contracts for Program Svs	92058501	\$36,740
			Subtotal	\$145,962
			Total	\$560,962

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

EXPLANATION

This request is **Retroactive** because LRGHealthcare, one of the Department's original contractors to provide Doorway services in the Laconia area, filed for bankruptcy in October of 2020 and its assets were acquired by Concord Hospital, Inc. – Laconia, effective May 1, 2021. As part of the acquisition agreement approved by the New Hampshire Attorney General's Office, Concord Hospital, Inc. – Laconia is required to provide all contract services previously provided by LRGHealthcare under the contract approved by the Governor and Executive Council on October 31, 2018 Item #17A; which was amended on September 18, 2019 Item #20, on June 24, 2020 Item #31, and on February 23, 2021 Item #10. This new contract transfers all existing obligations and the remaining price limitation to Concord Hospital, Inc., - Laconia.

This request is **Sole Source** because all of the Doorway contracts are sole source as part of the statewide system designed to deliver coordinated services. The Contractor will participate in the network of Doorways by serving the Laconia region, to ensure New Hampshire residents have access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through all the Doorways twenty-four hours, seven days a week, to ensure no one in New Hampshire has to travel more than sixty minutes to access services.

Approximately 650 individuals will be served under this contract between May 1, 2021 and September 29, 2021.

As the Doorway for the Laconia area, the Contractor will provide resources to strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid or stimulant related deaths in New Hampshire; and promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants will also be served and referred to the appropriate services.

The Department will monitor contracted services using the following methods:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Regular review and monitoring of Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

Should the Governor and Council not authorize this request, individuals seeking treatment for opioid or stimulant use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care that negatively impact recovery and increase the risk of relapse.

Area served: Laconia Region.

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

Subject: Access and Delivery Hub for Opioid Use Disorder Services (SS-2021-BDAS-08-ACCESS)

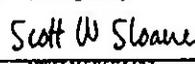
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Concord Hospital, Inc. - Laconia		1.4 Contractor Address 80 Highland Street, Laconia, NH 03246	
1.5 Contractor Phone Number (603) 524-3211	1.6 Account Number 05-95-92-7040-500731	1.7 Completion Date September 29, 2021	1.8 Price Limitation \$560,962
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by:  Date: 5/18/2021		1.12 Name and Title of Contractor Signatory Scott W Sloane Chief Financial Officer	
1.13 State Agency Signature DocuSigned by:  Date: 5/19/2021		1.14 Name and Title of State Agency Signatory Katja Fox Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 5/19/2021			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein, by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete

compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

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

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

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

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

9. TERMINATION.

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

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

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

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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

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Access and Delivery Hub for Opioid Use Disorder Services**

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

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

3.1. Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire as indicated in block 1.17, this Agreement, and all obligations of the parties hereunder, shall become effective on May 1, 2021. ("Effective Date").

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

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

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

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

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EXHIBIT B

Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. All Exhibits D through K are attached hereto and incorporated by reference herein.

2. Statement of Work

- 2.1. The Contractor shall develop, implement and operationalize a regional Access and Delivery Hub for Opioid Use Disorder and Stimulant Use Disorder (from herein referred to as the "Doorway") for substance use disorder (SUD) treatment and recovery support service access in accordance with the terms and conditions approved by Substance Abuse and Mental Health Services Administration (SAMHSA) for the State Opioid Response (SOR) grant.
- 2.2. The Contractor shall provide residents in the Laconia Region with access to referrals to SUD treatment and recovery support services and other health and social services.
- 2.3. The Contractor shall participate in technical assistance, guidance, and oversight activities, as directed by the Department, for continued development and enhancement of Doorway services.
- 2.4. The Contractor shall collaborate with the Department to assess capacity and resource needs, as evidenced by a feasibility and sustainability plan, to provide services either directly, or indirectly through a professional services agreement approved by the Department, that include, but are not limited to:
 - 2.4.1. Care coordination to support evidence-based medication assisted treatment (MAT) induction services consistent with the principles of the Medication First model.
 - 2.4.2. Coordination of outpatient and inpatient SUD services, in accordance with the American Society of Addiction Medicine (ASAM).
 - 2.4.3. Coordination of services and support outside of Doorway operating hours specified in Paragraph 3.1.1., while awaiting intake with the Doorway.

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2.4.4. Expanding provisions for Core Doorway services to additional eligible SOR populations, as defined in Paragraph 4.2.1.

2.5. The Contractor shall collaborate with the Department, throughout the contract period, to identify gaps in financial and staffing resources required in Section 5. Staffing.

2.6. The Contractor shall ensure formalized coordination with 2-1-1 NH and other agencies and community-based programs that make up the components of the Doorway System to ensure services and supports are available to individuals after Doorway operating hours. The Contractor shall ensure coordination includes; but is not limited to:

2.6.1. Establishing a Qualified Services Arrangement (QSA) or Memorandum of Understanding (MOU) for after hour services and supports, which includes but are not limited to:

2.6.1.1. A process that ensures a client's preferred Doorway receives information on the client, outcomes, and events for continued follow-up.

2.6.1.2. A process for sharing information about each client to allow for prompt follow-up care and supports, in accordance with applicable state and federal requirements, that includes but is not limited to:

2.6.1.2.1. Any locations to which the client was referred for respite care or housing.

2.6.1.2.2. Other services offered or provided to the client.

2.6.2. Collaborating with the Department to:

2.6.2.1. Implement a centralized closed loop referral system, utilizing the technology solution procured by the Department in order to improve care coordination and client outcomes.

2.6.2.2. Develop a plan no later than December 2020 identifying timelines and requirements for implementing the closed loop referral system.

2.6.3. Enabling the sharing of information and resources, which include, but are not limited to:

2.6.3.1. Patient demographics.

2.6.3.2. Referrals made, accepted, and outstanding.

2.6.3.3. Services rendered.

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- 2.6.3.4. Identification of resource providers involved in each client's care.
- 2.7. The Contractor, with the assistance of the Department, shall establish formalized agreements to enroll and contract with:
- 2.7.1. Medicaid Managed Care Organizations (MCO) to coordinate case management efforts on behalf of the client.
 - 2.7.2. Private insurance carriers to coordinate case management efforts on behalf of the client.
- 2.8. The Contractor shall create policies relative to obtaining patient consent for disclosure of protected health information, as required by state administrative rules and federal and state laws, for agreements reached with MCOs and private insurance carriers as outlined in Subsection 2.7.
- 2.9. The Contractor shall develop a Department-approved conflict of interest policy related to Doorway services and referrals to SUD treatment and recovery supports and services programs funded outside of this contract that maintains the integrity of the referral process and client choice in determining placement in care.
- 2.10. The Contractor shall participate in regularly scheduled learning and educational sessions with other Doorways that are hosted, and/or recommended, by the Department.
- 2.11. The Contractor shall convene or participate in regional community partner meetings to provide information and receive feedback regarding the Doorway services. The Contractor shall:
- 2.11.1. Ensure regional community partners include, but are not limited to:
 - 2.11.1.1. Municipal leaders.
 - 2.11.1.2. Regional Public Health Networks.
 - 2.11.1.3. Continuum of Care Facilitators.
 - 2.11.1.4. Health care providers.
 - 2.11.1.5. Social services providers.
 - 2.11.1.6. Other stakeholders, as appropriate.
 - 2.11.2. Ensure meeting agendas include, but are not limited to:
 - 2.11.2.1. Receiving input on successes of services.

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- 2.11.2.2. Sharing challenges experienced since the last regional community partner meeting.
 - 2.11.2.3. Sharing methods and actions that can be taken to improve transitions and process flows.
 - 2.11.3. Provide meeting minutes to partners and the Department no later than ten (10) days following each community partners meetings.
 - 2.12. The Contractor shall inform the Department of the regional goals to be included in the future development of needs assessments the Contractor and its regional partners have during the contract period, including, but not limited to, goals pertaining to:
 - 2.12.1. Naloxone use.
 - 2.12.2. Enhanced coverage and services to enable reduced Emergency Room use.
 - 2.12.3. Reducing overdose related fatalities.
- 3. Scope of Work for Doorway Activities**
- 3.1. The Contractor shall ensure that, unless an alternative schedule for the Doorway to meet the needs of the community is proposed and approved by the Department, the Doorway provides, in one (1) location, at a minimum:
 - 3.1.1. Hours of operation that includes:
 - 3.1.1.1. 8:00 am to 5:00 pm Monday through Friday.
 - 3.1.1.2. Expanded hours as agreed to by the Department.
 - 3.1.2. A physical location for clients to receive face-to-face services, ensuring any request for a change in location is submitted to the Department no later than thirty (30) days prior to the requested move for Department approval.
 - 3.1.3. Telehealth services consistent with guidelines set forth by the Department.
 - 3.1.4. Telephonic services for calls referred to the Doorway by 2-1-1 NH.
 - 3.1.5. Initial intake and screening to assess an individual's potential need for Doorway services.
 - 3.1.6. Crisis intervention and stabilization counseling services provided by a licensed clinician for any individual in an acute Opioid Use Disorder (OUD)-related crisis who requires immediate non-emergency intervention. If the individual is calling rather than physically presenting at the Doorway, the Contractor shall ensure services include, but are not limited to:

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- 3.1.6.1. Directing callers to dial 911 if a client is in imminent danger or there is an emergency.
- 3.1.6.2. If the client is unable or unwilling to call 911, the Doorway shall immediately contact emergency or mobile crisis services.
- 3.1.7. Clinical evaluations that include:
 - 3.1.7.1. Evaluations of all ASAM Criteria (ASAM, October 2013); domains.
 - 3.1.7.2. A level of care recommendation based on ASAM Criteria (October 2013).
 - 3.1.7.3. Identification of client strengths and resources that can be used to support treatment and recovery.
- 3.1.8. Development of a clinical service plan in collaboration with the client based on the clinical evaluation referenced in Subsection 3.1.8. The Contractor shall ensure the clinical service plan includes, but is not limited to:
 - 3.1.8.1. Determination of an initial ASAM level of care.
 - 3.1.8.2. Identification of any needs the client may have relative to supportive services including, but not limited to:
 - 3.1.8.2.1. Physical health needs.
 - 3.1.8.2.2. Mental health and other behavioral health needs.
 - 3.1.8.2.3. Peer recovery support services needs.
 - 3.1.8.2.4. Social services needs.
 - 3.1.8.2.5. Criminal justice needs that include Corrections, Drug Court, and Division for Children, Youth, and Families (DCYF) matters.
 - 3.1.8.3. A plan for addressing all areas of need identified in Paragraph 3.1.8. by determining goals that are patient-centered, specific, measurable, attainable, realistic, and timely (SMART goals).
 - 3.1.8.4. Plans for referrals to external providers to offer interim services, when the level of care identified in Paragraph 3.1.8. is not available to the client within forty-eight (48) hours of service plan development, which are defined as:
 - 3.1.8.4.1. A minimum of one (1) sixty (60) minute individual or group outpatient session per week; and/or

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- 3.1.8.4.2. Recovery support services, as needed by the client; and/or
 - 3.1.8.4.3. Daily calls to the client to assess and respond to any emergent needs; and/or
 - 3.1.8.4.4. Respite shelter while awaiting treatment and recovery services.
- 3.1.9. A staff person, which can be a licensed clinician, Certified Recovery Support Worker (CRSW), or other non-clinical support staff, capable of assisting specialty populations with accessing services that may have additional entry points to services or specific eligibility criteria. Specialty populations include; but are not limited to:
- 3.1.9.1. Veterans and service members.
 - 3.1.9.2. Pregnant, postpartum, and parenting women.
 - 3.1.9.3. DCYF involved families.
 - 3.1.9.4. Individuals at-risk of or with HIV/AIDS.
 - 3.1.9.5. Adolescents.
- 3.1.10. Facilitated referrals to SUD treatment and recovery support and other health and social services, which shall include, but not be limited to:
- 3.1.10.1. Developing and implementing adequate consent policies and procedures for client-level data sharing and shared care planning with external providers, in accordance with HIPAA and 42 CFR Part 2.
 - 3.1.10.2. Determining referrals based on the service plan developed in Paragraph 3.1.8.
 - 3.1.10.3. Assisting clients with obtaining services with the provider agency, as appropriate.
 - 3.1.10.4. Contacting the provider agency on behalf of the client, as appropriate.
 - 3.1.10.5. Assisting clients with meeting the financial requirements for accessing services including, but not limited to:
 - 3.1.10.5.1. Identifying sources of financial assistance for accessing services and supports.

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3.1.10.5.2. Providing assistance with accessing financial assistance including, but not limited to:

3.1.10.5.2.1. Assisting the client with making contact with the assistance agency, as appropriate.

3.1.10.5.2.2. Contacting the assistance agency on behalf of the client, as appropriate.

3.1.10.5.2.3. Supporting the client in meeting the admission, entrance, and intake requirements of the assistance agency.

3.1.10.5.3. When no other payer is available, assisting clients with accessing services by maintaining a flexible needs fund specific to the Doorway region that supports clients who meet the eligibility criteria for assistance under a Department-approved Flexible Needs Fund Policy with their financial needs, which may include, but are not limited to:

3.1.10.5.3.1. Transportation for eligible clients to and from recovery-related medical appointments, treatment programs, and other locations;

3.1.10.5.3.2. Childcare to permit an eligible client who is a parent or caregiver to attend recovery-related medical appointments, treatment programs, and other appointments;

3.1.10.5.3.3. Payment of short-term housing costs or other costs necessary to remove financial barriers to obtaining or retaining safe housing, such as payment of security deposits or unpaid utility bills;

3.1.10.5.3.4. Provision of light snacks not to exceed three dollars (\$3.00) per eligible client;

3.1.10.5.3.5. Provision of clothing appropriate for cold weather, job interviews, or work; and

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3.1.10.5.3.6. Other uses preapproved in writing by the Department.

3.1.10.5.4. Assisting individuals in need of respite shelter resources while awaiting treatment and recovery services using available resources consistent with the Department's guidance. The Contractor shall:

3.1.10.5.4.1. Collaborate with the Department on a respite shelter voucher guidance and related procedures to determine eligibility for respite shelter resources based on criteria that include but are not limited to confirming an individual is:

3.1.10.5.4.1.1. A Doorway client;

3.1.10.5.4.1.2. In need of respite shelter while awaiting treatment and recovery services; and

3.1.10.5.4.1.3. In need of obtaining financial assistance to access short-term, temporary shelter.

3.1.11. Continuous case management services which include, but are not limited to:

3.1.11.1. Ongoing assessment of the clinical evaluation in Paragraph 3.1.8. for individuals to ensure the appropriate levels of care and supports identified are appropriate and revising the levels of care based on response to receiving interim services and supports.

3.1.11.2. Ongoing assessment in collaboration or consultation with the client's external service provider(s) of necessary support services to address needs identified in the evaluation or by the client's service provider that may create barriers to the client entering and/or maintaining treatment and/or recovery.

3.1.11.3. Supporting clients with meeting the admission, entrance, and intake requirements of the provider agency.

3.1.11.4. Ongoing follow-up and support of clients engaged in services in collaboration or consultation with the client's external service

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provider(s) until a discharge Government Performance and Results Act (GPRA) interview is completed. The Contractor shall ensure follow-up and support includes, but is not limited to:

3.1.11.4.1. Attempting to contact each client at a minimum, once per week until the discharge GPRA interview is completed, according to the following guidelines:

3.1.11.4.1.1. Attempt the first contact by telephone, in person or by an alternative method approved by the Department at such a time when the client would normally be available.

3.1.11.4.1.2. If the attempt in Unit 3.1.12.4.1. is not successful, attempt a second contact, as necessary, by telephone, in person or by an alternative method approved by the Department at such a time when the client would normally be available no sooner than two (2) business days and no later than three (3) business days after the first attempt.

3.1.11.4.1.3. If the attempt in Subunit 3.1.12.4.1.2. is not successful, attempt a third contact, as necessary, by telephone, in person or by an alternative method approved by the Department at such a time when the client would normally be available, no sooner than two (2) business days and no later than three (3) business days after the second attempt.

3.1.11.4.1.4. Documenting all efforts of contact in a manner approved by the Department.

3.1.11.5. When the follow-up in Subparagraph 3.1.12.4. results in a determination that the individual is at risk of self-harm, the Contractor shall proceed in alignment with best practices for the prevention of suicide.

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- 3.1.11.6. When possible, client contact and outreach shall be conducted in coordination and consultation with the client's external service provider to ensure continuous communication and collaboration between the Doorway and service provider.
- 3.1.11.7. Each successful contact shall include, but not be limited to:
 - 3.1.11.7.1.1. Inquiring on the status of each client's recovery and experience with their external service provider.
 - 3.1.11.7.1.2. Identifying client needs.
 - 3.1.11.7.1.3. Assisting the client with addressing needs, as identified in Part 3.1.11.5.3.
 - 3.1.11.7.1.4. Providing early intervention to clients who have relapsed or whose recovery is at risk.
- 3.1.11.8. Collecting and documenting attempts to collect client-level data at multiple intervals including, but not limited to ensuring the GPRA Interview tool is completed and entered into the SAMHSA's Performance Accountability and Reporting System (SPARS), at a minimum:
 - 3.1.11.8.1. At intake or no later than seven (7) calendar days after the GPRA interview is conducted.
 - 3.1.11.8.2. Six (6) months post intake into Doorway services.
 - 3.1.11.8.3. Upon discharge from the initially referred service.
- 3.1.11.9. Documenting any loss of contact in the SPARS system using the appropriate process and protocols as defined by SAMHSA through technical assistance provided under the SOR grant.
- 3.1.11.10. Ensuring contingency management strategies are utilized to increase client engagement in follow-up GPRA interviews, which may include, but are not limited to gift cards provided to clients for follow-up participation at each follow-up interview, which shall not exceed thirty dollars (\$30) in value, ensuring payments are not used to incentivize participation in treatment.
- 3.1.11.11. Assisting individuals who are unable to secure financial resources, with enrollment in public or private insurance programs including but not limited to New Hampshire Medicaid, Medicare,

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and or waiver programs within fourteen (14) calendar days after intake.

- 3.1.11.12. Providing Naloxone purchase, distribution, information, and training to individuals and organizations who meet the eligibility criteria for receiving kits under the Department's Naloxone Distribution Policy.
- 3.2. The Contractor shall obtain consent forms from all clients served, either in-person, telehealth or other electronic means, to ensure compliance with all applicable state and federal confidentiality laws.
- 3.3. The Contractor shall provide services in accordance with:
 - 3.3.1. The twelve (12) Core Functions of the Alcohol and Other Drug Counselor.
 - 3.3.2. The Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice.
 - 3.3.3. The four (4) recovery domains, as described by the International Credentialing and Reciprocity Consortium.
 - 3.3.4. TIP 27: Comprehensive Case Management for Substance Abuse Treatment.
- 3.4. The Contractor shall have policies and procedures that allow them to accept referrals and evaluations from SUD treatment and other service providers that include the utilization of the closed loop referral system procured by the Department.
- 3.5. The Contractor shall provide information to all individuals seeking services on how to file a grievance in the event of dissatisfaction with services provided. The Contractor shall ensure each individual seeking services receives information on:
 - 3.5.1. The steps to filing an informal complaint with the Contractor, including the specific contact person to whom the complaint should be sent.
 - 3.5.2. The steps to filing an official grievance with the Contractor and the Department with specific instructions on where and to whom the official grievance should be addressed.
- 3.6. The Contractor shall provide written policies and the formalized agreements to the Department for review and approval within twenty (20) business days of the contract effective date and thereafter when new agreements are entered into, policies are adopted, or when information is requested by the Department that include, but not limited to:
 - 3.6.1. Privacy notices and consent forms.
 - 3.6.2. Conflict of interest and financial assistance documentation.

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- 3.6.3. Shelter vouchers.
- 3.6.4. Referrals and evaluation from other providers.
- 3.6.5. Complaints.
- 3.6.6. Grievances.
- 3.6.7. Formalized agreements with community partners and other agencies that include, but are not limited to:
 - 3.6.7.1. 2-1-1.NH.
 - 3.6.7.2. Other Doorway partners.
 - 3.6.7.3. Providers and supports available after normal Doorway operating hours.

4. Subcontracting for the Doorways

- 4.1. The Doorway shall submit all subcontracts the Doorway proposes to enter into for services funded through this contract to the Department for approval prior to execution.
- 4.2. The Doorway may subcontract, with prior approval of the Department, for support and assistance in providing core Doorway services, which include:
 - 4.2.1. Screening;
 - 4.2.2. Assessment;
 - 4.2.3. Evaluation;
 - 4.2.4. Referral;
 - 4.2.5. Continuous case management;
 - 4.2.6. GPRA data completion; and
 - 4.2.7. Naloxone distribution.
- 4.3. The Doorway shall at all times be responsible for continuous oversight of, and compliance with, all Core Doorway services and shall be the single point of contact with the Department for those Core services.
- 4.4. Any subcontract for support and assistance in providing Core Doorway services shall ensure that the patient experience is consistent across the continuum of Core Doorway services and the subcontracted entities and personnel are at all times acting, in name and in fact, as agents of the Doorway. The Doorway shall consolidate Core Doorway services, to the greatest extent practicable, in a single location.

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4.5. The Doorway may collaborate with the Department to identify and obtain the services of an agent to handle the fiscal and administrative processes for payment of flexible needs funds, ensuring all uses of flexible needs funds are approved by the Doorway, in accordance with approved policies.

5. Staffing

5.1. The Contractor shall ensure staff during regular hours of operation includes, at a minimum:

- 5.1.1. One (1) clinician with the ability to provide clinical evaluations for ASAM level of care placement, in-person or telephonically.
- 5.1.2. One (1) CRSW with the ability to fulfill recovery support and care coordination functions.
- 5.1.3. One (1) staff person, who can be a licensed clinician, CRSW, or other non-clinical support staff, capable of aiding specialty populations as outlined in Paragraph 3.1.7.

5.2. The Contractor shall ensure sufficient staffing levels appropriate for the services provided and the number of clients served based on available staffing and the budget established for the Doorway.

5.3. The Contractor may provide alternative staffing, either temporary or long-term, for Department approval, thirty (30) calendar days before making the change to staffing.

5.4. The Contractor shall ensure all unlicensed staff providing treatment, education or recovery support services are directly supervised by a licensed supervisor.

5.5. The Contractor shall ensure no licensed supervisor supervises more than twelve (12) unlicensed staff unless the Department has approved an alternative supervision plan.

5.6. The Contractor shall ensure peer clinical supervision is provided for all clinicians including, but not limited to:

- 5.6.1. Weekly discussion of cases with suggestions for resources or alternative approaches.
- 5.6.2. Group supervision to help optimize the learning experience, when enough candidates are under supervision.

5.7. The Contractor shall ensure staff meet all training requirements, which may be satisfied through existing licensure requirements and/or Department-approved alternative training curriculums or certifications and include, but are not limited to:

5.7.1. For all clinical staff:

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Access and Delivery Hub for Opioid Use Disorder Services**



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- 5.7.1.1. Suicide prevention and early warning signs.
- 5.7.1.2. The 12 Core Functions of the Alcohol and Other Drug Counselor.
- 5.7.1.3. The standards of practice and ethical conduct, with particular emphasis given to the individual's role and appropriate responsibilities; professional boundaries, and power dynamics.
- 5.7.1.4. An approved course on the twelve (12) core functions and The Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice within twelve (12) months of hire.
- 5.7.1.5. A Department-approved ethics course within twelve (12) months of hire.
- 5.7.2. For recovery support staff and other non-clinical staff working directly with clients:
 - 5.7.2.1. Knowledge, skills, values, and ethics with specific application to the practice issues faced by the supervisee.
 - 5.7.2.2. The standards of practice and ethical conduct, with particular emphasis given to the individual's role and appropriate responsibilities, professional boundaries, and power dynamics, and confidentiality safeguards in accordance with HIPAA and 42 CFR Part 2, and state rules and laws.
 - 5.7.2.3. The four (4) recovery domains as described by the International Credentialing and Reciprocity Consortium
 - 5.7.2.4. An approved ethics course within twelve (12) months of hire.
- 5.7.3. Ensuring all recovery support staff and clinical staff receive annual continuous education regarding SUD.
- 5.7.4. Providing in-service training to all staff involved in client care within fifteen (15) business days of the contract effective date, or the staff person's start date, on the following:
 - 5.7.4.1. The contract requirements.
 - 5.7.4.2. All other relevant policies and procedures provided by the Department.
- 5.8. The Contractor shall provide staff, subcontractors, or end users as defined in Exhibit K with periodic training in practices and procedures to ensure compliance with information

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security, privacy or confidentiality in accordance with state administrative rules and state and federal laws.

5.9. The Contractor shall notify the Department in writing:

5.9.1. Within one (1) week of hire of a new administrator, coordinator or any staff person essential to meeting the terms and conditions of this contract.

5.9.2. Within seven (7) calendar days when there is not sufficient staffing to perform all required services for more than one (1) month.

5.10. The Contractor shall have policies and procedures, as approved by the Department, related to student interns to address minimum coursework, experience, and core competencies for those interns having direct contact with individuals served by this contract.

5.11. The Contractor shall ensure that student interns complete a Department-approved ethics course and a Department-approved course on the twelve (12) core functions as described in Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice within six (6) months of beginning their internship.

6. Records.

6.1. The Contractor shall maintain the following records, to be provided to the Department upon request:

6.1.1. Books, records, documents and other electronic or physical data evident of all expenses incurred, and all income received by the Contractor related to Exhibit B, Scope of Services.

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

6.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

6.1.4. Medical records on each patient/recipient of services.

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7. Health Insurance Portability and Accountability Act and Confidentiality:

- 7.1. The Contractor is a covered entity as defined under the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR 160, 162 and 164, and shall comply with all confidentiality requirements and safeguards set forth in state and federal law and rules. The Contractor is also a SUD provider as defined under 42 CFR Part 2 and shall safeguard confidential information as required. The Contractor shall ensure compliance with all consent and notice requirements prohibiting the redisclosure of confidential information in accordance with 42 CFR Part 2.
- 7.2. All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the disclosure of any protected health information shall be in accordance with the regulatory provisions of HIPAA, 42 CFR Part 2, and applicable state and federal laws and rules. Further, the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, their attorney or guardian. Notwithstanding anything to the contrary contained herein, the covenants and conditions contained in this Section 7. of Exhibit B, Scope of Services, shall survive the termination of the Contract for any reason whatsoever.

8. Reporting Requirements.

- 8.1. The Contractor shall comply with all aspects of the Department of Health and Human Services Bureau of Quality Assurance and Improvement Sentinel Event Reporting and Review Policy PO.1003 (referred to as PO. 1003), effective April 24, 2019, and any subsequent versions and/or amendments.
- 8.2. The Contractor shall report to the Department of Health and Human Services Bureau of Drug and Alcohol Services within twenty-four (24) hours and follow up with written documentation submitted to the Bureau of Quality Assurance and Improvement within seventy-two (72) hours, as specified in PO.1003, any sentinel event that occurs with any individual who is receiving services under this contract. This does not replace the responsibility of the Contractor's responsibility to notify the appropriate authority if the Contractor suspects a crime has occurred.

**New Hampshire Department of Health and Human Services
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- 8.3. The Contractor shall provide any information requested by the Department as follow up to a sentinel event report, or to complete a sentinel event review, with or without involvement in a requested sentinel event review.
 - 8.4. The Contractor shall submit monthly activity reports on templates provided by the Department with data elements that include, but may not be limited to:
 - 8.4.1. Call counts.
 - 8.4.2. Counts of clients seen, separately identifying new clients and clients who revisit the Doorway after being administratively discharged.
 - 8.4.3. Reason types.
 - 8.4.4. Count of clinical evaluations.
 - 8.4.5. Count of referrals made and type.
 - 8.4.6. Naloxone distribution.
 - 8.4.7. Referral statuses.
 - 8.4.8. Recovery monitoring contacts.
 - 8.4.9. Service wait times, flex fund utilization.
 - 8.4.10. Respite shelter utilization.
 - 8.5. The Contractor shall submit reports on naloxone kits distributed, utilizing a template provided by the Department.
 - 8.6. The Contractor shall report on required data points specific to this SOR grant as identified by SAMHSA over the grant period.
 - 8.7. The Contractor shall be required to prepare and submit ad hoc data reports, respond to periodic surveys, and other data collection requests as deemed necessary by the Department or SAMHSA.

9. Performance Measures

- 9.1. The Department seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 9.2. The Department may collect other key data and metrics from the Contractor, including client-level demographic, performance, and service data.
- 9.3. The Department may identify expectations for active and regular collaboration, including key performance measures, in the resulting contract. Where applicable, the Contractor

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must collect and share data with the Department in a format specified by the Department.

10. Contract Management

- 10.1. The Contractor shall participate in periodic meetings with the Department to review the operational status of the Doorway, for the duration of the contract.
- 10.2. The Contractor shall participate in operational site reviews on a schedule provided by the Department. All contract deliverables, programs, and activities shall be subject to review during this time. The Contractor shall:
 - 10.2.1. Ensure the Department has access sufficient for monitoring of contract compliance requirements.
 - 10.2.2. Ensure the Department is provided with access that includes but is not limited to:
 - 10.2.2.1. Data.
 - 10.2.2.2. Financial records.
 - 10.2.2.3. Scheduled access to Contractor work sites, locations, work spaces and associated facilities.
 - 10.2.2.4. Unannounced access to Contractor work sites, locations, work spaces and associated facilities.
 - 10.2.2.5. Scheduled access to Contractor principals and staff.
- 10.3. The Contractor shall provide a Doorway information sheet and work plan regarding the Doorway's operations to the Department, annually, for review in the format prescribed by the Department.

11. SOR Grant Standards

- 11.1. The Contractor shall provide the Department with a budget narrative within thirty (30) days of the contract effective date.
- 11.2. The Contractor shall meet with the Department within sixty (60) days of the contract effective date to review the proposed plan for contract implementation.
- 11.3. The Contractor and/or referred providers shall ensure that only Food and Drug Administration approved MAT for OUD is utilized.
- 11.4. The Contractor and referred providers shall only provide medical withdrawal management services to any individual supported by SOR Grant Funds if the withdrawal

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management service is accompanied by the use of injectable extended-release naltrexone, as clinically appropriate.

- 11.5. The Contractor and referred providers shall ensure that all uses of flexible needs funds and respite shelter funds are in compliance with the Department and SAMHSA requirements, which includes, but is not limited to ensuring recovery housing facilities utilized by clients are certified based on national standards aligned with the National Alliance for Recovery Residences standards and registered with the State of New Hampshire, Bureau of Drug and Alcohol Services in accordance with current NH Administrative Rules.
- 11.6. The Contractor and referred providers shall ensure staff who are trained in Presumptive Eligibility for Medicaid are available to assist clients with enrolling in public or private health insurance.
- 11.7. The Contractor and referred providers shall accept clients on MAT and facilitate access to MAT on-site or through referral for all clients supported with SOR Grant funds, as clinically appropriate.
- 11.8. The Contractor and referred providers shall coordinate with the NH Ryan White HIV/AIDS program for clients identified as at risk of, or with, HIV/AIDS.
- 11.9. The Contractor and referred providers shall ensure that all clients are regularly screened for tobacco use, treatment needs and referral to the QuitLine as part of treatment planning.
- 11.10. The Contractor shall collaborate with the Department to ensure compliance with all appropriate Department, State of NH, SAMHSA, and other Federal terms, conditions, and requirements.
- 11.11. The Contractor shall attest the understanding that SOR grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. The Contractor agrees that:
 - 11.11.1. Treatment in this context includes the treatment of opioid use disorder (OUD) or Stimulant Use Disorder (StimUD).
 - 11.11.2. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders.
 - 11.11.3. This marijuana restriction applies to all subcontracts and MOUs that receive SOR funding.
 - 11.11.4. Attestations will be provided to the Contractor by the Department.

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Access and Delivery Hub for Opioid Use Disorder Services**



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11.11.5. The Contractor shall complete and submit all attestations to the Department within thirty (30) days of contract approval.

11.12. The Contractor shall refer to Exhibit C for grant terms and conditions including, but not limited to:

11.12.1. Invoicing.

11.12.2. Funding restrictions.

11.12.3. Billing.

12. Data Management Requirements

12.1. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

13. Termination Report/Transition Plan

13.1. In the event of early termination of the Agreement, the Contractor shall, within fifteen (15) days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

13.2. The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

13.3. In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

13.4. The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

13.5. During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units

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

14. Credits and Copyright Ownership

- 14.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement, "The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."
- 14.2. All materials produced or purchased under the contract shall have prior approval from the Department before printing, production, distribution or use. The Department will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. The Contractor shall not reproduce any materials produced under the contract without prior written approval from the Department.

15. Operation of Facilities: Compliance with Laws and Regulations

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

16. Equal Employment Opportunity Plan (EEOP)

SS-2021-BDAS-08-ACCES-01

Concord Hospital, Inc. - Laconia

Contractor Initials SWS
Date 4/29/2021

**New Hampshire Department of Health and Human Services
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16.1. The Contractor will provide an Equal Employment Opportunity Plan (EEOP) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or more employees, it will maintain a current EEOP on file and submit an EEOP Certification Form to the OCR, certifying that its EEOP is on file. For recipients receiving less than \$25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEOP Certification Form to the OCR certifying it is not required to submit or maintain an EEOP. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. EEOP Certification Forms are available at: <http://www.ojp.usdoj/about/ocr/pdfs/cert.pdf>.

17. Equipment Purchases

- 17.1. The Contractor shall submit to the Department's Contract Unit a list of the purchased office equipment (with funding from this Contract). The list shall include office equipment such as, but not limited to, laptop computers, printers/scanners, and phones with the make, model, and serial number of each piece of office equipment.
- 17.2. The Contractor shall return said office equipment in Subsection 17.1. to the Department's Contract Unit within thirty (30) days from the completion date of the Contract.

18. Compliance with Federal and State Laws

- 18.1. If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
- 18.2. Time and Manner of Determination.
- 18.2.1. Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
- 18.3. Documentation
- 18.3.1. In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



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regarding eligibility determinations that the Department may request or require.

18.4. Fair Hearings

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

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Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT C

Payment Terms

1. This Agreement is funded by:

1.1. 97.28% Federal funds from the State Opioid Response Grant, as awarded on 09/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326.

1.2. 2.72% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds

2. Governor Commission Funds

2.1. The Contractor shall utilize funds in Exhibit C for the purpose of providing services and supports to clients whose needs do not make them eligible to receive SOR-funded services and supports.

2.2. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.

3. For the purposes of this Agreement:

3.1. The Department has identified the Contractor as a Contractor, in accordance with 2 CFR 200.331.

3.2. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR 200.3327.

3.3. The de minimis Indirect Cost Rate of 10% applies in accordance with 2 CFR §200.414.

4. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit C-1, Budget through Exhibit C-4.

5. The Contractor shall seek payment for services, as follows:

5.1. First, the Contractor shall charge the client's private insurance or other payor sources.

5.2. Second, the Contractor shall charge Medicare.

5.3. Third, the Contractor shall charge Medicaid enrolled individuals, as follows:

5.3.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.

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- 5.3.2. **Medicaid Fee for Service:** The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
- 5.4. **Fourth,** the Contractor shall charge the client in accordance with the Sliding Fee Scale Program.
- 5.5. **Lastly,** if any portion of the amount specified in the Sliding Fee Scale remains unpaid, charge the Department for the unpaid balance.
6. **The Contractor shall submit an invoice in a form satisfactory to the State by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment. Invoices shall be net any other revenue received towards the services billed in fulfillment of this agreement. The Contractor shall ensure:**
- 6.1. **Backup documentation includes, but is not limited to:**
- 6.1.1. **General Ledger showing revenue and expenses for the contract.**
- 6.1.2. **Timesheets and/or time cards that support the hours employees worked for wages reported under this contract.**
- 6.1.2.1. **Per 45 CFR Part 75.430(i)(1) Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed.**
- 6.1.2.2. **Attestation and time tracking templates, which are available to the Department upon request.**
- 6.1.3. **Invoices supporting expenses reported:**
- 6.1.3.1. **Unallowable expenses include, but are not limited to:**
- 6.1.3.1.1. **Amounts belonging to other programs.**
- 6.1.3.1.2. **Amounts prior to effective date of contract.**
- 6.1.3.1.3. **Construction or renovation expenses.**
- 6.1.3.1.4. **Food or water for employees.**
- 6.1.3.1.5. **Directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana.**
- 6.1.3.1.6. **Fines, fees, or penalties.**
- 6.1.3.1.7. **Per SAMSHA requirements, meals ^{are} generally**

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Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT C

unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed three dollars (\$3.00) per person for clients.

6.1.3.1.8. Cell phones and cell phone minutes for clients.

6.1.4. Receipts for expenses within the applicable state fiscal year.

6.1.5. Cost center reports.

6.1.6. Profit and loss report.

6.1.7. Remittance Advices from the insurances billed. Remittance Advices do not need to be supplied with the invoice, but should be retained to be available upon request.

6.1.8. Information requested by the Department verifying allocation or offset based on third party revenue received.

6.1.9. Summaries of patient services revenue and operating revenue and other financial information as requested by the Department.

7. The Contractor is responsible for reviewing, understanding, and complying with further restrictions included in the Funding Opportunity Announcement (FOA).

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

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

9. The Contractor agrees that billing submitted for review after twenty (20) business days of the last day of the billing month may be subject to non-payment.

10. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.

11. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

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

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT C

13. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit B, Scope of Services, including failure to submit required monthly and/or quarterly reports.
14. Notwithstanding Paragraph 17 of the General Provisions P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
15. Audits
 - 15.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:
 - 15.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 15.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 15.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
 - 15.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
 - 15.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
 - 15.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
 - 15.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for

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any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

Appendix B - Budget Form

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Instructions: Fill out the Direct/Indirect columns only for both Contractor/Share and if unded by DHRH. Everything else will automatically populate.

Contract/Program Name: Concord Hospital, Inc. - Locals

Budget Request for: Access and Delivery Hub for Optic Use Disorder Services
02-199-0000-00-00000

Budget Period: 01/2021-07/2021

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHRH contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	0	0	0	0	0	0	0	0	0
2. Employee Benefits	0	0	0	0	0	0	0	0	0
3. Consultants	0	0	0	0	0	0	0	0	0
4. Equipment	0	0	0	0	0	0	0	0	0
5. Supplies	0	0	0	0	0	0	0	0	0
6. Travel	0	0	0	0	0	0	0	0	0
7. Occupancy	0	0	0	0	0	0	0	0	0
8. Current Expenses	0	0	0	0	0	0	0	0	0
9. Software	0	0	0	0	0	0	0	0	0
10. Marketing/Communications	0	0	0	0	0	0	0	0	0
11. Staff Education and Training	0	10,000.00	10,000.00	0	0	0	0	0	10,000.00
12. Subcontractor/outsiders	0	50,222.00	50,222.00	0	0	0	0	0	50,222.00
13. Other (specific funds necessary)	0	0	0	0	0	0	0	0	0
Plan	0	75,000.00	75,000.00	0	0	0	0	0	75,000.00
Respite Funding	0	74,000.00	74,000.00	0	0	0	0	0	74,000.00
Allocations	0	0	0	0	0	0	0	0	0
TOTAL	0	109,222.00	109,222.00	0	0	0	0	0	109,222.00

Indirect As A Percent of Direct: 0.0%

Appendix E - Budget Form

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Instructions: Fill out the Direct/Indirect columns only for both Contract or Share and Funded by DHHS. Everything else, with the small cell population.

State/Program Name: Concord Hospital, Inc. - Leases

Budget Request for: Access and Delivery Hub for Optimal Use Diagnostic Services
 (23-801-8014-40000)

Budget Period: 7/1/2021-6/30/2021

Line Item	Total Program Cost			Contract/Share/Fund			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$	\$	\$	\$	\$	\$	\$	\$	\$
2. Employee Benefits	\$	\$	\$	\$	\$	\$	\$	\$	\$
3. Contractors	\$	\$	\$	\$	\$	\$	\$	\$	\$
4. Equipment	\$	\$	\$	\$	\$	\$	\$	\$	\$
5. Supplies	\$	\$	\$	\$	\$	\$	\$	\$	\$
6. Travel	\$	\$	\$	\$	\$	\$	\$	\$	\$
7. Occupancy	\$	\$	\$	\$	\$	\$	\$	\$	\$
8. Capital Expenses	\$	\$	\$	\$	\$	\$	\$	\$	\$
9. Software	\$	\$	\$	\$	\$	\$	\$	\$	\$
10. Membership/Communications	\$	\$	\$	\$	\$	\$	\$	\$	\$
11. Staff Education and Training	\$	3,000.00	\$	3,000.00	\$	3,000.00	3,000.00	\$	3,000.00
12. Subcontracts/grants	\$	19,740.00	\$	19,740.00	\$	19,740.00	19,740.00	\$	19,740.00
13. Other specific details (mandatory):	\$	\$	\$	\$	\$	\$	\$	\$	\$
Plan	\$	7,000.00	\$	7,000.00	\$	7,000.00	7,000.00	\$	7,000.00
People Housing	\$	7,000.00	\$	7,000.00	\$	7,000.00	7,000.00	\$	7,000.00
Materials	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOTAL	\$	29,740.00	\$	29,740.00	\$	29,740.00	29,740.00	\$	29,740.00

Indirect At A Percent of Direct 0.0%

Appendix E - Budget Form

**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Instructions: Fill out the Direct and Indirect columns only for both Contractor/Share and Funded by DPHHS (everything else will automatically populate)

Code/Program Name: Concord Hospital, Inc. - Locals

Budget Request for: Access and Delivery Hub for Optimal Use of Patient Services
03-329-0043-0-000239

ICM

Budget Period: 9/1/2021-8/31/2021

Line Item	Total Program Cost			Contractor/Share/Block			Funded by DPHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 65,000.00	\$ -	\$ 65,000.00	\$ -	\$ -	\$ -	\$ 65,000.00	\$ -	\$ 65,000.00
2. Employee Benefits	\$ 13,870.34	\$ -	\$ 13,870.34	\$ -	\$ -	\$ -	\$ 13,870.34	\$ -	\$ 13,870.34
3. Consultants	\$ 3.00	\$ -	\$ 3.00	\$ -	\$ -	\$ -	\$ 3.00	\$ -	\$ 3.00
4. Equipment	\$ 3.00	\$ -	\$ 3.00	\$ -	\$ -	\$ -	\$ 3.00	\$ -	\$ 3.00
5. Supplies	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00
6. Travel	\$ 500.00	\$ -	\$ 500.00	\$ -	\$ -	\$ -	\$ 500.00	\$ -	\$ 500.00
7. Occupancy	\$ 42,000.00	\$ -	\$ 42,000.00	\$ -	\$ -	\$ -	\$ 42,000.00	\$ -	\$ 42,000.00
8. Current Expenses	\$ 3.00	\$ -	\$ 3.00	\$ -	\$ -	\$ -	\$ 3.00	\$ -	\$ 3.00
9. Software	\$ 2,188.00	\$ -	\$ 2,188.00	\$ -	\$ -	\$ -	\$ 2,188.00	\$ -	\$ 2,188.00
10. Marketing/Communications	\$ 3.00	\$ -	\$ 3.00	\$ -	\$ -	\$ -	\$ 3.00	\$ -	\$ 3.00
11. Staff Education and Training	\$ 1.00	\$ -	\$ 1.00	\$ -	\$ -	\$ -	\$ 1.00	\$ -	\$ 1.00
12. Subcontract/Agreements	\$ 25,000.00	\$ -	\$ 25,000.00	\$ -	\$ -	\$ -	\$ 25,000.00	\$ -	\$ 25,000.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Plus	\$ 20,000.00	\$ -	\$ 20,000.00	\$ -	\$ -	\$ -	\$ 20,000.00	\$ -	\$ 20,000.00
Minus	\$ 20,000.00	\$ -	\$ 20,000.00	\$ -	\$ -	\$ -	\$ 20,000.00	\$ -	\$ 20,000.00
Net Total	\$ 10,000.00	\$ -	\$ 10,000.00	\$ -	\$ -	\$ -	\$ 10,000.00	\$ -	\$ 10,000.00
TOTAL	\$ 200,000.00	\$ -	\$ 200,000.00	\$ -	\$ -	\$ -	\$ 200,000.00	\$ -	\$ 200,000.00

Indirect As A Percent of Direct: 0.0%

Appendix B - Budget Form

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Instructions: Fill out the Direct/Indirect columns only for both Contractor Share and Funded by DHR3. Everything else will automatically populate.

Budget/Program Name: Concord Hospital, Inc. - Leases

Budget Request for: Access and Delivery Hub for Optic Use Diabetic Services
 03-897-4043-01-400000

Budget Period: 7/1/2021-6/30/2021

Line Item	Yield Program Cost			Contractor Share / Merit			Funded by DHR3 contract share		
	Direct	Indirect	Yield	Direct	Indirect	Yield	Direct	Indirect	Yield
1. Total Salary/Wages	\$ 88,600.01	\$ -	\$ 88,600.01	\$ 1,500.00	\$ -	\$ 1,500.00	\$ 85,000.01	\$ -	\$ 85,000.01
2. Employee Benefits	\$ 11,840.51	\$ -	\$ 11,840.51	\$ 400.00	\$ -	\$ 400.00	\$ 11,215.51	\$ -	\$ 11,215.51
3. Consultants	\$ 3.00	\$ -	\$ 3.00	\$ -	\$ -	\$ -	\$ 3.00	\$ -	\$ 3.00
4. Equipment	\$ 3.00	\$ -	\$ 3.00	\$ -	\$ -	\$ -	\$ 3.00	\$ -	\$ 3.00
5. Supplies	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00
6. Travel	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00
7. Occupancy	\$ 31,780.00	\$ -	\$ 31,780.00	\$ 1,200.00	\$ -	\$ 1,200.00	\$ 30,000.00	\$ -	\$ 30,000.00
8. Current Expenses	\$ 753.00	\$ -	\$ 753.00	\$ 750.00	\$ -	\$ 750.00	\$ 3.00	\$ -	\$ 3.00
9. Software	\$ 3,249.00	\$ -	\$ 3,249.00	\$ -	\$ -	\$ -	\$ 3,249.00	\$ -	\$ 3,249.00
10. Marketing/Communications	\$ 3.00	\$ -	\$ 3.00	\$ -	\$ -	\$ -	\$ 3.00	\$ -	\$ 3.00
11. Staff Education and Training	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00
12. Subcontracts/Agreements	\$ 30,000.00	\$ -	\$ 30,000.00	\$ -	\$ -	\$ -	\$ 30,000.00	\$ -	\$ 30,000.00
13. Other (specify details if necessary)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Plan	\$ 24,182.57	\$ -	\$ 24,182.57	\$ -	\$ -	\$ -	\$ 24,182.57	\$ -	\$ 24,182.57
Facility Housing	\$ 23,790.01	\$ -	\$ 23,790.01	\$ -	\$ -	\$ -	\$ 23,790.01	\$ -	\$ 23,790.01
Utilities	\$ 18,000.00	\$ -	\$ 18,000.00	\$ -	\$ -	\$ -	\$ 18,000.00	\$ -	\$ 18,000.00
TOTAL	\$ 218,918.80	\$ -	\$ 218,918.80	\$ 3,918.80	\$ -	\$ 3,918.80	\$ 215,000.00	\$ -	\$ 215,000.00

Indirect As A Percent of Direct: 0.0%



New Hampshire Department of Health and Human Services
Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEEES OTHER THAN INDIVIDUALS

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

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

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

New Hampshire Department of Health and Human Services
Exhibit D



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

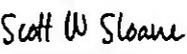
Place of Performance (street address, city, county, state, zip code) (list each location)

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

Vendor Name:

4/29/2021

Date

DocuSigned by:

 Name: Scott W Sloane
 Title: Chief Financial Officer

New Hampshire Department of Health and Human Services
Exhibit E



CERTIFICATION REGARDING LOBBYING

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

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

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

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name:

4/29/2021

Date

DocuSigned by:

Scott W Sloane

Name: Scott W Sloane

Title: Chief Financial Officer

SWS

New Hampshire Department of Health and Human Services
Exhibit F



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

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

INSTRUCTIONS FOR CERTIFICATION

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

New Hampshire Department of Health and Human Services
Exhibit F



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

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

PRIMARY COVERED TRANSACTIONS

- 11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name:

4/29/2021

Date

DocuSigned by:
Scott W Sloane
Name: Scott W Sloane
Title: Chief Financial Officer

Contractor Initials: SWS
Date: 4/29/2021

New Hampshire Department of Health and Human Services
Exhibit G



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

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

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R.:pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

Exhibit G

Contractor Initials

DS
SWS

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

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

Contractor Name:

4/29/2021

Date

DocuSigned by:

Scott W Sloane

Name: Scott W Sloane

Title: Chief Financial Officer

Exhibit G

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

Contractor Initials

DS
SWS

New Hampshire Department of Health and Human Services
Exhibit H



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

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

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

4/29/2021

Date

DocuSigned by:

Scott W Sloane

Name: Scott W Sloane

Title: Chief Financial Officer

New Hampshire Department of Health and Human Services



Exhibit I

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) **Definitions**

- a. **"Breach"** shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. **"Business Associate"** has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. **"Covered Entity"** has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. **"Designated Record Set"** shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. **"Data Aggregation"** shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. **"Health Care Operations"** shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. **"HITECH Act"** means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. **"HIPAA"** means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. **"Individual"** shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. **"Privacy Rule"** shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. **"Protected Health Information"** shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

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Exhibit I

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

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

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

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Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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

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

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

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Exhibit I

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

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

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Date

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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

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Exhibit I

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

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

Department of Health and Human Services

Concord Hospital - Laconia

The State by:

Name of the Contractor

Katja Fox

Scott W. Sloane

Signature of Authorized Representative

Signature of Authorized Representative

Katja Fox

Scott W Sloane

Name of Authorized Representative
Director

Name of Authorized Representative

Title of Authorized Representative

Chief Financial Officer

Title of Authorized Representative

5/4/2021

4/29/2021

Date

Date

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Date 4/29/2021

New Hampshire Department of Health and Human Services
Exhibit J



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

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

4/29/2021

Date

DocuSigned by:

Scott W Sloane

Name: SCOTT W SLOANE

Title: Chief Financial officer



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Exhibit J

FORM A

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

1. The DUNS number for your entity is: 073977399
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

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

NO YES

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

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

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

Name: _____	Amount: _____

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Exhibit K

DHHS Information Security Requirements



A. Definitions

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

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

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

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

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

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DHHS Information Security Requirements



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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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DHHS Information Security Requirements



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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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DHHS Information Security Requirements



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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

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

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

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DHHS Information Security Requirements



3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. **Data Security Breach Liability.** In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doi/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

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Exhibit K

DHHS Information Security Requirements



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

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

V. LOSS REPORTING

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

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

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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

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

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer;

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

State of New Hampshire
Department of Health and Human Services
Amendment #5

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Littleton Hospital Association d.b.a. Littleton Regional Healthcare ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 31, 2018 (Item #17A), as amended on September 18, 2019 (Item #20), as amended June 24, 2020 (Item #31), as amended February 3, 2021 (Item #10), and most recently amended on October 13, 2021 (Item #39), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2023
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$3,574,248
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
Robert W. Moore, Director.
4. Modify Exhibit A – Amendment #3, Scope of Services, Section 8. Reporting Requirements, Subsection 8.4, by adding Paragraph 8.4.11 to read:
8.4.11. Client demographic data.
5. Modify Exhibit A – Amendment #3, Scope of Services, Section 10. Contract Management, by adding Subsection 10.4. to read:
10.4. The Contractor shall participate in meetings with Department leadership and State Opioid Response (SOR) staff on a quarterly basis, or as otherwise requested by the Department, to discuss program sustainability and ongoing access to vulnerable populations.
6. Modify Exhibit A – Amendment #3, Scope of Services, Section 11. SOR Grant Standards, by adding Subsection 11.15. to read:
11.15. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve Government Performance and Results Act (GPRA) collection.
7. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1. 98.25% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse

and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326; and as awarded on 09/23/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI085759

- 1.2 0.70% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021 by the U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, CFDA #93.959, FAIN B08TI083509.
 - 1.3 0.53% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds, effective from 9/30/2020 through 9/29/2021.
 - 1.4 0.08% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG, as awarded on 02/10/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, FAIN TI084659.
 - 1.5 0.44% Federal Funds from the Opioid STR Grant, as awarded on 05/01/2017, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN TI080246.
8. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 5, to read:
5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit B-1, Budget through Exhibit B-12 – Amendment #5 – SOR II Budget.
9. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1, Paragraph 7.1.3, Subparagraph 7.1.3.1, Part 7.1.3.1.4. to read:
- 7.1.3.1.4. Food or water.
10. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1, Paragraph 7.1.3, Subparagraph 7.1.3.1, Part 7.1.3.1.7. to read:
- 7.1.3.1.7. RESERVED
11. Add Exhibit B-11 – Amendment #5 – SOR II Budget, which is attached hereto and incorporated by reference herein.
12. Add Exhibit B-12 – Amendment #5 – SOR II Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to September 29, 2022, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

10/10/2022

Date

DocuSigned by:

Katja S. Fox

Name: Katja S. Fox

Title: Director

Littleton Hospital Association
d.b.a. Littleton Regional Healthcare

10/7/2022

Date

DocuSigned by:

Robert F. Nutter

Name: Robert F. Nutter

Title: President & CEO

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

OFFICE OF THE ATTORNEY GENERAL

10/11/2022

Date

DocuSigned by:
Robyn Guarino
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services			
Complete one budget form for each budget period.			
Contractor Name:		Littleton Hospital Association d.b.a Littleton Regional Healthcare	
Budget Request for:		Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services	
Budget Period:		FY23 - (September 30, 2022 - June 30, 2023)	
Indirect Cost Rate (If applicable):		9.40%	
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$307,211	\$76,995	\$384,206
2. Fringe Benefits	\$31,500	\$0	\$31,500
3. Consultants	\$78,383		\$78,383
4. Equipment	\$450	\$0	\$450
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$39,750		\$39,750
5.(d) Supplies - Medical	\$2,980	\$0	\$2,980
5.(e) Supplies Office	\$3,080	\$0	\$3,080
6. Travel	\$4,770	\$0	\$4,770
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$0	\$0
8. (b) Other - Education and Training	\$992	\$0	\$992
8. (c) Other - Other (please specify)			
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 3/14/23</i>	\$2,025	\$0	\$2,025
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23</i>	\$1,350	\$0	\$1,350
<i>Other (Professional Liab)</i>	\$99	\$0	\$99
<i>Other (Transportation)</i>	\$3,750		\$3,750
9. Subcontracts	\$0	\$0	\$0
Total Direct Costs	\$476,340	\$76,995	\$553,335
Total Unmet 3/14 Indirect Costs	\$225	\$0	\$225
Total Unmet 9/29 Indirect Costs	\$150	\$0	\$150
Total SOR Indirect Costs	\$48,995	\$0	\$48,995
TOTAL	\$525,710	\$76,995	\$602,705

New Hampshire Department of Health and Human Services			
Complete one budget form for each budget period.			
Contractor Name:		Littleton Hospital Association d.b.a Littleton Regional Healthcare	
Budget Request for:		Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services	
Budget Period:		FY24 - (July 1, 2023 - September 29, 2023)	
Indirect Cost Rate (if applicable):		9.40%	
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$102,404	\$25,665	\$128,069
2. Fringe Benefits	\$10,500	\$0	\$10,500
3. Consultants	\$25,127	\$0	\$25,127
4. Equipment	\$150	\$0	\$150
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$14,250	\$0	\$14,250
5.(d) Supplies - Medical	\$993	\$0	\$993
5.(e) Supplies Office	\$1,027	\$0	\$1,027
6. Travel	\$1,590	\$0	\$1,590
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$0	\$0
8. (b) Other - Education and Training	\$330	\$0	\$330
8. (c) Other - Other (please specify)			
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23</i>	\$1,125	\$0	\$1,125
<i>Other (please specify)</i>	\$0	\$0	\$0
<i>Other (Professional Liab)</i>	\$33	\$0	\$33
<i>Other (Transportation)</i>	\$1,250	\$0	\$1,250
9. Subcontracts	\$0	\$0	\$0
Total Direct Costs	\$158,779	\$25,665	\$184,444
Total Unmet 9/29 Indirect Costs	\$125	\$0	\$125
Total SOR Indirect Costs	\$16,333	\$0	\$16,333
TOTAL	\$175,237	\$25,665	\$200,902

Contractor Initials **REN**
 Date **10/7/2022**

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that LITTLETON HOSPITAL ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 04, 1906. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 60919

Certificate Number: 0005835567



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 26th day of July A.D. 2022.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, JEFF WOODWARD, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Littleton Hospital Association dba Littleton Regional Healthcare.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on December 12, 2016, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That ROBERT F. NUTTER, President & CEO

is duly authorized on behalf of Littleton Hospital Association dba Littleton Regional Healthcare to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

Dated: 09-23 2022


Signature of Elected Officer

Name: JEFF WOODWARD

Title: Chairman, Board of Trustees

NCH
north country healthcare

**Littleton Regional
Healthcare**

About LRH

Our Mission



To provide quality, compassionate and accessible healthcare in a manner that brings value to all.

Our Vision

LRH will be the leading provider of health care, and the best organization in which to work.

Our Values

- ICARE: Integrity, Compassion, Accountability, Respect, Excellence



Littleton Hospital Association, Inc. (d/b/a Littleton Regional Healthcare)

FINANCIAL STATEMENTS

September 30, 2021 and 2020

With Independent Auditor's Report
and

Government Reports in Accordance with *Government Auditing Standards*
and the Uniform Guidance

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

September 30, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Littleton Hospital Association, Inc.
(d/b/a Littleton Regional Healthcare)

We have audited the accompanying financial statements of Littleton Hospital Association, Inc. (d/b/a Littleton Regional Healthcare), which comprise the balance sheets as of September 30, 2021 and 2020, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

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 opinions on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. These 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 Littleton Regional Healthcare as of September 30, 2021 and 2020, and the results of its operations, changes in its net assets, and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Board of Trustees
Littleton Hospital Association, Inc.
(d/b/a Littleton Regional Healthcare)

Change in Accounting Principle

As discussed in Note 1 to the financial statements, in 2021 Littleton Regional Healthcare adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2014-09, *Revenues from Contracts with Customers (Topic 606)*, and related guidance. Our opinion is not modified with respect to this matter.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated January 19, 2022 on our consideration of Littleton Regional Healthcare's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Littleton Regional Healthcare's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Littleton Regional Healthcare's internal control over financial reporting and compliance.

Berry Duinn McNeil & Parker, LLC

Manchester, New Hampshire
January 19, 2022

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

Balance Sheets

September 30, 2021 and 2020

ASSETS

	<u>2021</u>	<u>2020</u>
Current assets		
Cash and cash equivalents	\$ 12,165,465	\$ 19,229,645
Patient accounts receivable, net	15,274,075	12,780,011
Supplies	2,089,391	2,066,069
Due from related parties	-	9,494
Prepaid expenses and other current assets	<u>10,117,819</u>	<u>5,164,305</u>
Total current assets	39,646,750	39,249,524
Assets limited as to use	63,078,922	43,883,213
Property and equipment, net	<u>32,991,327</u>	<u>35,062,827</u>
Total assets	<u>\$135,716,999</u>	<u>\$118,195,564</u>

LIABILITIES AND NET ASSETS

Current liabilities		
Current portion of long-term debt	\$ 1,360,350	\$ 1,312,047
Accounts payable and other accrued expenses	10,230,037	7,389,297
Accrued salaries, wages and related accounts	6,116,295	4,306,488
Other current liabilities	1,025,055	862,868
Current portion of estimated third-party payor settlements	7,555,535	5,795,568
Medicare accelerated payments	8,583,483	10,971,674
Deferred U.S. Department of Health and Human Services (HHS) stimulus revenue	-	<u>1,316,793</u>
Total current liabilities	34,870,755	31,954,735
Deferred compensation	4,777,382	3,274,482
Long-term debt, less current portion	20,556,814	21,980,690
Estimated third-party payor settlements, less current portion	6,852,985	7,683,173
Interest rate swap	<u>2,164,280</u>	<u>2,649,996</u>
Total liabilities	<u>69,222,216</u>	<u>67,543,076</u>
Net assets		
Without donor restrictions	63,208,775	47,852,166
With donor restrictions	<u>3,286,008</u>	<u>2,800,322</u>
Total net assets	<u>66,494,783</u>	<u>50,652,488</u>
Total liabilities and net assets	<u>\$135,716,999</u>	<u>\$118,195,564</u>

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

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

Statements of Operations

Years Ended September 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Revenues, gains and other support without donor restrictions		
Patient service revenue (net of contractual allowances and discounts)	\$ 92,524,600	\$ 92,983,476
Less provision for bad debts	<u>-</u>	<u>5,779,593</u>
Net patient service revenue	92,524,600	87,203,883
Other revenues	6,017,665	4,800,339
Paycheck Protection Program refundable advance revenue	7,171,952	-
HHS stimulus revenue	1,316,793	5,637,692
Net assets released from restriction for operations	<u>36,906</u>	<u>57,356</u>
Total revenues, gains and other support without donor restrictions	<u>107,067,916</u>	<u>97,699,270</u>
Expenses		
Salaries, wages and fringe benefits	54,539,785	52,021,060
Contract labor	3,572,502	6,356,142
Supplies and other	32,028,356	34,164,693
Medicaid enhancement tax	3,863,116	3,864,918
Depreciation	4,222,573	4,456,351
Interest	<u>791,364</u>	<u>861,909</u>
Total expenses	<u>99,017,696</u>	<u>101,725,073</u>
Operating income (loss)	<u>8,050,220</u>	<u>(4,025,803)</u>
Nonoperating gains (losses)		
Income from investments, net	7,130,959	2,593,285
Gifts without donor restrictions, net of expenses	29,827	21,121
Community benefit and contribution expense	(340,113)	(116,430)
Unrealized gain (loss) on interest rate swap	485,716	(330,135)
Other loss	<u>-</u>	<u>(23,753)</u>
Nonoperating gains, net	<u>7,306,389</u>	<u>2,144,088</u>
Excess (deficiency) of revenues, gains and other support over expenses and losses and change in net assets without donor restrictions	<u>\$ 15,356,609</u>	<u>\$ (1,881,715)</u>

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

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

Statements of Changes in Net Assets

Years Ended September 30, 2021 and 2020

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Balances, October 1, 2019	\$ <u>49,733,881</u>	\$ <u>2,636,599</u>	\$ <u>52,370,480</u>
Deficiency of revenues, gains and other support over expenses and losses and change in net assets without donor restrictions	(1,881,715)	-	(1,881,715)
Contributions	-	119,456	119,456
Income from investments, net	-	101,623	101,623
Net assets released from restriction for operations	<u>-</u>	<u>(57,356)</u>	<u>(57,356)</u>
Change in net assets	<u>(1,881,715)</u>	<u>163,723</u>	<u>(1,717,992)</u>
Balances, September 30, 2020	<u>47,852,166</u>	<u>2,800,322</u>	<u>50,652,488</u>
Excess of revenues, gains and other support over expenses and losses and change in net assets without donor restrictions	15,356,609	-	15,356,609
Contributions	-	172,015	172,015
Income from investments, net	-	350,577	350,577
Net assets released from restriction for operations	<u>-</u>	<u>(36,906)</u>	<u>(36,906)</u>
Change in net assets	<u>15,356,609</u>	<u>485,686</u>	<u>15,842,295</u>
Balances, September 30, 2021	<u>\$ 63,208,775</u>	<u>\$ 3,286,008</u>	<u>\$ 66,494,783</u>

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

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

Statements of Cash Flows

Years Ended September 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities		
Change in net assets	\$ 15,842,295	\$ (1,717,992)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Provision for bad debts	-	5,779,593
Depreciation	4,222,573	4,456,351
Loss on sale of property and equipment	5,327	54,221
Net realized and unrealized gains on investments	(6,964,621)	(2,178,102)
Unrealized (gain) loss on interest rate swap	(485,716)	330,135
(Increase) decrease in assets		
Patients accounts receivable	(2,494,064)	(7,499,150)
Supplies	(23,322)	129,263
Prepaid expenses and other current assets	(4,953,514)	(644,020)
Due from related party	9,494	245,139
Increase (decrease) in liabilities		
Accounts payable and other accrued expenses	2,629,197	2,239,667
Accrued salaries, wages and related accounts	1,809,807	255,925
Other current liabilities	162,187	254,057
Due to third-party payors	929,779	4,646,472
Deferred HHS stimulus revenue	(1,316,793)	1,316,793
Medicare accelerated payments	(2,388,191)	10,971,674
Due to related party	-	(220,743)
Net cash provided by operating activities	<u>6,984,438</u>	<u>18,419,283</u>
Cash flows from investing activities		
Purchases of investments	(24,016,517)	(23,782,820)
Proceeds from sale of investments	13,288,329	27,079,010
Purchases of property and equipment	(1,944,857)	(1,553,458)
Proceeds from sale of property and equipment	-	31,000
Net cash (used) provided by investing activities	<u>(12,673,045)</u>	<u>1,773,732</u>
Cash flows from financing activities		
Payments on long-term debt	(1,312,047)	(1,254,557)
Additions to debt issuance costs, net	(63,526)	-
Net cash used by financing activities	<u>(1,375,573)</u>	<u>(1,254,557)</u>
Net (decrease) increase in cash and cash equivalents	<u>(7,064,180)</u>	<u>18,938,458</u>
Cash and cash equivalents, beginning of year	<u>19,229,645</u>	<u>291,187</u>
Cash and cash equivalents, end of year	<u>\$ 12,165,465</u>	<u>\$ 19,229,645</u>
Supplemental disclosures of cash flow information		
Interest paid	<u>\$ 791,364</u>	<u>\$ 861,909</u>
Noncash investing transactions		
Acquisition of property and equipment included in accounts payable	<u>\$ 211,543</u>	<u>\$ -</u>

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

**LITTLETON HOSPITAL ASSOCIATION, INC.
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Organization

Littleton Hospital Association, Inc. (d/b/a Littleton Regional Healthcare) (Hospital) is a New Hampshire not-for-profit corporation which operates a community-oriented general hospital. Effective April 1, 2016, North Country Healthcare, Inc. (NCHI) became the sole corporate member of the Hospital. NCHI is also the parent company of Androscoggin Valley Hospital (AVH), Upper Connecticut Valley Hospital (UCVH), Weeks Medical Center (Weeks), and North Country Home Health & Hospice Agency, Inc. (Home Health). Effective September 30, 2019, the Hospital formally disaffiliated with NCHI and is now a stand-alone hospital. The Hospital has indemnified certain employees and board members against claims made by NCHI and its affiliates. Any obligation the Hospital may incur under this arrangement that was probable and reasonably estimable has been properly recorded at September 30, 2020.

1. Summary of Significant Accounting Policies

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 Financial Accounting Standards Board (FASB) Accounting Standards Codification Topic (ASC) 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 Hospital. These net assets may be used at the discretion of the Hospital's management and the Board of Trustees (Board).

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

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

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of operations and changes in net assets.

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Use of Estimates

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

Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income.

Newly Adopted Accounting Pronouncement

In 2021, the Hospital adopted FASB Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance, which supersedes accounting standards that previously existed under U.S. GAAP and provides a single revenue model to address revenue recognition to be applied by all companies. Under the new standard, companies recognize revenue when a customer obtains control of promised goods or services in an amount that reflects the consideration to which the company expects to be entitled in exchange for those goods and services. ASU No. 2014-09 also requires companies to disclose additional information, including the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The Hospital adopted this ASU for the year ended September 30, 2021 and elected the modified retrospective method; therefore, the financial statements and related notes have been presented accordingly. See Note 3 for adoption impact.

Cash and Cash Equivalents

Cash and cash equivalents include money market funds with a maturity of three months or less when purchased. Cash and cash equivalents exclude assets whose use is limited by the Board. The Hospital maintains its cash in deposit accounts which, at times, may exceed federal depository insurance limits. Management believes credit risk related to these investments is minimal. The Hospital has not experienced any losses in such accounts.

Revenue Recognition and Accounts Receivable

Patient service revenue is reported at the amount that reflects the consideration to which the Hospital expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Hospital bills the patients and third-party payors several days after the services are performed or the patient is discharged from the hospital. Revenue is recognized as performance obligations are satisfied.

The Hospital has elected the practical expedient allowed under FASB ASC 606-10-32-18 and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the Hospital's expectation that the period between the

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time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the Hospital does in certain instances enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

Performance obligations are determined based on the nature of the services provided by the Hospital. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Hospital believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in hospitals receiving inpatient acute care services or patients receiving services in outpatient centers. The Hospital measures the performance obligation from admission into the hospital or the commencement of an outpatient service to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or completion of the outpatient services. Revenue from performance obligations satisfied at a point in time is generally recognized when the goods are provided to patients and customers in a retail setting (for example, cafeteria) and the Hospital does not believe it is required to provide additional goods or services related to that sale.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Hospital has elected to apply the optional exemption provided in FASB ASC 606-10-50-14 (a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Hospital determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Hospital's policy, and implicit price concessions provided to uninsured patients. The Hospital determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Hospital determines its estimate of implicit price concessions based on its historical collection experience with this class of patients and records these as a direct reduction to net patient service revenue. Management continually reviews the contractual estimation process to consider and incorporate updates to laws and regulations and changes in commercial contractual terms resulting from contract negotiations and renewals.

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to operations and a credit to a valuation allowance based on its assessment of individual accounts and historical adjustments. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to patient accounts receivable. Patient accounts receivable at October 1, 2019 was \$11,060,454.

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The Hospital has agreements with third-party reimbursing agencies that provide for payments at amounts different from its established rates. A summary of the payment arrangements with major third-party reimbursing entities follows:

Medicare

The Hospital is a Critical Access Hospital (CAH). Under the CAH program, the Hospital is reimbursed at 101% of allowable costs for its inpatient and most outpatient services provided to Medicare patients. The Hospital is reimbursed at tentative rates with final determination after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Hospital's cost reports have been audited by the fiscal intermediary through September 30, 2016.

Medicaid

Inpatient services rendered to Medicaid program beneficiaries are reimbursed under prospectively-determined per-discharge rates. The prospectively-determined per-discharge rates are not subject to retroactive adjustment. Outpatient services rendered to Medicaid beneficiaries are reimbursed on a combination of prospectively-determined fee schedules and a cost reimbursement methodology. The Hospital is reimbursed for outpatient services at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid fiscal intermediary. The Hospital's cost reports have been audited by the fiscal intermediary through September 30, 2015.

Anthem

Inpatient and outpatient services rendered to Anthem subscribers are reimbursed based on standard charges, less a negotiated discount, except for lab and radiology services which are reimbursed on fee schedules.

Other

The Hospital has also entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the Hospital under these agreements includes prospectively-determined rates, discount from charges and prospectively-determined daily rates.

Revenue from the Medicare and Medicaid programs accounted for approximately 29% and 7%, respectively, of the Hospital's patient service revenue (net of contractual allowances and discounts) for the year ended September 30, 2021, and 29% and 8%, respectively, of the Hospital's patient service revenue (net of contractual allowances and discounts) for the year ended September 30, 2020

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result of investigations by governmental agencies, various healthcare organizations have received requests for information and notices regarding alleged noncompliance

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with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Hospital's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Hospital. In addition, the contracts the Hospital has with commercial and other payors also provide for retroactive audit and review of claims.

Settlements with third-party payors for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Hospital's historical settlement activity, including a determination it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from changes in transaction price in 2021 and 2020 increased net patient service revenue by approximately \$508,000 and \$566,000, respectively.

Consistent with the Hospital's mission, care is provided to patients regardless of their ability to pay. Therefore, the Hospital has determined it has provided implicit price concessions to uninsured patients and other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represents the difference between amounts billed to patients and the amounts the Hospital expects to collect based on its collection history with those patients.

The Hospital provides services without charge, or at amounts less than its established rates, to patients who meet the criteria of its charity care policy. Patients deemed as not meeting criteria for the New Hampshire Health Access Network are then considered for the Hospital's Charity Care program. The individual must be deemed ineligible for Medicaid and the Buffington Fund (Lisbon residents only) to be considered for the program.

Charity care is granted on a sliding scale based on gross income and family size as compared to the federal poverty guidelines as follows:

- Up to 200% of federal poverty guidelines receive 100% charity care;
- 201%-225% of federal poverty guidelines receive 75% charity care;
- 226%-275% of federal poverty guidelines receive 50% charity care; and
- 276%-300% of federal poverty guidelines receive 25% charity care.

The net cost of charity care provided was approximately \$564,000 in 2021 and \$609,000 in 2020. The total cost estimate is based on an overall financial statement cost to charge ratio applied against gross charity care charges. The percentage of all services as defined by percentage of gross revenue was provided on a charity basis in 2021 and 2020, is 0.57% and 0.60% respectively.

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In 2021, of a total of 1,399 inpatients, 32 received their entire episode of service on a charity basis and 22 received partial subsidy. In 2020, of a total of 1,402 inpatients, 47 received full charity and 9 received partial subsidy.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Hospital also provides services to uninsured patients and offers those uninsured patients a discount, either by policy or law, from standard charges. The Hospital estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions based on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense. Bad debt expense for the years ended September 30, 2021 and 2020 was not significant.

The Hospital has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the following factors:

- Payors (for example, Medicare, Medicaid, managed care or other insurance, patient) have different reimbursement and payment methodologies
- Length of the patient's service or episode of care
- Method of reimbursement (fee for service or fixed prospective payment)
- Hospital's program that provided the service

For the years ended September 30, 2021 and 2020, the Hospital determined revenue recognized from goods and services that transfer to the customer at a point in time is not material to the financial statements.

Supplies

Supplies are carried at the lower of cost (determined by the first-in, first-out method) or net realizable value.

Investments and Investment Income

Investments in equity securities with readily-determinable fair values and all investments in debt securities are measured at fair value in the balance sheets. Values of investments in limited partnerships or companies are based on the net asset values (NAV) per share of the respective funds as reported in the financial statements of the related interest and provided by the investment manager. Management reviews and evaluates the valuations provided by the investment managers and believes these valuations are a reasonable estimate of fair value at September 30, 2021 and 2020, but are subject to uncertainty and, therefore may differ from the value that would have been used had a ready market for the investments existed.

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To simplify its investment return, the Hospital adopted FASB ASC 825, *Financial Instruments*, and, accordingly, investment income or loss (including realized gains and losses on investments, interest and dividends) and unrealized gains and losses are included in excess (deficiency) of revenues, gains and other support over expenses and losses unless the income is restricted by donor or law.

Donor-restricted investment income and gains (losses) on investments on donor-restricted investments are recorded within net assets with donor restrictions until expended in accordance with the donor's restrictions.

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

Property and Equipment

Property and equipment acquisitions are recorded at cost or, if contributed, at fair market value determined at the date of donation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as support without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Paycheck Protection Program Refundable Advance

During 2021, the Hospital qualified for and received a loan pursuant to the Paycheck Protection Program (PPP), a program implemented by the U.S. Small Business Administration (SBA) under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), in the amount of \$7,171,952. The PPP provides funds to pay up to 24 weeks of payroll and other specified costs, and forgiveness of the loan is dependent upon compliance with this and other terms and conditions of the CARES Act. During 2021, the Hospital applied for forgiveness under the provisions of the CARES Act and subsequently received forgiveness from the lending institution and the SBA in October 2021. The Hospital had chosen to follow the conditional contribution model for the loan. The full amount forgiven is reported as other operating revenue in the statement of operations at September 30, 2021. The loan forgiveness is subject to audit by the SBA for a period of six years from the date the loan was forgiven.

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CARES Act Provider Relief Stimulus Funds

The CARES Act provided funds to eligible healthcare providers to prevent, prepare for and respond to the Coronavirus Disease (COVID-19). The funds were appropriated to reimburse healthcare providers for healthcare related expenses or lost revenues that are attributable to COVID-19. The CARES Act provides the U.S. Department of Health and Human Services (HHS) with discretion to operate the program and determine the reporting requirements. During 2020, the Hospital received \$6,954,485 of HHS Provider Relief Stimulus Funds (Funds) and attested to the receipt of the Funds and agreement with the associated terms and conditions. The Hospital has chosen to follow the conditional contribution model for the Funds. At September 30, 2021 and 2020, the Hospital has recognized \$1,316,793 and \$5,637,692, respectively, of the Funds in other operating revenue in the statements of operations. Management believes the conditions on which the Funds depend were substantially met. Management believes the position taken is a reasonable interpretation of the rules currently available. Due to the complexity of the reporting requirements and the continued issuance of clarifying guidance, there is at least a reasonable possibility the amount of income recognized related to the lost revenues and qualifying expenses may change by a material amount. Any difference between amounts previously estimated and amounts subsequently determined to be recoverable or payable will be included in income in the year that such amounts become known.

In response to the COVID-19 pandemic, the Center for Medicare and Medicaid Services (CMS) made available an accelerated and advance payment program to Medicare providers. The Hospital received \$10,971,674 of accelerated advanced payments during 2020 and has \$8,583,483 remaining as of September 30, 2021. CMS began recouping payment from claims payments one year from the date the respective advances were made to the Hospital.

Employee Fringe Benefits

The Hospital has an "earned time" plan to provide certain fringe benefits for its employees. Under this plan, each employee "earns" paid leave each payroll period. Accumulated hours may be used for vacations, holidays or illnesses. Hours earned, but not used, vest with the employees up to established limits. The Hospital accrues the cost of these benefits as they are earned.

Interest Rate Swap

The Hospital uses an interest rate swap contract to eliminate the cash flow exposure of interest rate movements on variable-rate debt. The Hospital has adopted FASB ASC 815, *Derivatives and Hedging*, to account for its interest rate swap contract. The interest rate swap is not considered a cash flow hedge and, therefore, is included within nonoperating gains (losses). See Note 6 for additional information.

Nonoperating Gains (Losses)

Activities other than those in connection with providing healthcare services are considered to be nonoperating. Nonoperating gains and losses consist primarily of income and gains and losses on invested funds, unrestricted gifts, community benefit expense, and unrealized gain (loss) on interest rate swap.

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Excess (Deficiency) of Revenues, Gains and Other Support Over Expenses and Losses

The statements of operations include excess (deficiency) of revenues, gains and other support over expenses and losses. Changes in net assets without donor restrictions, if any, which are excluded from excess (deficiency) of revenues, gains and other support over expenses and losses, consistent with industry practice, include net assets released from restriction for capital acquisition and net asset transfers.

Donor Restricted Gifts

Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received and the conditions are met. Contributions received with donor restrictions that limit the use of the donated assets are reported as net assets with donor restrictions. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations and changes in net assets as net assets released from restriction. Donor restricted contributions whose restrictions are met within the same year as received are reported as contributions without donor restrictions in the accompanying financial statements.

Subsequent Events

For purposes of the preparation of these financial statements in conformity with U.S. GAAP, the Hospital has considered transactions or events occurring through January 19, 2022, which was the date the financial statements were available to be issued.

In October 2021, the Hospital entered into an agreement with Cerner Corporation (Cerner) to implement a hospital-wide electronic health record (EHR) system. Monthly payments of \$123,000 commence once the EHR system is placed in service by the Hospital as well as payments for recurring services (subscription fees, transaction fees, and professional and application management services). There is no defined term under the agreement, however, the agreement contains provisions for the Hospital or Cerner to terminate, if necessary. Should the Hospital terminate the agreement within the first 108 months from the time the EHR system is placed in service it will be subject to an early termination fee.

In November 2021, the Hospital received \$1,869,600 from the American Rescue Plan Rural Payment distribution administered by the Health Resources and Services Administration.

Effective January 1, 2022, the Hospital will become self-insured for health coverage. The coverage will provide health benefits to eligible employees and their eligible dependents. The Hospital will purchase stop-loss coverage to limit the Hospital's exposure to losses on an individual and aggregate basis (excluding services rendered by the Hospital to participants).

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2. Availability and Liquidity of Financial Assets

The Hospital had working capital of \$4,775,995 and \$7,294,789 at September 30, 2021 and 2020, respectively. The Hospital had average days (based on normal expenditures) cash and cash equivalents on hand of 47 and 72 at September 30, 2021 and 2020, respectively.

The Hospital's goal is to maintain financial assets to meet 40 days of operating expenses (\$10,388,507 and \$10,630,461 at September 30, 2021 and 2020, respectively). The annual operating budget is determined with the goal of generating sufficient net patient service revenue and cash flows to allow the Hospital to be sustainable to support its mission and vision.

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs not financed with debt, were as follows as of September 30:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 12,165,465	\$ 19,229,645
Patient accounts receivable, net	15,274,075	12,780,011
Other receivables, net (included in other current assets)	<u>803,486</u>	<u>1,200,052</u>
Financial assets available to meet general expenditures within one year	<u>\$ 28,243,026</u>	<u>\$ 33,209,708</u>

At September 30, 2021 and 2020, cash and cash equivalents include \$8,583,483 and \$10,971,674, respectively, specifically related to Medicare Accelerated Payments. This represents 33 and 41 days of cash and cash equivalents on hand at September 30, 2021 and 2020, respectively.

The Hospital has assets limited as to use of \$55,046,019 and \$37,815,572 at September 30, 2021 and 2020, respectively, that are designated assets set aside by the Board for future capital improvements and other purposes. These assets limited as to use are not available for general expenditure within the next year, however, the internally designated amounts could be made available, if necessary.

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3. Net Patient Service Revenue

Net patient service revenue consists of the following for the years ended September 30:

	<u>2021</u>	<u>2020</u>
Gross patient service revenue		
Routine services	\$ 5,955,063	\$ 6,029,670
Ancillary services	<u>192,019,832</u>	<u>173,168,767</u>
	<u>197,974,895</u>	179,198,437
Less contractals and discounts	<u>105,450,295</u>	<u>86,214,961</u>
Patient service revenue (net of contractual allowances and discounts)	92,524,600	92,983,476
Less provision for bad debts	<u> -</u>	<u>5,779,593</u>
Net patient service revenue	<u>\$ 92,524,600</u>	<u>\$ 87,203,883</u>

Each performance obligation is separately identifiable from other promises in the customer contract. As the performance obligations are met (i.e., room, board, ancillary services, level of care), revenue is recognized based upon the allocated transaction price. The transaction price is allocated to separate performance obligations based upon the relative standalone selling price. In instances where management determines there are multiple performance obligations across multiple months, the transaction price is allocated by applying an estimated implicit and explicit rate to gross charges based on the separate performance obligations.

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

As disclosed in Note 1 to these financial statements, the Hospital adopted ASU No. 2014-09 and related guidance for the year ended September 30, 2021, electing to use the modified retrospective method. Accordingly, amounts in the comparative period have not been restated and continue to be reported under the accounting standards in effect for that year. The impact of adoption on the statement of operations for the year ended September 30, 2021 follows:

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	<u>As Reported</u>	<u>Balance Without ASC 606 Adoption</u>	<u>Effect of Change</u>
Net patient service revenue before provision for doubtful accounts		\$ 98,352,126	
Less: Provision for doubtful accounts		<u>5,827,526</u>	
Net patient service revenue	<u>\$ 92,524,600</u>	<u>\$ 92,524,600</u>	<u>\$ _____</u>

Net patient service revenue recognized for the years ended September 30, 2021 and 2020 from these major payor sources is as follows:

	<u>2021</u>	<u>2020</u>
Total all payors		
Medicare and Medicaid	\$ 32,719,061	\$ 31,684,028
Commercial	58,939,677	54,599,820
Self-pay	<u>865,862</u>	<u>920,035</u>
Net patient service revenue	<u>\$ 92,524,600</u>	<u>\$ 87,203,883</u>

Disproportionate Share Hospital Payments

Medicaid disproportionate share hospital (DSH) payments provide financial assistance to hospitals that serve a large number of low-income patients. The federal government distributes federal DSH funds to each state based on a statutory formula. The states, in turn, distribute their portion of the DSH funding among qualifying hospitals. The states are to use their federal DSH allotments to help cover the costs of hospitals that provide care to low-income patients when those costs are not covered by other payors. The State of New Hampshire's plan for the distribution of DSH monies to its hospitals has not yet been approved by CMS. Therefore, amounts recorded by the Hospital are subject to change. Included within contractual allowances in net patient service revenue in the statements of operations is approximately \$5,531,000 and \$5,183,000, respectively, for the years ended September 30, 2021 and 2020 related to DSH payments.

Long-term estimated third-party payor settlements consist of estimates related to Medicare's potential disallowance of Medicaid enhancement tax as an allowable cost and state DSH pending settlements. Due to unresolved issues at the federal level for both matters, the Hospital has classified the balances as long-term.

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4. Property and Equipment

The major categories of property and equipment are as follows as of September 30:

	<u>2021</u>	<u>2020</u>
Land	\$ 1,749,183	\$ 764,443
Land improvements	3,806,523	3,806,523
Buildings	42,189,184	42,177,509
Fixed equipment	15,188,571	15,124,703
Major moveable equipment	38,501,718	37,940,691
Assets under capital leases	<u>1,303,110</u>	<u>1,303,110</u>
	102,738,289	101,116,979
Less accumulated depreciation and amortization	<u>70,666,035</u>	<u>66,651,383</u>
	32,072,254	34,465,596
Construction-in-progress	<u>919,073</u>	<u>597,231</u>
	<u>\$ 32,991,327</u>	<u>\$ 35,062,827</u>

During 2021, the Hospital purchased land in Lincoln, New Hampshire to build and operate an Urgent Care Center (Center). At September 30, 2021, approximately \$481,000 of costs related to Center are included in construction in progress. Construction of the Center is expected to be completed and placed into serviced in the spring of 2022 at a total anticipated cost of approximately \$1.7 million and is currently being funded from operations. The Hospital is exploring opportunities to enter into a joint venture agreement with another entity to operate the Center.

5. Assets Limited as to Use

Assets limited as to use consisted of the following as of September 30:

	<u>2021</u>	<u>2020</u>
Board-designated for capital acquisition and operations	\$ 55,046,019	\$ 37,815,572
Deferred compensation	4,777,382	3,274,482
With donor restrictions - temporary in nature	1,228,672	792,010
With donor restrictions - held in perpetuity	<u>2,026,849</u>	<u>2,001,149</u>
Total	<u>\$ 63,078,922</u>	<u>\$ 43,883,213</u>

LITTLETON HOSPITAL ASSOCIATION, INC.
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The composition of assets limited as to use consisted of the following at September 30:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 1,106,383	\$ 1,614,109
Fixed income	2,285,038	1,851,150
Mutual funds	51,082,744	33,727,806
Other investments	<u>8,604,757</u>	<u>6,690,148</u>
Total	<u>\$ 63,078,922</u>	<u>\$ 43,883,213</u>

Income from investments, net consisted of the following for the years ended September 30:

	<u>2021</u>	<u>2020</u>
Net assets without donor restrictions:		
Interest and dividends, net of fees	\$ 581,355	\$ 519,341
Realized gains	260,041	1,911,768
Unrealized gains	<u>6,289,563</u>	<u>162,176</u>
	<u>7,130,959</u>	<u>2,593,285</u>
Net assets with donor restrictions:		
Interest and dividends, net of fees	(64,440)	(2,535)
Realized gains	9,110	57,116
Unrealized gains	<u>405,907</u>	<u>47,042</u>
	<u>350,577</u>	<u>101,623</u>
	<u>\$ 7,481,536</u>	<u>\$ 2,694,908</u>

Changes in endowment (with donor restrictions) net assets are as follows:

	<u>2021</u>	<u>2020</u>
Endowment net assets, beginning of year	\$ 2,432,225	\$ 2,374,660
Investment return		
Investment income, net of fees	324,086	120,461
Realized gains on investments	2,726	14,237
Unrealized gains (losses) on investments	<u>77,110</u>	<u>(5,509)</u>
Total investment return, net	<u>403,922</u>	<u>129,189</u>
Contributions	29,896	1,058
Appropriation of endowment assets for expenditure	<u>(108,219)</u>	<u>(72,682)</u>
Endowment net assets, end of year	<u>\$ 2,757,824</u>	<u>\$ 2,432,225</u>

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Interpretation of Relevant Law

The Hospital has interpreted the State of New Hampshire Uniform Prudent Management of Institutional Funds Act (UPMIFA) such that the Board is allowed to appropriate for expenditure for the uses and purposes for which the endowment fund is established, unless otherwise specified by the donor, so much of the net appreciation, realized and unrealized, in the fair value of the assets of the endowment fund over the historic dollar value of the fund, as is prudent. In so doing, the Board must consider the long-term and short-term needs of the Hospital in carrying out its purpose, its present and anticipated financial requirements, expected total return on its investments, price-level trends, and general economic conditions. As a result of this interpretation, the Hospital classifies as net assets with perpetual donor restriction (a) the original value of the gifts donated to the perpetual endowment when explicit donor stipulations requiring perpetual maintenance of the historical fair value are present, and (b) the original value of the subsequent gifts to be maintained in perpetuity when explicit donor stipulations requiring perpetual maintenance of the historical fair value are present. The remaining portion of the donor restricted endowment fund composed of accumulated gains not required to be maintained in perpetuity is classified as net assets with donor restrictions temporary in nature until those amounts are appropriated for expenditure in a manner consistent with the donor's stipulations. The Board approves amounts to be appropriated from time to time, based on the Hospital's needs and the provisions of UPMIFA.

Investment Policy and Strategies Employed for Achieving Objectives

In managing its diversified portfolio, the Hospital measures the performance of its investment portfolio's components against the appropriate market benchmark. The investment objective for the portfolio is to achieve the highest long-term total return on assets that is consistent with prudent investment practices. Over the long term, the policy provides that good investment performance should maintain or enhance the purchasing power of the portfolio's assets. A secondary objective is to achieve an annualized return that meets or exceeds a Policy Index that is comprised of reasonable market benchmarks in a weighting that is consistent with the target asset allocation as approved by the Hospital.

The portfolio assets have a long-term, indefinite time horizon with relatively low liquidity needs. As such, the Fund may take advantage of less liquid investments and assume a time horizon that extends well beyond a normal market cycle. It is expected, however, that sufficient portfolio diversification will smooth volatility and help to assure a reasonable consistency of return. The portfolio is managed on a total return basis.

To satisfy its long-term objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and yield (dividends and interest). The Hospital targets a diversified asset allocation that places emphasis on equity and equity-like investments due to their higher long-term return expectations, flexible capital, fixed income, and real assets in a 55-20-15-10 percent ratio to achieve its long-term objectives.

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Notes to Financial Statements

September 30, 2021 and 2020

Funds with Deficiencies

From time to time, the fair value of assets associated with donor-restricted endowment funds may fall below the level of the donors' original gift(s) or what UPMIFA may require the Hospital to retain as a fund of perpetual duration ("underwater"). The Hospital's policy prohibits appropriating amounts from underwater endowment funds and there were no deficiencies of this nature that are reported in net assets with donor restrictions as of September 30, 2021 and 2020.

6. Borrowings

Long-term debt consisted of the following as of September 30:

	<u>2021</u>	<u>2020</u>
Series 2015A fixed-rate bonds held by T.D. Bank N.A., payable in variable monthly principal and interest installments through September 2038; interest rate of 2.39% at September 30, 2021; collateralized by gross receipts and a security interest in certain property of the Hospital.	\$ 4,216,819	\$ 4,415,771
Series 2015B variable-rate bonds held by T.D. Bank N.A., payable in variable monthly principal and interest installments through September 2038; interest rate of 69.75% of one-month London Interbank Offering Rate (LIBOR) plus 0.73% (0.87% at September 30, 2021); collateralized by gross receipts and a security interest in certain property of the Hospital (see interest rate swap agreement disclosure).	16,968,258	17,663,814
2.97% note payable to a bank, due in variable monthly installments including interest, through April 2023; collateralized by substantially all Hospital assets.	506,805	814,806
Various capital leases, payable in 60 to 120 monthly principal payments ranging from \$1,858 to \$5,272 including interest rates varying from 2.84% to 8.49%; and maturing between July 2023 and July 2028; collateralized by specific assets acquired under capital leases.	<u>448,695</u>	<u>558,233</u>
Total long-term debt, before unamortized and deferred issuance costs	22,140,577	23,452,624

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	<u>2021</u>	<u>2020</u>
Unamortized deferred issuance costs	(223,413)	(159,887)
Total long-term debt	21,917,164	23,292,737
Less current portion	1,360,350	1,312,047
Long-term debt, excluding current portion	<u>\$ 20,556,814</u>	<u>\$ 21,980,690</u>

The Series 2015 bonds require the Hospital to meet certain covenants. As of September 30, 2021 the Hospital was in compliance with these covenant requirements.

Annual principal maturities on long-term debt, including capital leases, for fiscal years subsequent to September 30, 2021 are as follows:

	<u>Bonds and Notes Payable</u>	<u>Capital Lease Obligations</u>
2022	\$ 1,243,578	\$ 116,772
2023	1,148,782	121,007
2024	991,686	41,542
2025	1,029,090	43,667
2026	1,066,033	45,902
Thereafter	<u>16,212,713</u>	<u>79,805</u>
	<u>\$ 21,691,882</u>	<u>\$ 448,695</u>

Interest on long-term debt was \$791,364 and \$861,909 for the years ended September 30, 2021 and 2020, respectively.

Interest Rate Swap

In connection with the issuance of the Series 2015B bonds, the Hospital entered into an interest rate swap agreement to hedge the associated interest rate risk. The swap notional amount was \$13,116,000 at September 30, 2021. The swap terminates on October 1, 2027. The interest rate swap agreement requires the Hospital to pay a fixed rate of 3.9725% and 3.5625% in 2021 and 2020, respectively, in exchange for a variable rate of 68% of one-month LIBOR plus 0.05848% and 69.75% of one-month LIBOR plus 0.73% in 2021 and 2020, respectively. At September 30, 2020, the Hospital had been notified by the swap counterparty that its failure to meet certain bond covenants for the year ended September 30, 2019 was deemed to be an Additional Termination Event under the terms of the swap agreement. That gave the counterparty the right, but not the obligation, to terminate the swap agreement at its discretion. During 2021, the Hospital entered into a new swap agreement with a new counterparty and terminated the prior swap agreement.

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The Hospital is required to include the fair value of the swap in the balance sheets, and annual changes, if any, in the fair value of the swap in the statements of operations. For example, during the holding period, the annually-calculated value of the swap will be reported as an asset if interest rates increase above those expected on the date the swap was entered into and as an unrealized gain in the statements of operations, which will generally be indicative that the net fixed rate the Hospital is paying is below market expectations of rates during the remaining term of the swap. The swap will be reported as a liability (and as an unrealized loss in the statements of operations) if interest rates decrease below those expected on the date the swap was entered into, which will generally be indicative that the net fixed rate the Hospital is paying on the swap is above market expectations of rates during the remaining term of the swap. These annual accounting adjustments of value changes in the swap transaction are non-cash recognition requirements, the net effect of which is intended to be zero at the maturity date of the swap agreement. The Hospital retains the right to terminate the swap agreement should the need arise. The Hospital recorded the swap at its liability position of \$2,164,280 and \$2,649,996 at September 30, 2021 and 2020, respectively.

Revolving Credit Loan

On May 21, 2020, the Hospital entered into a \$6,000,000 revolving credit loan agreement with T.D. Bank N.A. with an interest rate equal to the Adjusted LIBOR Rate, as defined in the loan agreement, plus 1.85%. The credit loan is collateralized by a lien on all business assets of the Hospital, a security interest in certain property and an assignment of leases and rents. The agreement expires on August 17, 2022. At September 30, 2021 and 2020, there were no amounts outstanding under this agreement.

7. Retirement Plans

The Hospital sponsors a 403(b) retirement plan for its employees. Contributions are computed as a percentage of earnings and are funded as accrued. Effective November 1, 2017, the Hospital merged its plan with that of the other members of NCHI in the North Country Healthcare Retirement Plan (Plan). During 2020, the Hospital exited the Plan and established its own plan as part of the disaffiliation with NCHI.

The amount charged to expense for the plan totaled \$827,470 and \$1,001,284 for 2021 and 2020, respectively.

In addition, the Hospital maintains a 457(b) deferred compensation plan for certain employees. An asset and a liability of \$4,067,343 and \$3,274,482, respectively, have been recorded related to this plan for 2021 and 2020.

In December 2020, the Hospital adopted a 457(f) deferred compensation plan for certain highly compensated employees. An asset and liability of \$710,039 has been recorded related to this plan for 2021.

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September 30, 2021 and 2020

8. Commitments and Contingencies

Professional Liability Insurance and Other Litigation

The Hospital maintains medical malpractice insurance coverage on a claims-made basis. The Hospital is subject to complaints, claims, and litigation due to potential claims which arise in the normal course of business. U.S. GAAP requires the Hospital to accrue the ultimate cost of malpractice claims when the incident that gives rise to the claim occurs, without consideration of insurance recoveries. Expected recoveries are presented as a separate asset. The Hospital has evaluated its exposure to losses arising from identifiable potential claims and has properly accounted for them in the balance sheets for the years ended September 30, 2021 and 2020. The Hospital intends to renew coverage on a claims-made basis and anticipates that such coverage will be available in future periods.

The Hospital at various times during the year may be involved in other legal proceedings of a nature considered normal to its business. Management believes that any liability that may ultimately result from the resolution of these matters will not have a material adverse effect on the financial condition or results of operations of the Hospital.

Operating Leases

The Hospital as lessee has various non-cancelable leases for office space, including space sub-leased, all of which are classified as operating leases. Lease expense was \$532,624 and \$314,905 for the years ended September 30, 2021 and 2020, respectively. Future minimum lease payments are as follows for the years ending September 30:

2022	\$ 336,994
2023	342,665
2024	306,092
2025	270,361
2026	<u>274,861</u>
Total future minimum lease payments	<u>\$ 1,530,973</u>

Professional Services Agreement

The Hospital entered into a professional services, medical direction and management agreement (Agreement) with The Alpine Clinic, LLC (Alpine) in March 2012. Alpine is a private physician practice group with clinical sites in five towns in northern New Hampshire providing orthopedic care, clinical services and related physical therapy, radiology and magnetic resonance imaging services to patients in this region. The initial term of the Agreement was in effect for a period of three years. There are provisions under the Agreement for early termination, subject to agreement between the two parties. Subsequent to the expiration of the initial term, the arrangement has continued on a monthly basis.

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Under the terms of the Agreement, the Hospital has agreed to sub-lease Alpine's offices, furniture and equipment. The Hospital has agreed to engage Alpine to provide professional orthopedic and physical therapy services through the physicians, nurse practitioners, physician assistants, and licensed physical therapists employed by Alpine. Alpine has agreed to engage the radiology and magnetic resonance imaging technicians employed by the Hospital to provide the technical services in connection with imaging services to Hospital patients at the Alpine offices. The Hospital has also agreed to engage Alpine to provide the services of all administrative and support staff as is necessary and desirable for the effective and efficient delivery of the orthopedic, physical therapy and imaging services.

Alpine has agreed that its sole compensation under this Agreement will be the fees set forth in the Agreement and that all payments from patients, third-party payors or otherwise for Alpine professional services furnished by the providers to Hospital patients will belong to the Hospital. The fees under the Agreement include an annual base fee, to be paid monthly, and a productivity fee which is to be paid within 30 days following the end of each year of the Agreement. The methodology used to calculate the base fee and productivity fee is specifically defined in the Agreement.

The fees paid to Alpine during the years ended September 30, 2021 and 2020 were \$2,979,586 and \$3,077,616, respectively, of which \$181,883 and \$177,497 is included in prepaid expenses and other current assets at September 30, 2021 and 2020, respectively.

Equipment Maintenance Agreement

During 2012, the Hospital entered into a capital lease to finance the purchase of a new magnetic resonance imaging scanner. During 2018, the capital lease was paid in full and a new maintenance agreement was entered into for \$9,856 per month. Total maintenance expense related to the capital lease in 2021 and 2020 was \$108,446 and \$119,658, respectively. The maintenance fee commitment expires in June 2022.

Payments in Lieu of Taxes

The Hospital entered into an agreement with the Town of Littleton that calls for annual payments in lieu of taxes through 2026 of \$75,000 per year adjusted annually by the Consumer Price Index. For the years ended September 30, 2021 and 2020 the payments were approximately \$80,800 and \$76,300, respectively.

Information Technology (IT) Purchased Services Agreement

In July 2019, the Hospital entered into an agreement for contracted IT services. The agreement requires a monthly system support fee of \$105,000 as well as additional fees for software licenses and equipment. In January 2021, the support fee was reduced to \$71,000 per month. Total expenses incurred by the Hospital related to this agreement for the years ended September 30, 2021 and 2020 were approximately \$1,111,000 and \$1,396,000, respectively. The initial agreement was for a five-year term to expire July 2024, but was re-negotiated during 2021 and now expires on December 31, 2022.

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9. Physician Practices

During 2021 and 2020, the Hospital operated several physician practices. For the years ended September 30, 2021 and 2020, the Hospital recognized net practice operations activity as follows:

	<u>2021</u>	<u>2020</u>
Net practice revenue	\$ 17,573,822	\$ 16,804,297
Direct expenses	<u>26,292,950</u>	<u>26,181,210</u>
Net loss (before indirect expenses)	<u>\$ (8,719,128)</u>	<u>\$ (9,376,913)</u>

10. Net Assets

Net assets with donor restrictions are available for the following purposes at September 30:

	<u>2021</u>	<u>2020</u>
Funds maintained with donor restrictions temporary in nature:		
Construction fund	\$ 21,841	\$ 27,411
Indigent care	260,694	182,506
Health education	37,680	15,274
Pastoral care	7,317	6,767
Veterans transportation	2,428	2,113
Volunteer services	159,535	66,358
Other health-related services	<u>768,858</u>	<u>498,618</u>
Total funds maintained with donor restrictions temporary in nature	<u>1,258,353</u>	<u>799,047</u>
Funds maintained in perpetuity:		
Investments to be held in perpetuity, the income from which is expendable to support healthcare services	<u>2,027,655</u>	<u>2,001,275</u>
Total net assets with donor restrictions	<u>\$ 3,286,008</u>	<u>\$ 2,800,322</u>
Net assets released from restrictions consisted of:		
Satisfaction of purpose restrictions - operations	<u>\$ 36,906</u>	<u>\$ 57,356</u>

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September 30, 2021 and 2020

11. Functional Expenses

The Hospital provides general healthcare services to residents within its geographic location. The statements of operations report certain categories of expenses that are attributable to both healthcare services and support functions. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Occupancy costs are allocated by square footage, employee benefits are allocated based on salaries and professional liability insurance is allocated based on expense for the physician. Expenses related to healthcare and support services for the year ended September 30 are as follows:

<u>2021</u>	<u>Healthcare Services</u>	<u>General and Administrative</u>	<u>Total</u>
Salaries, wages and fringe benefits	\$ 47,248,393	\$ 7,310,258	\$ 54,558,651
Contract labor	3,154,218	399,418	3,553,636
Supplies and other	21,594,574	10,433,782	32,028,356
Medicaid enhancement tax	-	3,863,116	3,863,116
Depreciation	3,467,443	755,130	4,222,573
Interest	<u>791,364</u>	<u>-</u>	<u>791,364</u>
	<u>\$ 76,255,992</u>	<u>\$ 22,761,704</u>	<u>\$ 99,017,696</u>
<u>2020</u>	<u>Healthcare Services</u>	<u>General and Administrative</u>	<u>Total</u>
Salaries, wages and fringe benefits	\$ 45,250,332	\$ 6,770,728	\$ 52,021,060
Contract labor	5,811,932	544,210	6,356,142
Supplies and other	21,144,535	13,020,158	34,164,693
Medicaid enhancement tax	-	3,864,918	3,864,918
Depreciation	3,681,299	775,052	4,456,351
Interest	<u>861,909</u>	<u>-</u>	<u>861,909</u>
	<u>\$ 76,750,007</u>	<u>\$ 24,975,066</u>	<u>\$ 101,725,073</u>

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September 30, 2021 and 2020

12. Concentration of Credit Risk

Patient Accounts Receivable

The Hospital grants credit without collateral to its patients, most of whom are local residents and insured under third-party payor agreements. The mix of receivables for patients and third-party payors at September 30, 2021 and 2020 was as follows:

	<u>2021</u>	<u>2020</u>
Medicare	16 %	24 %
Medicaid	12	11
Anthem	14	13
Other third-party payors	42	34
Patient	<u>16</u>	<u>18</u>
	<u>100 %</u>	<u>100 %</u>

13. Fair Value Measurement

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

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

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September 30, 2021 and 2020

Assets and liabilities measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements at September 30, 2021		
	<u>Total</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets			
Cash and cash equivalents	\$ 1,106,383	\$ 1,106,383	\$ -
Fixed income	2,285,038	-	2,285,038
Mutual funds			
Index funds	34,388,207	34,388,207	-
Bond funds	<u>11,917,155</u>	<u>11,917,155</u>	<u>-</u>
Total mutual funds	46,305,362	46,305,362	-
Assets to fund deferred compensation			
Mutual funds	<u>4,777,382</u>	<u>4,777,382</u>	<u>-</u>
	54,474,165	<u>\$ 52,189,127</u>	<u>\$ 2,285,038</u>
Investments measured at NAV	<u>8,604,757</u>		
Total assets	<u>\$ 63,078,922</u>		
Liabilities			
Interest rate swap	<u>\$ 2,164,280</u>	\$ -	<u>\$ 2,164,280</u>
Total liabilities	<u>\$ 2,164,280</u>	<u>\$ -</u>	<u>\$ 2,164,280</u>

LITTLETON HOSPITAL ASSOCIATION, INC.
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Notes to Financial Statements

September 30, 2021 and 2020

	Fair Value Measurements at September 30, 2020		
	<u>Total</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
Assets			
Cash and cash equivalents	\$ 1,614,109	\$ 1,614,109	\$ -
Fixed income	1,851,150	-	1,851,150
Mutual funds			
Index funds	21,268,655	21,268,655	-
Bond funds	<u>9,184,669</u>	<u>9,184,669</u>	<u>-</u>
Total mutual funds	30,453,324	30,453,324	-
Assets to fund deferred compensation			
Mutual funds	<u>3,274,482</u>	<u>3,274,482</u>	<u>-</u>
	37,193,065	<u>\$ 35,341,915</u>	<u>\$ 1,851,150</u>
Investments measured at NAV			
	<u>6,690,148</u>		
Total assets	<u>\$ 43,883,213</u>		
Liabilities			
Interest rate swap	<u>\$ 2,649,996</u>	<u>\$ -</u>	<u>\$ 2,649,996</u>
Total liabilities	<u>\$ 2,649,996</u>	<u>\$ -</u>	<u>\$ 2,649,996</u>

The fair value of Level 2 assets has been measured using quoted market prices of similar assets and the fair value market approach, as determined by comparable sales data.

The fair value of the interest rate swap is measured using other than quoted prices that are observable to value the interest rate swap. These values represent the estimated amounts the Hospital would receive or pay to terminate the swap agreement, taking into consideration current interest rates and the current creditworthiness of the counterparty.

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September 30, 2021 and 2020

The following table sets forth a summary of the Hospital's investments valued using a reported NAV at September 30:

<u>Investment</u>	<u>Fair Value Estimated Using NAV Per Share at September 30</u>				
	<u>2021</u>	<u>2020</u>	<u>Redemption Frequency</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
Nyes Ledge Capital Offshore Fund, LTD	\$ 109,846	\$ 109,846	Annually	Annually on December 31	90 days
Drake Capital Offshore Partners, LP	5,671,001	4,782,286	Semi-Annually	100% Annually (December 31) 25% Annually (June 30)	90 days
Seaport Global Property Securities, LP	2,761,848	1,742,403	Monthly	N/A	15 days
Hatteras Core Alternatives TEI Fund, LP (Hatteras Fund)	<u>62,062</u>	<u>55,613</u>	Quarterly	Each quarter Hatteras Fund allows up to 5% of the fund to be redeemed; if clients redemption requests are greater than 5% of the fund, each investor will be paid out a pro-rata portion of their redemption request	75 days
	<u>\$ 8,604,757</u>	<u>\$ 6,690,148</u>			

14. Medicaid Enhancement Tax and Disproportionate Share Payments

In New Hampshire, hospitals are subject to a 5.4% tax, the Medicaid Enhancement Tax, on net taxable revenues. The State of New Hampshire's distribution of DSH monies to the hospitals is subject to audit by CMS. A number of hospitals in New Hampshire filed a lawsuit relative to the results of the 2011 audit of these DSH payments and the court ruled in favor of the hospitals in March 2016. CMS has appealed the ruling and, until such time as the final ruling is made on the appeal, the Hospital has not changed its position with respect to the amounts recorded in its financial statements. Should the court's ruling stand, the Hospital expects to adjust the amounts held in contingency in the year the ruling is upheld.

**SCHEDULES AND REPORTS IN ACCORDANCE WITH
GAS AND THE UNIFORM GUIDANCE**



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

Board of Trustees
Littleton Hospital Association, Inc.
(d/b/a Littleton Regional Healthcare)

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Littleton Hospital Association, Inc. (d/b/a Littleton Regional Healthcare), which comprise the balance sheet as of September 30, 2021, and the related statements of operations, changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated January 19, 2022. Our report on the financial statements contained an unmodified opinion.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Littleton Regional Healthcare's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Littleton Regional Healthcare's internal control. Accordingly, we do not express an opinion on the effectiveness of Littleton Regional Healthcare's internal control.

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

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We did identify a deficiency in internal control, described in the accompanying schedule of findings and questioned costs as item 2021-001, that we consider to be a material weakness.

Compliance and Other Matters

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

Board of Trustees
Littleton Hospital Association, Inc.
(d/b/a Littleton Regional Healthcare)

Littleton Regional Healthcare's Response to Finding

Littleton Regional Healthcare's response to the finding identified in our audit is described in the accompanying schedule of findings and questioned costs. Littleton Regional Healthcare's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

Purpose of this Report

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

Berry Diann McNeil & Parker, LLC

Manchester, New Hampshire
January 19, 2022



**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR THE MAJOR
FEDERAL PROGRAMS; REPORT ON INTERNAL CONTROL OVER COMPLIANCE;
AND REPORT ON SCHEDULE OF EXPENDITURES OF FEDERAL
AWARDS REQUIRED BY THE UNIFORM GUIDANCE**

Board of Trustees
Littleton Hospital Association, Inc.
(d/b/a Littleton Regional Healthcare)

Report on Compliance for the Major Federal Programs

We have audited Littleton Hospital Association, Inc.'s (d/b/a Littleton Regional Healthcare) compliance with the types of compliance requirements described in the Office of Management and Budget *Compliance Supplement* that could have a direct and material effect on the Littleton Regional Healthcare's major federal programs for the year ended September 30, 2021. Littleton Regional Healthcare's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

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

Auditor's Responsibility

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

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal programs. However, our audit does not provide a legal determination of Littleton Regional Healthcare's compliance.

Opinion on the Major Federal Programs

In our opinion, Littleton Regional Healthcare complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal programs for the year ended September 30, 2021.

Board of Trustees
Littleton Hospital Association, Inc.
(d/b/a Littleton Regional Healthcare)

Report on Internal Control over Compliance

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

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

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

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

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of Littleton Regional Healthcare as of and for the year ended September 30, 2021, and have issued our report thereon dated January 19, 2022, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements as a whole.

Berry Dawn McNeil & Parker, LLC

Manchester, New Hampshire
January 19, 2022

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2021

<u>Federal Grantor/Program Title</u>	<u>Federal AL Number</u>	<u>Pass-Through Entity/ Identifying Number</u>	<u>Total Federal Expenditures</u>
<u>United States (U.S) Department of Health and Human Services</u>			
<u>Direct programs:</u>			
COVID-19 Provider Relief Fund	93.498	N/A	\$ 6,802,318
<u>Pass-through programs:</u>			
<u>State of New Hampshire Department of Health and Human Services:</u>			
Block Grants for Prevention and Treatment of Substance Abuse	93.959	177162-B011	<u>450,295</u>
Total U.S Department of Health and Human Services			<u>7,252,613</u>
<u>U.S. Department of Treasury</u>			
<u>Pass-through programs:</u>			
<u>State of Vermont Agency of Human Services:</u>			
COVID-19 Coronavirus Relief Fund	21.019	03410-216	107,967
COVID-19 Coronavirus Relief Fund	21.019	03410-217	40,693
<u>State of New Hampshire Department of Health and Human Services:</u>			
COVID-19 Coronavirus Relief Fund	21.019	N/A	<u>1,014,195</u>
Total U.S Department of Treasury			<u>1,162,855</u>
<u>Centers for Disease Control and Prevention Division of Preparedness and Emerging Infections:</u>			
<u>Pass-through programs:</u>			
Hospital-Based COVID-19 Community Testing	93.323	SS-2021-DPHS- 04-HOSPI-11-A03	<u>348,000</u>
Total Expenditures of Federal Awards			\$ <u>8,763,468</u>

**LITTLETON HOSPITAL ASSOCIATION, INC
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

Notes to Schedule of Expenditures of Federal Awards

Year Ended September 30, 2021

1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (Schedule) includes the federal grant activity of Littleton Hospital Association, Inc. (d/b/a Littleton Regional Healthcare) under programs of the federal government for the year ended September 30, 2021. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Littleton Regional Healthcare, it is not intended to and does not present the financial position, changes in net assets or cash flows of Littleton Regional Healthcare.

2. Summary of Significant Accounting Policies

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

Littleton Regional Healthcare has elected not to use the 10% de minimis indirect cost rate.

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

Schedule of Findings and Questioned Costs

Year Ended September 30, 2021

1. Summary of Auditors' Results

General-purpose basic financial statements

Type of auditor's report issued:	Unmodified	
Internal control over financial reporting:		
Material weakness(e's) identified?	<u> X </u> yes	<u> </u> no
Reportable condition(s) identified not considered to be material weaknesses?	<u> </u> yes	<u> X </u> none reported
Noncompliance material to general-purpose basic financial statements noted?	<u> </u> yes	<u> X </u> no

Federal Awards

Internal control over major programs:		
Material weakness(e's) identified?	<u> </u> yes	<u> X </u> no
Significant deficiency(ies) identified not considered to be material weaknesses?	<u> </u> yes	<u> X </u> none reported

Type of auditor's report issued on compliance for major programs:	Unmodified
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Any audit findings disclosed that are required to be reported in accordance with 2 CFR Section 200.516(a)?	<u> </u> yes	<u> X </u> no
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Identification of major programs:

<u>AL Number(s)</u>	<u>Name of Federal Program or Cluster</u>
93.498	COVID-19 - Provider Relief Fund
21.019	COVID-19 - Coronavirus Relief Fund

Dollar threshold used to distinguish between Type A and Type B programs:	\$750,000
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Auditee qualified as low-risk auditee?	<u> </u> yes	<u> X </u> no
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**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

Schedule of Findings and Questioned Costs (Concluded)

Year Ended December 31, 2021

2. Financial Statement Finding

Finding 2021-001

Criteria:

Management is responsible for the design, implementation, and maintenance of effective internal control over financial reporting that provides reasonable assurance the internal control will prevent misstatements, intentional or unintentional, from occurring, or detect and correct misstatements on a timely basis. Additionally, the Hospital is responsible for maintaining complete and accurate financial records.

Condition:

The information entered by Littleton Regional Healthcare into the Provider Relief Funds Portal (Portal) was inadvertently summarized and was not identified during subsequent review.

Cause:

The federal program is a new program as a result of the COVID-19 pandemic and, due to multiple priorities, management did not identify the incorrect information during subsequent review.

Effect:

Littleton Regional Healthcare did not report the correct budgeted amounts of 340B drug program revenue for quarter 4 of 2020. As a result of the spreadsheet error, total lost revenue reported during the submission on the Portal was \$69,264 lower than actually incurred.

Recommendation:

We recommend management review the current system for any future submissions, placing higher scrutiny on the source documentation of the information being reported.

Management's Response:

Littleton Regional Healthcare has hired a permanent Chief Financial Officer who will focus on strengthening controls and review procedures for financial reporting.

3. Federal Award Findings and Questioned Costs

None.

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

Summary Schedule of Prior Year Findings and Questioned Costs

Year Ended September 30, 2021

Not applicable.

LRH BOARD OF TRUSTEES (2022)

LAST NAME	FIRST NAME	Position
Chisolm	Fred	Elected Member
Fitzpatrick	Patrick	Elected Member, Treasurer
Garrison	Ashley	Elected Member, Secretary
Goldberg	Stephen	Elected Member
Hennessey	Erin	Elected Member, Vice Chair
Jesseman	Richard	Elected Member
Kunz	Elizabeth	Elected Member
MacLeod	Robert	Elected Member
McKenzie	Richard	Ex-Officio, President of Medical Staff
Morgan	Laurie	Elected Member & LRH Auxiliary
Noyes	Stephen	Elected Member
Nutter	Robert	Ex-Officio, LRH President & CEO
Reardon	Charyl	Elected Member
Smith	Paul	Elected Member
Tremblay	Thomas	Elected Member
Woodward	Jeff	Elected Member, Chair

Andrea M. Berry, D.O.

QUALIFICATIONS SUMMARY

- Professional, dedicated, self-motivated family practitioner with experience in a busy rural family practice office
- Understanding of medical issues affecting individuals and family dynamic
- Understanding and implementation of Hospice concept
- Waivered Substance Use Disorder treatment provider

PROFESSIONAL EXPERIENCE

Mid-State Health Center, Plymouth, Bristol, NH, 8/2012-present
Family Physician, Substance Use Disorder (Medication Assisted Treatment) provider
Lead clinician of Bristol office, 2/2019-present

Newfound Area Nursing Association, Bristol, NH, 3/2013-present
Hospice Medical Director

Newfound Area Nursing Association, Bristol, NH, 5/2014-present
Medical Director

University of New England College of Osteopathic Medicine, 8/2015-present
Preceptor for third and fourth year medical students for Community Health rotation

The Doorway at Littleton Regional Hospital, Littleton, NH, 1/2020-present
Medical Director
SUD treatment provider

EDUCATION

University of New England College of Osteopathic Medicine, Biddeford, ME
Doctor of Osteopathic Medicine, 2009
W. Hadley Hoyt Award Recipient, 2009

Seton Hall University, South Orange, NJ
Bachelor of Science, 2003
Cum laude
Masters of Science, 2005
Summa cum laude

POSTGRADUATE TRAINING

PCOM/Heart of Lancaster Regional Medical Center, Lititz, PA
Family Medicine Resident, 6/2009 – 6/2012
Surgery and Pediatrics Department Awards, 2010
Chief Family Medicine Resident, 2011 – 2012

LICENSURE AND CERTIFICATION

NH Board of Medicine, 2011-present
BLS Certification, 2009 - present
ACLS Certification, 2009 – 2012
Buprenorphine prescriber certification/DATA2000 Waiver, 2014 - present

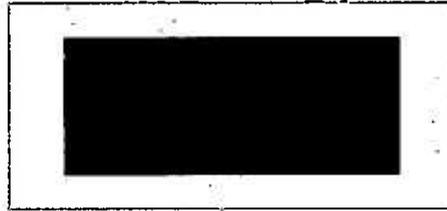
PROFESSIONAL MEMBERSHIPS

American College of Osteopathic Family Physicians, 2009 - present
American Academy of Family Physicians, 2011 - present
American Osteopathic Association, 2005 – present

REFERENCES

Available upon request

Debra Towle



Objective To utilize my education and experience in providing excellent services to the patients of Littleton Regional Hospital.

Summary of Qualifications

- MAT programming (medicated assisted treatment)
- Spoke/OBOT clinician and case manager
- Collaboration with medical professionals
- Collaboration with local medical offices and other providers Blueprint for Health
- Primary care office experience
- Opioid education and experience
- Counseling experience including group, family, and individual
- Providing education around substance issues
- Office manager of outpatient treatment facility
- Criminal justice experience
- Responsible and confidential
- Communicate well written and oral
- Work independently
- Team oriented
- Excellent organizational skills
- Group communication skills

Employment History

2018-present Baart Behavioral Health dba Baymark Inc (clinical supervisor) St. Johnsbury and Newport Vt

2017-2018 Baart Behavioral Health-Blueprint for Health, (outpatient suboxone clinician) St Johnsbury, Vt.

2016-2017 Baart Behavioral Health dba Baymark Inc, (hub clinician) St. Johnsbury, Vt.

2013-2016 Clara Martin Center dba Central Vt Substance Abuse Services Berlin, Vt.

2000-2016 Northeast Kingdom Human Services (Crash facilitator) St. Johnsbury, Vt.

2004-2013 Caledonia Family and District Courts, St. Johnsbury, Vt.

2004-2002 Washington Family Court, Barre, Vt.

1999-2002 Tri County Substance Abuse Service Office Manager St. Johnsbury, Vt.

Debra Towle

Education

M.S. in Community Counseling Springfield College (Concentration in alcohol and drug)
St. Johnsbury, Vt. (August 2010)
B. A. in Communications Lyndon State College Lyndonville, Vt.

Licensures

Licensed Alcohol and Counselor, MS, LADC(2017)
Alcohol and Drug Counselor Certification (2016)
Addictions Apprentice Professional (2013)

Computer Skills

Microsoft Word Microsoft Excel Microsoft Power Point
WordPerfect 6.0 WordPerfect Office Windows

Special Training

Electronic medical records (EMR)
Medicated assisted treatment (MAT)
Supervisor experience
Clinic management

MERISSA BALL



APPLICATION INFORMATION

REQUISITION NUMBER - 1488
DATE APPLIED - 21 Apr 2022
SOURCE - Career Center

JOB TITLE - MEDICAL ASSISTANT
RECRUITER - Cathleen Harrington
HIRING MANAGER - Jarrett E Stern

PERSONAL INFORMATION



VOLUNTARY SELF IDENTIFICATION INFORMATION - On file

EDUCATIONAL BACKGROUND

DPL - Diploma

North Country Charter Academy

Major -

Minor -

Certificate

White Mountain Community College

Major -

Minor -

EMPLOYMENT HISTORY

Genesis Country Village 08/06/2021

LNA

91 Country Village Road Lancaster NH

OK to contact this employer? - Yes

RESPONSIBILITIES

Help residents with dressing, grooming, bathing, walking, toileting, and all other activities of daily living. Get vital signs when asked.

SKILLS

MICROSOFT EXCEL

Date Attained - 01/15/2020

Proficiency Level - Advanced Beginner

Last Used - 03/08/2022

Comments - I can use Microsoft word, excel, and power point.

LICENSES & CERTIFICATIONS

Certified to Perform CPR

11/29/2021

Expires On - 11/29/2023

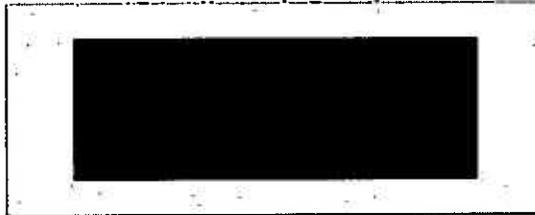
LNA

09/08/2021

Expires On - 02/01/2023

MEMBERSHIPS

Tracia O'Shana



Graceland University

1997-1999: Masters in Science of Nursing; Family Nurse Practitioner

Rhode Island College

1988-1992: Bachelor's in Science of Nursing; Minor in Business Administration

Work Experience

Dartmouth Hitchcock Medical Center

June 2001-June 30, 2020

***Surgical inpatient: June 2001-December 2001**

***Per diem December 2001-January 2003**

***physical assessments, medication administration, IV management, wound care, nasogastric tube management, tracheostomy care, chest tube management**

***Gastroenterology and Hepatology: Advance Practice Provider**

December 2001-June 2020: Functional Medicine

***patient consults**

***physical assessments**

***diagnosis**

***treatment initiation and maintenance**

***prescriptive authority**

***testing interpretation**

***pH capsule placement**

***esophageal manometry**

***anal manometry**

***Leadership Team: Liaison for Advance Practice Providers**

***2018-2019**

***Instructor of Medicine**

Roger Williams Medical Center

May 1992-January 1996

***Surgical oncology: physical assessments, IV management, wound care, medication administration, chemotherapy administration, nasogastric tube management, chest tube management**

***Visiting home health/IV infusion team: per diem**

***Case management**

***IV infusion**

***Physical assessments**

***Home safety evaluations**

***Wound care**

***HHA supervision**

Glenclyff Home for the Elderly

February 1996-February 1997

***Charge Nurse**

***Medication administration and treatments**

***Case management**

***LNA supervision**

September 1999-June 2001

***Director of Nurses**

VNA NH/VT

February 1997-August 1999

***Case management**

***Physical assessments**

***IV infusion care**

***Wound care**

***Home safety evaluations**

***HHA supervision**

Teaching Experience

White Mountains Community College
January 2000-May 2020

- *Adjunct Faculty
 - *Anatomy and Physiology I and II
 - *Human Biology
 - *Pharmacology for Medical Assistants
 - *Medical Terminology
 - *Nutrition
 - *Technical Writing
 - *Introduction to Human Development

Colby-Sawyer College
January 2006-present

- *Associate Clinical Nursing Professor: Undergraduate
 - *Senior Medical/Surgical Clinical
 - *Junior Medical/Surgical Clinical
 - *Senior Preceptorship
 - *Pharmacology for Nurses
 - *Fundamentals/Health Assessment

- *Associate Nursing Professor: Graduate Program
 - *Advance Pathophysiology
 - *Advance Pharmacology

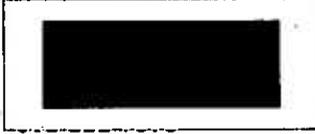
Plymouth State University
January 2019-present

- *Associate Clinical Nursing Professor**
- *Senior Preceptorship Coordinator**
- *Medical/Surgical Course Coordinator**
- *Fundamentals in Nursing: Clinical**
- *Community Clinical**
- *Mental Health Clinical**

University of Massachusetts
January 2011-May 2015

- *Associate Nursing Professor**
- *Senior Preceptorship**

Georgia Hadley



10+ years in the human service and residential mental health fields, combining experience in direct-service, managerial, and administrative roles and responsibilities. 10+ years of experience operating and marketing an online business.

Key Qualities & Skills

- Excellent written and verbal communication skills
- Efficient and highly self-motivated
- Able to quickly shift gears and juggle priorities in a fast-paced, person-centered environment
- Able to learn and integrate new information quickly as well as disseminate information accurately
- Consistently professional and cheerful demeanor
- Able to build sincere, constructive relationships with clients, co-workers, and community
- Well-versed in a variety of computer applications including client management
- Familiar with both PC and Mac operating systems and applications
- Highly experienced in website administration, social media, and online networking

Authorized to work in the US for any employer

Work Experience

Primary Therapist

Valley Vista - Bradford, VT

April 2017 to Present

3 Provided assessment, intensive individual and group therapy as well as case management services on an inpatient unit of over 40 men with severe substance use disorders. Worked collaboratively with colleagues as member of integrated multidisciplinary clinical team including nursing and psychiatric staff. Interfaced with outpatient providers and corrections personnel to provide multi-faceted support and aftercare planning.

Addictions Counselor

BAART Behavioral Health Services

March 2016 to September 2016

5 Provided counseling and case management for 50+ individuals. Assisted clients in self-advocacy, healthcare coordination, access to services and entitlements including social security and Medicaid when applicable. Left position to manage family health crisis.

5/2015-3/2016

Substance Abuse Screener/Case Manager, LUND

Embedded in DCF Dept. of Children and Families

Certifications and Licenses

AAP



Janessa White

Objective

To obtain a position as an Administrative Assistant in a medical setting that will enable me to contribute my professional experience in an established organization.

Professional Qualifications

- Warm, outgoing personality with the ability to interact effectively and in a supportive manner with persons of all ages and backgrounds.
- Extensive knowledge of MS Office and the operation of standard office equipment.
- Ability to handle several situations at once with confidence while maintaining accuracy and efficiency.
- Outstanding communication skills both verbal and written.
- Excellent telephone etiquette.
- Flexible and adaptable.
- Stress tolerant.

Professional Experience

2015 - present **Q Burke Mountain Resort** East Burke, VT
Food and Beverage Administrator

- Work with Director of Food and Beverage on the creation and maintenance of reports; including inventory, purchases, revenue and labor.
- Interdepartmental communications for IT and maintenance.
- Administer and log paperwork as required by Human Resources.
- Develop alternatives to handle requests when many times the problems are not clearly identified or involve sensitive issues.
- Compose all types of correspondence or documents, many times on behalf of the Director of Food and Beverage and/or the management team. Correspondence may be directed toward outside vendors, customers or senior level executives.
- Research questions and/or problems, including those complex in nature. Research typically will require obtaining and analyzing data from multiple sources both inside and external to the organization. Proactively makes recommendations for resolution; documents and communicates broadly to eliminate potential of repeat occurrence. Reconciles discrepancies with disparate information; report out to Director of Food and Beverage and/or appropriate Stakeholder.
- Proactively keeps Director of Food and Beverage appraised of status of all projects.
- Responsible for gathering data from multiple sources and merging into reports, presentations and or other sources for quick analysis and/or decision making by the Director of Food and Beverage.

- Serve as liaison between Director of Food and Beverage and management team and all others needing information or action.
- Maintain and manage calendar for Director of Food and Beverage, including coordination with Sales bookings
- Anticipate, analyze and proactively react to changes in priorities and tasks.
- Handle and manage confidential and non-routine information with a high level of confidentiality and professionalism at all times.
- Types and designs general correspondence, letters, charts, PowerPoint, tables, graphs, business plans etc. with professionalism.
- Proofreads for spelling, grammar, layout and potential mistakes; making appropriate changes where necessary.
- Orders all necessary office supplies so that items are available on hand.
- Develops and maintains a continuity book.
- Assists when needed in F&B Events.
- Other office and Administrative duties as required by Director of Food and Beverage.
- Have knowledge of Restaurant POS systems and manage back office for Resort.

2012 – 2015

Norris Cotton Cancer Center

St. Johnsbury, VT

Medical Secretary

- Performed a variety of administrative support and customer service related duties to assist in overall function of the department to include greeting and welcoming patients and checking them in for appointments – often dealing with emotional and/or distraught family members.
- Schedule appointments for patients according to established procedures and physicians requests.
- Register all patients in accordance with all HIPPA regulations.
- Manage on-going projects requiring a high degree of independent decision making and professional judgement
- Manage incoming and outgoing medical records requiring a high degree of confidentiality.
- Handle incoming calls and respond to queries in a warm professional manner.
- Transcribe doctor notes for electronic employee files
- Perform essential clerical tasks to include but not limited to data entry, faxing and e-mail correspondence.

2009 – 2012

Danville Health Center

Danville, VT

Medical Receptionist

- Welcoming patients and checking them in for appointments.
- Scheduling appointments for patients according to established procedures.
- Registering patients in accordance with all HIPPA regulations.
- Checking and verifying the accuracy of insurance information and obtaining pre-authorization for procedures as needed.
- Managing incoming and outgoing medical records.
- Obtaining referrals as needed.
- Handling incoming calls and responding to queries in a warm professional manner.
- Collecting payments and co-payments following individual insurance guidelines.
- Performing essential clerical tasks to include but not limited to data entry, faxing and e-mail correspondence.

2005 – 2006 Mobile Medical International Corporation St. Johnsbury, VT

Administrative Assistant

- Answer phones and direct calls.
- File documents
- Assemble proposals.
- Data entry.
- Meet and greet visitors and potential clients.
- Send and receive faxes
- Prepare parcels for shipment

• Typed 70+ wpm

Education

St. Johnsbury Academy

St. Johnsbury, VT

High School Diploma

Jarrett E. Stern, MHA

Professional Experience

Chief Executive Officer—2013 to present

UNIVERSITY ORTHOPAEDICS, PC (“UOPC”)—Main Campus: Hawthorne, NY

Recruited to improve quality and provide executive leadership to multi-site academic orthopaedic practice. UOPC has 15 full time surgeons, radiology and physical therapy. With offices in both New York and Connecticut, UOPC provides expertise in all orthopaedic subspecialties in adults and pediatrics. Responsible for management of six locations, 50+ employees, and annual revenues of \$15 million.

- Oversee administration of all site locations. Assume full responsibility for strategic planning, development, operations, sales and marketing, customer service, human resources, regulatory and compliance and P & L performance.
- Re-directed operations to increase profit growth in order to streamline procedures and implement measures to reduce costs. Reduced overhead and administrative expenses by 14%.
- Adopted technological resources to convert from paper to electronic systems to accommodate ICD-10 conversion, which improved records, files, and document retention, and streamlined practice management to comply with Meaningful Use requirements.
- Established Executive Governance Board; provide leadership to managers, directors and staff that will enroll support, create ownership of goals, and encourage active participate in decisions that impact the practice.
- Completely upgraded all IT hardware and software systems from the traditional PC model to thin client and cloud based systems.
- Charged with bringing practice into compliance with government regulations. Performed multiple mock RAC audits/education sessions to improve compliance with CMS guidelines.
- Actively and successfully explored new business opportunities to expand growth resulting in partnership with physiatry and physical therapy practices, commencing March 2015.
- Successfully negotiated and signed contracts, including managed care arrangements to improve reimbursements and patient volume.
- Strengthened referral base which includes private patients, corrections, governmental payors and others, resulting in increased new patient visits and a solid reputation in the area and healthcare community. Annual patient visits currently exceed 38,000.
- Renegotiated and upgraded health, dental, life, disability, and 401(k) plans for all employees, increasing quality of benefits provided while lowering overall costs.
- Revised supply chain process including vendor replacement and JIT ordering to create cash flow savings, minimize loss and stock outs and effectively utilize available space.

Chief Operating Officer—2013

ORTHOPEDICS AND NEUROSURGERY SPECIALISTS, PC—Greenwich, CT

Recruited to lead all aspects of business management and financial operations. This multi-location practice has 21 full time physicians, MRI, physical therapy, conventional imaging, 140 FTE and partnership in an ambulatory surgery center. Gross annual revenue exceeds \$40 million derived from approximately 40,000 patient visits.

- Developed formal inventory system with dedicated storage locations and par levels; implemented IOS software to track materials with a link to Quick Books for efficient and accurate accounting.
- Increased MRI volume 10% resulting in added revenue.
- Restructured administrative and clinical staffs to more efficiently utilize existing talent; recruited and hired Chief Financial Officer and Nursing Director.
- Increased physical therapy capacity creating 5% additional throughput.
- Initiated managed care contract negotiations with Blue Cross and Harvard/Pilgrim Health; projected to increase patient volume by approximately 10% per annum.
- Led \$800,000 renovation to modernize existing real estate and install infrastructure needed for all IT and telephone system upgrades.
- Reorganized executive management structure to optimize clinical and administrative processes; appointed Medical Directors for radiology/MRI and physical therapy to oversee day-to-day accountabilities.
- Negotiated and contracted all practice insurance policies including: Property and Casualty, Directors and Officers, Workers Compensation, Employee Health Insurance, Umbrella Policy and Employee Benefits.
- Defined strategy and led task force for ICD-10 conversion and Meaningful Use Stage 2.

Vice President, Perioperative Services and Orthopedics—2009 to 2013

Perioperative Services, Central Sterile Processing, Department of Anesthesiology, Endoscopy Unit, Department of Orthopedics, Department of Surgery, Department of Otolaryngology, Head and Neck Surgery and Audiology

WESTCHESTER MEDICAL CENTER – Valhalla, NY

Responsible for all business, operational and regulatory requirements including supervision of 400 full-time employees, 26 Operating rooms, 4 Endoscopy suites and 2 Procedure rooms. Managed operating budget in excess of \$80 million covering 15 cost centers with over \$398 million of annual charges.

- Led negotiation for contracts relating to total joint, spine, trauma, LVADs, and all cardiothoracic implants resulting in an annualized savings of over 20%. Spearheaded build-out of additional pediatric operating room accommodating an additional 780 cases; led construction of two additional PACU bays and managed the complete renovation of 13 operating rooms including the addition of a hybrid room. Upgraded McKesson Operating Room Information System to maximize capabilities and interface with CSPD information system; upgraded Abacus CSPD information system to accommodate and incorporate bar code technology and increased throughput capacity via installation of a four chamber tunnel washer.
- Led integration of The Pyxis Profile System and Med-Station, an automated pharmaceutical supply management system expediting and securing the distribution of medication while streamlining costs associated with charge materials within perioperative areas.
- Implemented *Life Wings* program to boost patient safety, reduce medical errors and lower malpractice costs bringing about increased employee satisfaction and reduced nurse turnover.

- Expanded and enhanced Robotic Surgery Program resulting in increased usage by over 200% across three service lines. Initiated the procurement and implementation of the Advisory Board Surgical Compass System to verify and benchmark perioperative data captured in the Operating Room Information System.
- Medical Center leadership and academic roles: Chairman of Laser Safety Committee, Chairman of Value Analysis Committee, Co-Chair of Operating Room Committee, Trainer – LifeWings Program.
- Additional committee memberships: Medical Operations, Medical Executive, MRI Safety, Pain and Palliative Care, Capital Purchasing, Space Allocation, Joint Committee Readiness, Disaster Planning, OR Block Utilization.
- Successfully completed surveys for JCAHO, NYSDOH, ACGME and UNOS. Obtained Center of Excellence awards for bariatric and spine surgery.
- Revised surgical block schedule to maximize utilization and decrease labor expense.
- Led hospital negotiations and contract compliance for outsourced anesthesiology contract including all financial, operational and regulatory issues.
- Collaborate with Chairmen to oversee residency programs in Anesthesiology and Orthopedics.

Senior Director, Perioperative Services—2006 to 2009

Perioperative Services, Department of Anesthesiology, Endoscopy Unit, Emergency Department and Department of Urology

SAINT VINCENT'S CATHOLIC MEDICAL CENTER—NEW YORK, N.Y.

Recruited to drive business and operational initiatives of the perioperative patient care delivery system, to maximize productivity and contain expenses while supporting quality, safety and physician satisfaction. Managed an operating budget of \$45 million for a total of 11 cost centers, 18 operating rooms and supervised 225 full-time employees. Responsible for all regulatory compliance.

- Directed the development and installation of GE Centricity Operating Room Information System.
- Responsible for build-out of the Philips Allura FD20 Surgical Navigation Suite; obtained Certificate of Need, secured financing, negotiated contracts and oversee construction.
- Streamlined operating room materials and inventory management costs resulting in over \$1million in savings.
- Formulated and launched a monthly management program with NYSNA (Nursing Union) to improve communication and enhance productivity for union nurses.
- Managed design and construction of Endoscopic Ultrasound suite, negotiated equipment purchase and oversaw staff acquisition for newly created Pancreatic Center.
- Championed weekly management educational sessions and developed progressive training around the business of medicine to teach basic management skills to newly appointed clinical managers.
- Leadership roles: Co-Chair of the Capital Committee, Co-Chair of the Transportation Committee, Emergency Preparedness Coordinator responsible for hospital disaster planning.
- Managed all aspects of construction for 2 complete operating rooms dedicated to spine and neurosurgical patients.
- Revised surgical blocks in collaboration with clinical Chairman to maximize resources and accommodate growth.
- Analyzed and improved operating room first case starts and turnover times via daily tracking and reporting.
- Coordinated with Chairman to oversee all research and IRB approvals.

- Successfully completed JCAHO, DOH and ACGME surveys.

Director, Business and Clinical Affairs—2002 to 2006

Department of Otorhinolaryngology, Head and Neck Surgery, Audiology and Speech Therapy

MONTEFIORE MEDICAL CENTER—BRONX, N.Y.

Responsible for all financial, operational and regulatory aspects of department for 40 full-time employees, 10 attending and 29 voluntary physicians. Managed an annual operating budget of over \$4 million encompassing 38,000 patient visits.

- Increased department revenue by 36% in three years.
- Directed and managed ACGME accredited Residency program with a total of 20 residents.
- Administered NIH grant budgets of \$1.5 million titled "Reducing Surgical Errors".
- Optimized department workflow, documentation procedures and adherence to safety guidelines resulting in a successful JCAHO survey in 2003.
- Revised all billing, collections and physician accountability for professional revenue cycle.

Administrator – 1999 to 2002

The Spine Institute

BETH ISRAEL MEDICAL CENTER—NEW YORK, N.Y.

Responsible for day-to-day business management, regulatory compliance and oversight of all aspects of orthopedic surgery and physiatrist practices.

- Increased annual revenue by 177% from \$4.8 million in 1998 to \$8.5 million in 2001; increased physicians on staff from five to seven within one year; expanded Spine Institute reach into Westchester County and increased patient referral base.
- Successfully completed JCAHO surveys in 1999 and 2002.
- Developed and launched commercial marketing campaign supported by local cable channels to increase awareness of services offered within the Spine Institute.
- Led the establishment of, and successfully obtained the grants for, the Spine Surgery Research Program.
- Maximized revenue potential through expansion of GME program through billing of Fellow's services.
- Created weekly billing and collections accountability meetings with physicians and billing staff.

Administrator—1996 to 1998

Rehabilitation and Fitness Pavilion

LONG BEACH MEDICAL CENTER – LONG BEACH, N.Y.

- Directed merger implementation and integration of private physical therapy practice with community medical center (250 beds). Developed budget and assisted in development of 10,000 square foot ambulatory facility.
- Reduced \$1.5 million accounts receivable to \$400,000 within 18 months by restructuring the billing and collection operation with an outsourced vendor.

- Led cost savings initiative and operational streamlining for medical practice generating \$1.5 million (gross) per year.
- Responsible for all third-party payer negotiations.
- Assumed all regulatory and compliance oversight for clinical freestanding facility.

Territory Coordinator—1995 to 1996

Provider Relations

US HEALTHCARE—UNIONDALE, N.Y.

- Managed all aspects of designated primary and specialist physician relations with managed care company.
- Responsible for all physician recruitment and retention within geographical territory.

Education

Master of Healthcare Administration, Management and Finance • Cornell University, Ithaca, NY—1995

Bachelor of Arts, Psychology • Yale University, New Haven, CT—1993

-Varsity Football Letterman

Academic Appointments

Assistant Professor, Department of Anesthesiology, New York Medical College, Valhalla, NY

Professional Affiliations

Member, American College of Healthcare Executives

Healthcare Leadership Academy—Healthcare Advisory Board, Washington, DC

Member, Medical Group Management Association

Federal Emergency Management Agency—IS 100, 200, 700, and 800 completed

Member, National Surgical Advisory Committee—MedAssets

Littleton Regional Healthcare

Key Personnel

July 2022				
Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Jarrett Stern	Grant and Practice Administrator	\$84.13	43%	\$75,000/Yr
Andrea Berry, DO	Medical Director - Contract	\$100/hr	100%	\$36,000/Yr
Andrea Berry, DO	MAT Provider - Contract	\$100/hr	100%	\$62,400/Yr
Debra Towle, MS	LADC	\$36.44	100%	\$75,795/Yr
/Georgia Hadley	Office Supervisor/Case Manager	\$24.71/hr	100%	\$51,397/Yr
Janessa White	Medical Secretary & CRSW	\$19.22	100%	\$39,977.6
Merissa Ball, MA	Medical Assistant	\$19.75	100%	\$41,080
Tracia O'Shana, APRN	Provider	\$57/hr	100%	118,560



Lori A. Shilbette
Commissioner

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
GOVERNOR'S COMMISSION ON ALCOHOL & OTHER DRUGS

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9564 1-800-804-0909
Fax: 603-271-6105 TDD Access: 1-800-735-2964 www.dhhs.nh.gov/dcbca/bdas

August 30, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, on behalf of the Governor's Commission on Alcohol and Other Drugs, to amend existing contracts with the Contractors listed below in **bold** to continue providing a statewide network of Doorways for substance use disorder treatment and recovery support services access, by exercising contract renewal options by increasing the total price limitation by \$11,190,088 from \$37,617,414 to \$48,807,502 and extending the completion dates from September 29, 2021 to September 29, 2022, effective upon Governor and Council approval. 97.28% Federal Funds, 2.72% Other Funds.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Androscoggin Valley Hospital, Inc.	177220-B002	Berlin	\$1,949,517	\$669,740	\$2,619,257	O: 10/31/18 Item #17A A1: 8/28/19 Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
The Cheshire Medical Center	155405-B001	Keene	\$3,063,740	\$1,045,046	\$4,108,786	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Concord Hospital, Inc.	177653- B003	Concord	\$2,688,794	\$735,271	\$3,424,065	O: 10/31/18 Item #17A A1: 8/28/19, Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10.
Mary Hitchcock Memorial Hospital	177651- B001	Lebanon	\$5,312,531	\$1,504,500	\$6,817,031	O: 10/31/18 Item #17A A1: 11/14/18 Item #1 A2: 9/18/19 Item #20 A3: 6/24/20 Item #31 A4: 2/17/21 Item #18
*LRGHealthcare	177161- B006	Laconia	\$2,317,076	\$0	\$2,317,076	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
*Granite Pathways Manchester	228900- B001	Manchester	\$3,831,170	\$0	\$3,831,170	O: 10/31/18 Item #17A A1: 9/18/19 Item #20
*Granite Pathways Nashua	228900- B001	Nashua	\$3,364,709	\$0	\$3,364,709	O: 10/31/18, Item #17A A1: 9/18/19, Item #20
Littleton Hospital Association	177162- B011	Littleton	\$2,160,689	\$712,612	\$2,873,301	O: 10/31/18, Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

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Wentworth-Douglass Hospital	177187-B001	Dover	\$4,109,399	\$1,153,475	\$5,262,874	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Catholic Medical Center	177240-B003	Greater Manchester	\$4,919,123	\$2,926,711	\$7,845,834	O: 3/11/20 Item #9A A1: 2/3/21 Item #10
Southern New Hampshire Health System, Inc.	177321-R004	Greater Nashua	\$3,339,704	\$1,696,196	\$5,035,900	O: 3/11/20 Item #9A A1: 2/17/21 Item #18
Concord Hospital, Inc. – Laconia	355356	Laconia	\$560,962	\$746,537	\$1,307,499	O: 6/2/21 Item #28
		Total:	\$37,617,414	\$11,190,088	\$48,807,502	
<i>*Indicates contracts that are okay to expire or have been terminated.</i>						

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is to continue to provide a network of Doorway programs to ensure access to substance use disorder treatment and recovery services within sixty (60) minutes of State residents' homes.

Approximately 4,000 individuals will be served between September 30, 2021 to September 29, 2022.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire at a minimum has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week.

The Doorways provide resources to strengthen existing prevention, treatment and recovery programs by ensuring access to critical services in order to decrease the number of opioid and/or stimulant-related misuses, overdoses and deaths in New Hampshire as well as promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants also are being served and referred to the appropriate services.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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The Department continues to monitor services by reviewing, analyzing and engaging in quality improvements based on:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language, or Exhibit A, Revisions to Standard Contract Provisions in the cases of Catholic Medical Center and Southern New Hampshire Health System, Inc. and Concord Hospital – Laconia, of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the one (1) year available.

Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care, which would negatively impact recovery and increase the risk of relapse.

Source of Federal Funds: Assistance Listing Number #93.788, FAIN #H79TI083326 and CFDA #93.959, FAIN #B08TI083509.

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

Respectfully submitted,

DocuSigned by:
Lori A. Weaver
4C4A82984125473...

for

Lori A. Shibinette

Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

05-02-02-020510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT

100% Federal Funds

Vendor Name: Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$218,250.00	\$0.00	\$218,250.00
2020	102/500731	Contracts for Program Services	92057040	\$852,985.00	\$0.00	\$852,985.00
2021	102/500731	Contracts for Program Services	92057040	\$201,283.00	\$0.00	\$201,283.00
2021	102/500731	Contracts for Program Services	92057047	\$181,000.00	\$0.00	\$181,000.00
2021	102/500731	Contracts for Program Services	92057048	\$438,666.00	\$0.00	\$438,666.00
2022	102/500731	Contracts for Program Services	92057048	\$218,333.00	\$0.00	\$218,333.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$489,806.00	\$489,806.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$163,269.00	\$163,269.00
Sub Total				\$1,908,517.00	\$653,075.00	\$2,561,592.00

Vendor Name: Concord Hospital, Inc.				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$262,773.00	\$0.00	\$262,773.00
2020	102/500731	Contracts for Program Services	92057040	\$1,325,131.00	\$0.00	\$1,325,131.00
2021	102/500731	Contracts for Program Services	92057040	\$236,916.00	\$0.00	\$236,916.00
2021	102/500731	Contracts for Program Services	92057047	\$166,000.00	\$0.00	\$166,000.00
2021	102/500731	Contracts for Program Services	92057048	\$400,000.00	\$0.00	\$400,000.00
2022	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$538,954.00	\$538,954.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$179,652.00	\$179,652.00
Sub Total				\$2,590,820.00	\$718,606.00	\$3,309,426.00

Vendor Name: Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$611,287.00	\$0.00	\$611,287.00
2020	102/500731	Contracts for Program Services	92057040	\$1,127,557.00	\$0.00	\$1,127,557.00
2021	102/500731	Contracts for Program Services	92057040	\$205,033.00	\$0.00	\$205,033.00
2021	102/500731	Contracts for Program Services	92057047	\$229,925.00	\$0.00	\$229,925.00
2021	102/500731	Contracts for Program Services	92057048	\$532,304.00	\$0.00	\$532,304.00
2022	102/500731	Contracts for Program Services	92057048	\$266,152.00	\$0.00	\$266,152.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$771,286.00	\$771,286.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$257,095.00	\$257,095.00
Sub Total				\$2,972,258.00	\$1,028,381.00	\$4,000,639.00

Vendor Name: Granite Pathways Manchester				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,331,471.00	\$0.00	\$1,331,471.00
2020	102/500731	Contracts for Program Services	92057040	\$2,349,699.00	\$0.00	\$2,349,699.00
Sub Total				\$3,681,170.00	\$0.00	\$3,681,170.00

Vendor Name: Granite Pathways Nashua				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,348,973.00	\$0.00	\$1,348,973.00
2020	102/500731	Contracts for Program Services	92057040	\$1,865,736.00	\$0.00	\$1,865,736.00
Sub Total				\$3,214,709.00	\$0.00	\$3,214,709.00

Vendor Name: Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$223,135.00	\$0.00	\$223,135.00
2020	102/500731	Contracts for Program Services	92057040	\$882,805.00	\$0.00	\$882,805.00
2021	102/500731	Contracts for Program Services	92057040	\$203,750.00	\$0.00	\$203,750.00
2021	102/500731	Contracts for Program Services	92057047	\$175,000.00	\$0.00	\$175,000.00
2021	102/500731	Contracts for Program Services	92057048	\$423,333.00	\$0.00	\$423,333.00
2022	102/500731	Contracts for Program Services	92057048	\$211,666.00	\$0.00	\$211,666.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$521,960.00	\$521,960.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$173,987.00	\$173,987.00
Sub Total				\$2,119,689.00	\$695,947.00	\$2,815,636.00

Vendor Name: LRGHealthcare				Vendor # 177161		
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$500,000.00	\$0.00	\$500,000.00
2020	102/500731	Contracts for Program Services	92057040	\$642,114.00	\$0.00	\$642,114.00
2021	102/500731	Contracts for Program Services	92057040	\$205,000.00	\$0.00	\$205,000.00
2021	102/500731	Contracts for Program Services	92057047	\$178,000.00	\$0.00	\$178,000.00
2021	102/500731	Contracts for Program Services	92057048	\$430,000.00	\$0.00	\$430,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
		Sub Total		\$2,170,114.00	\$0.00	\$2,170,114.00

Vendor Name Mary Hitchcock				Vendor # 177180		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$449,937.00	\$0.00	\$449,937.00
2020	102/500731	Contracts for Program Services	92057040	\$2,575,109.00	\$0.00	\$2,575,109.00
2021	102/500731	Contracts for Program Services	92057040	\$383,958.00	\$0.00	\$383,958.00
2021	102/500731	Contracts for Program Services	92057047	\$430,000.00	\$0.00	\$430,000.00
2021	102/500731	Contracts for Program Services	92057048	\$947,333.00	\$0.00	\$947,333.00
2022	102/500731	Contracts for Program Services	92057048	\$473,888.00	\$0.00	\$473,888.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,115,876.00	\$1,115,876.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$371,959.00	\$371,959.00
		Sub Total		\$5,260,063.00	\$1,487,835.00	\$6,747,838.00

Vendor Name Wentworth Douglass				Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$537,063.00	\$0.00	\$537,063.00
2020	102/500731	Contracts for Program Services	92057040	\$1,806,752.00	\$0.00	\$1,806,752.00
2021	102/500731	Contracts for Program Services	92057040	\$240,875.00	\$0.00	\$240,875.00
2021	102/500731	Contracts for Program Services	92057047	\$299,000.00	\$0.00	\$299,000.00
2021	102/500731	Contracts for Program Services	92057048	\$691,360.00	\$0.00	\$691,360.00
2022	102/500731	Contracts for Program Services	92057048	\$345,680.00	\$0.00	\$345,680.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$852,607.00	\$852,607.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$284,203.00	\$284,203.00
		Sub Total		\$3,920,530.00	\$1,138,810.00	\$5,057,340.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$345,019.00	\$0.00	\$345,019.00
2021	102/500731	Contracts for Program Services	92057040	\$724,614.00	\$0.00	\$724,614.00
2021	102/500731	Contracts for Program Services	92057047	\$802,501.00	\$0.00	\$802,501.00
2021	102/500731	Contracts for Program Services	92057048	\$1,848,000.00	\$0.00	\$1,848,000.00
2022	102/500731	Contracts for Program Services	92057048	\$923,000.00	\$0.00	\$923,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$2,182,534.00	\$2,182,534.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$727,512.00	\$727,512.00
		Sub Total		\$4,841,134.00	\$2,910,048.00	\$7,551,180.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$223,242.00	\$0.00	\$223,242.00
2021	102/500731	Contracts for Program Services	92057040	\$522,272.00	\$0.00	\$522,272.00
2021	102/500731	Contracts for Program Services	92057047	\$580,000.00	\$0.00	\$580,000.00
2021	102/500731	Contracts for Program Services	92057048	\$1,280,000.00	\$0.00	\$1,280,000.00
2022	102/500731	Contracts for Program Services	92057048	\$840,000.00	\$0.00	\$840,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,259,848.00	\$1,259,848.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$419,883.00	\$419,883.00
		Sub Total		\$3,245,514.00	\$1,679,531.00	\$4,925,045.00

Vendor Name Concord Hospital - Leconia				Vendor # 355358		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
2022	074/500585	Contracts for Program Services	92057048	\$0.00	\$547,404.00	\$547,404.00
2023	074/500585	Contracts for Program Services	92057048	\$0.00	\$182,488.00	\$182,488.00
		Sub Total		\$415,000.00	\$729,872.00	\$1,144,872.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

SOR Total	\$38,139,458.00	\$11,040,103.00	\$47,179,561.00
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05-02-02-020510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SABG ADDITIONAL

100% Federal Funds

Vendor Name Androscoogin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Concord Hospital, Inc.				Vendor # 177853		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Wentworth Douglass				Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Concord Hospital, Inc. - Laconia				Vendor # 355356		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

SABG Total	\$0.00	\$149,985.00	\$149,985.00
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05-05-02-020510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

100% Other Funds

Vendor Name Androscoogin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

2022	102/500731	Contracts for Program Services	92058501	\$8,250.00	\$0.00	\$8,250.00
		<i>Sub Total</i>		\$25,000.00	\$0.00	\$25,000.00

Vendor Name Concord				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$73,481.00	\$0.00	\$73,481.00
2022	102/500731	Contracts for Program Services	92058501	\$24,493.00	\$0.00	\$24,493.00
		<i>Sub Total</i>		\$97,974.00	\$0.00	\$97,974.00

Vendor Name Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$68,812.00	\$0.00	\$68,812.00
2022	102/500731	Contracts for Program Services	92058501	\$22,870.00	\$0.00	\$22,870.00
		<i>Sub Total</i>		\$91,682.00	\$0.00	\$91,682.00

Vendor Name Littleton Regional				Vendor # 177182		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		<i>Sub Total</i>		\$25,000.00	\$0.00	\$25,000.00

Vendor Name LRGHealthcare				Vendor # 177181		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$110,222.00	\$0.00	\$110,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
		<i>Sub Total</i>		\$146,962.00	\$0.00	\$146,962.00

Vendor Name Mary Hitchcock				Vendor # 177180		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$39,398.00	\$0.00	\$39,398.00
2022	102/500731	Contracts for Program Services	92058501	\$13,132.00	\$0.00	\$13,132.00
		<i>Sub Total</i>		\$52,530.00	\$0.00	\$52,530.00

Vendor Name Wentworth Douglas				Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$141,652.00	\$0.00	\$141,652.00
2022	102/500731	Contracts for Program Services	92058501	\$47,217.00	\$0.00	\$47,217.00
		<i>Sub Total</i>		\$188,869.00	\$0.00	\$188,869.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$208,492.00	\$0.00	\$208,492.00
2022	102/500731	Contracts for Program Services	92058501	\$69,497.00	\$0.00	\$69,497.00
		<i>Sub Total</i>		\$277,989.00	\$0.00	\$277,989.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$70,843.00	\$0.00	\$70,843.00
2022	102/500731	Contracts for Program Services	92058501	\$23,547.00	\$0.00	\$23,547.00
		<i>Sub Total</i>		\$94,390.00	\$0.00	\$94,390.00

Vendor Name Concord Hospital - Laconia				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$109,222.00	\$0.00	\$109,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
		<i>Sub Total</i>		\$145,962.00	\$0.00	\$145,962.00

GC Total				\$1,145,956.00	\$0.00	\$1,145,956.00
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05-03-02-020510-2569 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

100% Federal Funds

Vendor Name: Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$16,000.00	\$0.00	\$16,000.00
<i>Sub Total</i>				\$16,000.00	\$0.00	\$16,000.00

Vendor Name: Granite Pathways Manchester				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$150,000.00	\$0.00	\$150,000.00
<i>Sub Total</i>				\$150,000.00	\$0.00	\$150,000.00

Vendor Name: Granite Pathways Nashua				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$150,000.00	\$0.00	\$150,000.00
<i>Sub Total</i>				\$150,000.00	\$0.00	\$150,000.00

Vendor Name: Littleton Regional Hospital				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$16,000.00	\$0.00	\$16,000.00
<i>Sub Total</i>				\$16,000.00	\$0.00	\$16,000.00

STR Total	\$332,000.00	\$0.00	\$332,000.00
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GRAND TOTALS	\$37,817,414.00	\$11,190,088.00	\$48,807,502.00
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**State of New Hampshire
Department of Health and Human Services
Amendment #4**

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Littleton Hospital Association d.b.a. Littleton Regional Healthcare ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 31, 2018 (Item #17A), as amended on September 18, 2019 (Item #20), as amended June 24, 2020 (Item #31), as amended February 3, 2021, (Item #10), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Section 3, Renewal, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$2,889,301.
3. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, Subsection 11.1., to read:
11.1. Reserved
4. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, Subsection 11.11., to read:
 - 11.11. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide marijuana or provide treatment using marijuana. The Contractor shall ensure:
 - 11.11.1. Treatment in this context includes the treatment of opioid use disorder (OUD).
 - 11.11.2. Grant funds are not provided to any individual who, or organization that, provides or permits marijuana use for the purposes of treating substance use or mental health disorders.
 - 11.11.3. This marijuana restriction applies to all subcontracts and memorandums of understanding (MOU) that receive SOR funding.
5. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, Subsection 11.12., to read:
 - 11.12. The Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan

RFN

includes:

11.12.1. Internal policies for the distribution of Fentanyl strips;

11.12.2. Distribution methods and frequency; and

11.12.3. Other key data, as requested by the Department.

6. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, by adding Subsection 11.13., to read:

11.13. The Contractor shall provide a contingency management plan to the Department for approval prior to implementation of the contingency management plan. The Contractor shall ensure the contingency management plan includes:

11.13.1. Contingency management strategies to reward and incentivize individual treatment compliance;

11.13.2. Identified allowable contingency rewards, as approved by the Department, ensuring:

11.13.2.1. The maximum value per contingency does not exceed \$15.

11.13.2.2. The maximum number of contingencies per year per individual does not exceed five (5); and

11.13.2.3. The maximum dollar value of all contingencies per individual does not exceed \$75 per year; and

11.13.3. Other key data, as requested by the Department.

7. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, by adding Subsection 11.14., to read:

11.14. The Contractor shall refer to Exhibit B – Amendment #4 for grant terms and conditions including, but not limited to:

11.14.1. Invoicing.

11.14.2. Funding restrictions.

11.14.3. Billing.

8. Modify Exhibit B- Amendment #3, Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment in order to update payment terms, billing standards and various references to budgets, which is attached hereto and incorporated by reference herein.

9. Add Exhibit B-9 Amendment #4, SOR II Budget, which is attached hereto and incorporated by reference herein.

10. Add Exhibit B-10 Amendment #4, SOR II Budget, which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire
Department of Health and Human Services

9/1/2021

Date

DocuSigned by:

Katja Fox

ED900580-4C83-412

Name: Katja Fox

Title: Director

Littleton Hospital Association d.b.a. Littleton Regional
Healthcare

8/30/2021

Date

DocuSigned by:

Robert F. Nutter

DE8A8C72AD1844A

Name: Robert F. Nutter

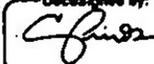
Title: President & CEO

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

OFFICE OF THE ATTORNEY GENERAL

9/2/2021

Date

DocuSigned by:


Name: Catherine Pinos

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

Methods and Conditions Precedent to Payment

1. This Agreement is funded by:
 - 1.1. 98.55% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326; and
 - 1.2. 0.58% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021 by the U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, CFDA #93.959, FAIN B08TI083509.
 - 1.3. 0.87% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds, effective from 9/30/2020 through 9/29/2021.
2. Governor Commission Funds
 - 2.1. The Contractor shall utilize funds in Exhibit B-5 Amendment #3 GovComm and Exhibit B-7 Amendment #3 GovComm for the purpose of providing services and supports to clients whose needs do not make them eligible to receive SOR-funded services and supports.
 - 2.2. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.
3. SABG FY21 COVID Emergency Funds
 - 3.1. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.
4. For the purposes of this Agreement:
 - 4.1. The Department has identified the Contractor as a Subrecipient in accordance with 2 CFR §200.330.
 - 4.2. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.87.
 - 4.3. The de minimis Indirect Cost Rate of 10% applies in accordance with 2 CFR §200.414.

DS
RFN

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit B-1, Budget through Exhibit B-10 Amendment #4 SOR II Budget.
6. The Contractor shall seek payment for services, as follows:
 - 6.1. First, the Contractor shall charge the client's private insurance or other payor sources.
 - 6.2. Second, the Contractor shall charge Medicare.
 - 6.3. Third, the Contractor shall charge Medicaid enrolled individuals, as follows:
 - 6.3.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
 - 6.3.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
 - 6.4. Fourth, the Contractor shall charge the client in accordance with the Sliding Fee Scale Program.
 - 6.5. Lastly, if any portion of the amount specified in the Sliding Fee Scale remains unpaid, charge the Department for the unpaid balance.
7. The Contractor shall submit an invoice and supporting backup documentation in a form satisfactory to the State by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment. Invoices shall be net any other revenue received towards the services billed in fulfillment of this agreement. The Contractor shall ensure:
 - 7.1. Backup documentation includes, but is not limited to:
 - 7.1.1. General Ledger showing revenue and expenses for the contract.
 - 7.1.2. Timesheets and/or time cards that support the hours employees worked for wages reported under this contract.
 - 7.1.2.1. Per 45 CFR Part 75.430(i)(1) Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed.
 - 7.1.2.2. Attestation and time tracking templates, which are available to the Department upon request.
 - 7.1.3. Invoices supporting expenses reported:
 - 7.1.3.1. Unallowable expenses include, but are not limited to:
 - 7.1.3.1.1. Amounts belonging to other programs.
 - 7.1.3.1.2. Amounts prior to effective date of contract

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

- 7.1.3.1.3. Construction or renovation expenses.
 - 7.1.3.1.4. Food or water for employees.
 - 7.1.3.1.5. Directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana.
 - 7.1.3.1.6. Fines, fees, or penalties.
 - 7.1.3.1.7. Per SAMSHA requirements, meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed three dollars (\$3.00) per person for clients.
 - 7.1.3.1.8. Cell phones and cell phone minutes for clients.
 - 7.1.4. Receipts for expenses within the applicable state fiscal year.
 - 7.1.5. Cost center reports.
 - 7.1.6. Profit and loss report.
 - 7.1.7. Remittance Advices from the insurances billed. Remittance Advices do not need to be supplied with the invoice, but should be retained to be available upon request.
 - 7.1.8. Information requested by the Department verifying allocation or offset based on third party revenue received.
 - 7.1.9. Summaries of patient services revenue and operating revenue and other financial information as requested by the Department.
8. The Contractor is responsible for reviewing, understanding, and complying with further restrictions included in the Funding Opportunity Announcement (FOA).
9. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to DHHS.DBHInvoicesBDAS@dhhs.nh.gov, or invoices may be mailed to:
- SOR Financial Manager
Department of Health and Human Services
105 Pleasant Street
Concord, NH 03301
10. The Contractor agrees that billing submitted for review after twenty (20) business days of the last day of the billing month may be subject to non-payment.
11. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
12. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

RFN

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

13. The Contractor must provide the services in Exhibit A – Amendment #3, Scope of Services, in compliance with funding requirements.
14. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit A – Amendment #3, Scope of Services, including failure to submit required monthly and/or quarterly reports.
15. Notwithstanding Paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
16. Audits
 - 16.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:
 - 16.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 16.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 16.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
 - 16.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
 - 16.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
 - 16.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
 - 16.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

RFN

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

17. Maintenance of Fiscal Integrity

- 17.1. In order to enable the Department to evaluate the Contractor's fiscal integrity, the Contractor agrees to submit to the Department monthly, the Balance Sheet, Profit and Loss Statement (total organization and program-level), and Cash Flow Statement for the Contractor. Program-level Profit and Loss Statement shall include all revenue sources and all related expenditures for that program. The program-level Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. Outside of the program-level Profit and Loss Statement and budget to actual analysis, all other statements shall be reflective of the entire Partnership for Successful Living organization and shall be submitted on the same day the reports are submitted to the Board, but no later than the fourth Wednesday of the month. Additionally, the contractor will provide interim profit and loss statements for every program area, reported as of the 20th of the month, by the last day of every month.
- 17.2. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement.
- 17.3. The Contractor shall inform the Department by phone and by email within five business days when any Executive Management, Board Officers, or Program Managers for Department contracts submits a resignation or leaves for any other reason.

OS
RFN

Exhibit B-8 Amendment M SOR II Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Litchton Hospital Association d.b.a Litchton Regional Healthcare

Project Title: Access and Delivery Hub for Optimal Use Disorder Services

Budget Period: SFY22 09/30/21-06/30/22

Line Item	Total Program Cost			Contractor Share / Match			Funded by DDAS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salaries/Wages	\$ 276,178.00		\$ 276,178.00				\$ 276,178.00		\$ 276,178.00
2. Employee Benefits	\$ 32,782.00		\$ 32,782.00				\$ 32,782.00		\$ 32,782.00
3. Consultants									
4. Equipment									
Rental	\$ 2,700.00		\$ 2,700.00				\$ 2,700.00		\$ 2,700.00
Repair and Maintenance									
Purchase/Depreciation	\$ 1,175.00		\$ 1,175.00				\$ 1,175.00		\$ 1,175.00
5. Supplies									
Educational									
Lab									
Pharmacy	\$ 21,000.00		\$ 21,000.00				\$ 21,000.00		\$ 21,000.00
Medical	\$ 3,375.00		\$ 3,375.00				\$ 3,375.00		\$ 3,375.00
Office	\$ 3,750.00		\$ 3,750.00				\$ 3,750.00		\$ 3,750.00
6. Travel									
7. Occupancy	\$ 61,350.00		\$ 61,350.00				\$ 61,350.00		\$ 61,350.00
8. Current Expenses									
Telephone									
Postage									
Subscriptions									
Audit and Legal									
Insurance	\$ 3,375.00		\$ 3,375.00				\$ 3,375.00		\$ 3,375.00
Board Expenses									
9. Software									
10. Marketing/Communications									
11. Staff Education and Training	\$ 3,750.00		\$ 3,750.00				\$ 3,750.00		\$ 3,750.00
12. Subcontract/Agreements	\$ 60,625.00		\$ 60,625.00				\$ 60,625.00		\$ 60,625.00
13. Other (specific details mandatory)									
Emergency/Recovery housing	\$ 40,500.00		\$ 40,500.00				\$ 40,500.00		\$ 40,500.00
Patient Transport	\$ 11,250.00		\$ 11,250.00				\$ 11,250.00		\$ 11,250.00
Support Clients arrival needs	\$ 18,865.00		\$ 18,865.00				\$ 18,865.00		\$ 18,865.00
TOTAL	\$ 338,623.00		\$ 338,623.00				\$ 338,623.00		\$ 338,623.00

Indirect As A Percent of Direct

6.0%

Exhibit B-19 Amendment #4 BOR I Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Litchton Hospital Association d.b.a Litchton Regional Healthcare

Project Title: Access and Delivery Hub for Optimal Use Opioid Services

Budget Period: SFY23 878 1/2023-09/30/2023

Line Item	Total Program Cost			Contractor Share / Match			Funded by DMRIS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 91,726.00	\$ -	\$ 91,726.00	\$ -	\$ -	\$ -	\$ 91,726.00	\$ -	\$ 91,726.00
2. Employee Benefits	\$ 11,261.00	\$ -	\$ 11,261.00	\$ -	\$ -	\$ -	\$ 11,261.00	\$ -	\$ 11,261.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 900.00	\$ -	\$ 900.00	\$ -	\$ -	\$ -	\$ 900.00	\$ -	\$ 900.00
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 375.00	\$ -	\$ 375.00	\$ -	\$ -	\$ -	\$ 375.00	\$ -	\$ 375.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ 7,000.00	\$ -	\$ 7,000.00	\$ -	\$ -	\$ -	\$ 7,000.00	\$ -	\$ 7,000.00
Medical	\$ 1,125.00	\$ -	\$ 1,125.00	\$ -	\$ -	\$ -	\$ 1,125.00	\$ -	\$ 1,125.00
Office	\$ 1,250.00	\$ -	\$ 1,250.00	\$ -	\$ -	\$ -	\$ 1,250.00	\$ -	\$ 1,250.00
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ 20,450.00	\$ -	\$ 20,450.00	\$ -	\$ -	\$ -	\$ 20,450.00	\$ -	\$ 20,450.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Advertising	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ 1,125.00	\$ -	\$ 1,125.00	\$ -	\$ -	\$ -	\$ 1,125.00	\$ -	\$ 1,125.00
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Mailings/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 1,250.00	\$ -	\$ 1,250.00	\$ -	\$ -	\$ -	\$ 1,250.00	\$ -	\$ 1,250.00
12. Subcontracts/Agreements	\$ 20,275.00	\$ -	\$ 20,275.00	\$ -	\$ -	\$ -	\$ 20,275.00	\$ -	\$ 20,275.00
13. Other (specify details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Emergency/Recovery Housing	\$ 13,500.00	\$ -	\$ 13,500.00	\$ -	\$ -	\$ -	\$ 13,500.00	\$ -	\$ 13,500.00
Patient Transport	\$ 3,750.00	\$ -	\$ 3,750.00	\$ -	\$ -	\$ -	\$ 3,750.00	\$ -	\$ 3,750.00
TOTAL	\$ 173,987.00	\$ -	\$ 173,987.00	\$ -	\$ -	\$ -	\$ 173,987.00	\$ -	\$ 173,987.00
Indirect As a Percent of Direct		0.0%							

JAN20'21 PM 3:57 RCVD

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MMA

Lori A. Shibbette
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

January 19, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to **Retrospectively** amend existing **Sole Source** contracts with the vendors listed in **bold** below to continue a statewide system of Doorways that provide access to substance use disorder treatment and recovery services and supports, by exercising renewal options by increasing the total price limitation by \$6,898,532 from \$27,125,987 to \$34,024,519 and by extending the completion dates from September 29, 2020 to September 29, 2021 effective retroactive to September 29, 2020 upon Governor and Council approval. 97.28% Federal and 2.72% Other Funds.

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

Vendor Name	Vendor Code	Area Served	Current Amount	Increase/ (Decrease)	New Amount	G&C Approval
Androscoggin Valley Hospital, Inc., Berlin, NH	177220 -B002	Berlin	\$1,670,051	\$279,466	\$1,949,517	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 6/24/20 (Item #31)
Concord Hospital, Inc., Concord, NH	177653 -B003	Concord	\$2,272,793	\$416,001	\$2,688,794	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 6/24/20 (Item #31)
Granite Pathways, Concord, NH	228900 -B001	Concord	\$6,895,879	\$0	\$6,895,879	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Littleton Regional Hospital, Littleton, NH	177162 -B011	Littleton	\$1,713,805	\$446,884	\$2,160,689	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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LRGHealthcare Laconia, NH	177161 -B006	Laconia	\$1,987,673	\$329,403	\$2,317,076	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Mary Hitchcock Memorial Hospital, Lebanon, NH	177651 -B001	Lebanon	\$4,349,314	\$0	\$4,349,314	O: 10/31/18 Item #17A A1: 11/14/19 (Item #11) A2: 9/18/19, (Item #20) A3: 6/24/20 (Item #31)
The Cheshire Medical Center, Keene, NH	155405 -B001	Keene	\$1,947,690	\$1,116,050	\$3,063,740	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Wentworth- Douglass, Hospital, Dover, NH	177187 -B001	Dover	\$2,769,452	\$1,339,947	\$4,109,399	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Catholic Medical Center, Manchester, NH	177240 -B003	Greater Manchester	\$1,948,342	\$2,970,781	\$4,919,123	O: 3/11/20 (Item #9A)
Southern New Hampshire Health System, Inc., Nashua, NH	177321 -R004	Greater Nashua	\$1,570,988	\$0	\$1,570,988	O: 3/11/20 (Item #9A)
		Total	\$27,125,987	\$6,898,532	\$34,024,519	

Funds are available in the following accounts for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Years 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Retroactive** because sufficient funds in State Fiscal Year 2021 were not available in the operating budget considering the grant amount awarded, and due to delay by the Substance Abuse and Mental Health Services Administration in approving New Hampshire's requests for continued State Opioid Response Grant funding the efforts to add the state appropriations were deferred. This request is **Sole Source** because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labelled as sole source.

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

The purpose of this request is to continue providing services through the Doorways by utilizing unexpended funds from the first round of State Opioid Response funding, adding funding from the second round of State Opioid Response, and adding funding to address the needs of individuals with substance use disorders not covered under State Opioid Response.

Approximately 2,000 individuals will be served from September 30, 2020 to September 29, 2021.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week, to ensure no one in New Hampshire has to travel more than 60 minutes to access services.

The Doorways' services provide resources to strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in New Hampshire; and promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants are also being seen and referred to the appropriate services by the Doorways.

The Department will monitor contracted services using the following methods:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Regular review and monitoring of Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language, Paragraph 3. Renewals, or Exhibit A, Revisions to Standard Contract Provisions, Subsection 1 – Revisions to Form P-37, General Provisions, in the case of Catholic Medical Center and Southern New Hampshire Health System, Inc., of the original contracts the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the two (2) years available.

Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care that negatively impact recovery and increase the risk of relapse.

Areas served: Statewide.

Source of Funds: CFDA #93.788, FAIN #H79TI081685 and H79TI083326.

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

Respectfully submitted,



Lori A. Weaver
Deputy Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 SFY 2016 FINANCIAL DETAIL

63-85-82-829316-76400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS; BEHAVIORAL HEALTH DIV OF BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT 100% Federal Funds CFDA #93.783 FAIN H79T081685 and H79T083326

Androscoquin Valley

Vendor # 177220

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 619,850.00	\$ (385,600.00)	\$ 234,250.00
2020	102/500731	Contracts for Program Services	92057040	\$ 848,918.00	\$ (195,933.00)	\$ 652,985.00
2021	102/500731	Contracts for Program Services	92057040	\$ 201,283.00	\$ -	\$ 201,283.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 181,000.00	\$ 181,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 436,666.00	\$ 436,666.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 218,333.00	\$ 218,333.00
		Sub Total		\$ 1,670,051.00	\$ 254,466.00	\$ 1,924,517.00

Concord

Vendor # 177653

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 710,746.00	\$ (447,973.00)	\$ 262,773.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,325,131.00	\$ -	\$ 1,325,131.00
2021	102/500731	Contracts for Program Services	92057040	\$ 236,918.00	\$ -	\$ 236,918.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 166,000.00	\$ 166,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 400,000.00	\$ 400,000.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 200,000.00	\$ 200,000.00
		Sub Total		\$ 2,272,795.00	\$ 314,027.00	\$ 2,586,822.00

Chester

Vendor # 155405

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 615,100.00	\$ (3,813.00)	\$ 611,287.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,127,557.00	\$ -	\$ 1,127,557.00
2021	102/500731	Contracts for Program Services	92057040	\$ 205,033.00	\$ -	\$ 205,033.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 229,925.00	\$ 229,925.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 532,304.00	\$ 532,304.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 266,152.00	\$ 266,152.00
		Sub Total		\$ 1,947,690.00	\$ 1,024,568.00	\$ 2,972,258.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
SFY 2016 FINANCIAL DETAIL

Granite Pathways Manchester

Vendor #228900

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,331,471.00	\$ -	\$ 1,331,471.00
2020	102/500731	Contracts for Program Services	92057040	\$ 2,349,699.00	\$ -	\$ 2,349,699.00
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ -	\$ -
		Sub Total		\$ 1,681,170.00	\$ -	\$ 1,681,170.00

Granite Pathways Nashua

Vendor # 228900

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,348,973.00	\$ -	\$ 1,348,973.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,865,736.00	\$ -	\$ 1,865,736.00
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ -	\$ -
		Sub Total		\$ 3,214,709.00	\$ -	\$ 3,214,709.00

Uriseton Regional

Vendor # 177162

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 637,250.00	\$ (368,115.00)	\$ 269,135.00
2020	102/500731	Contracts for Program Services	92057040	\$ 882,805.00	\$ -	\$ 882,805.00
2021	102/500731	Contracts for Program Services	92057040	\$ 203,750.00	\$ -	\$ 203,750.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 175,000.00	\$ 175,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 423,333.00	\$ 423,333.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 211,666.00	\$ 211,666.00
		Sub Total		\$ 1,723,805.00	\$ 421,884.00	\$ 2,145,689.00

LRGHealthcare

Vendor # 177181

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2018	102/500731	Contracts for Program Services	92057040	\$ 615,000.00	\$ (115,000.00)	\$ 500,000.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,167,673.00	\$ (525,559.00)	\$ 642,114.00
2021	102/500731	Contracts for Program Services	92057040	\$ 205,000.00	\$ -	\$ 205,000.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 178,000.00	\$ 178,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 430,000.00	\$ 430,000.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 215,000.00	\$ 215,000.00
		Sub Total		\$ 1,887,673.00	\$ 182,441.00	\$ 2,070,114.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 8FY 2018 FINANCIAL DETAIL

Mary Hitchcock

Vendor # 177180

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,390,247.00		\$ 1,390,247.00
2020	102/500731	Contracts for Program Services	92057040	\$ 2,575,109.00		\$ 2,575,109.00
2021	102/500731	Contracts for Program Services	92057040	\$ 383,958.00		\$ 383,958.00
2021	102/500731	Contracts for Program Services	92057047	\$		\$
2021	102/500731	Contracts for Program Services	92057048	\$		\$
2022	102/500731	Contracts for Program Services	92057048	\$		\$
		Sub Total		\$ 4,349,314.00		\$ 4,349,314.00

Wentworth Douglass

Vendor # 177187

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 722,025.00	\$ (184,962.00)	\$ 537,063.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,806,752.00		\$ 1,806,752.00
2021	102/500731	Contracts for Program Services	92057040	\$ 240,675.00		\$ 240,675.00
2021	102/500731	Contracts for Program Services	92057047	\$	\$ 299,000.00	\$ 299,000.00
2021	102/500731	Contracts for Program Services	92057048	\$	\$ 691,360.00	\$ 691,360.00
2022	102/500731	Contracts for Program Services	92057048	\$	\$ 345,680.00	\$ 345,680.00
		Sub Total		\$ 2,769,452.00	\$ 1,151,078.00	\$ 3,920,530.00

Catholic Medical Center

Vendor # 177240

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$	\$	\$
2020	102/500731	Contracts for Program Services	92057040	\$ 1,223,718.00	\$ (878,709.00)	\$ 345,019.00
2021	102/500731	Contracts for Program Services	92057040	\$ 724,614.00	\$	\$ 724,614.00
2021	102/500731	Contracts for Program Services	92057047	\$	\$ 802,501.00	\$ 802,501.00
2021	102/500731	Contracts for Program Services	92057048	\$	\$ 1,846,000.00	\$ 1,846,000.00
2022	102/500731	Contracts for Program Services	92057048	\$	\$ 923,000.00	\$ 923,000.00
		Sub Total		\$ 1,848,342.00	\$ 2,692,792.00	\$ 4,641,134.00

Southern New Hampshire Health Systems, Inc.

Vendor # 177321

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$		\$
2020	102/500731	Contracts for Program Services	92057040	\$ 1,048,716.00		\$ 1,048,716.00
2021	102/500731	Contracts for Program Services	92057040	\$ 522,272.00		\$ 522,272.00
2021	102/500731	Contracts for Program Services	92057047	\$		\$
2021	102/500731	Contracts for Program Services	92057048	\$		\$
2022	102/500731	Contracts for Program Services	92057048	\$		\$
		Sub Total		\$ 1,570,988.00	\$	\$ 1,570,988.00
		Total SOR		\$ 27,125,897.00	\$ 6,045,256.00	\$ 33,171,153.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
SFY 2018 FINANCIAL DETAIL

05-05-02-020510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Vendor # 177220

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 18,750.00	\$ 18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 6,250.00	\$ 6,250.00
		Sub Total		\$ -	\$ 25,000.00	\$ 25,000.00

Vendor # 177653

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 73,481.00	\$ 73,481.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 24,493.00	\$ 24,493.00
		Sub Total		\$ -	\$ 97,974.00	\$ 97,974.00

Vendor # 155405

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 68,612.00	\$ 68,612.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 22,870.00	\$ 22,870.00
		Sub Total		\$ -	\$ 91,482.00	\$ 91,482.00

Vendor # 177182

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 18,750.00	\$ 18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 6,250.00	\$ 6,250.00
		Sub Total		\$ -	\$ 25,000.00	\$ 25,000.00

Vendor # 177181

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 110,222.00	\$ 110,222.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 36,740.00	\$ 36,740.00
		Sub Total		\$ -	\$ 146,962.00	\$ 146,962.00

Vendor # 177180

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
		Sub Total		\$ -	\$ -	\$ -

Vendor # 177187

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 141,652.00	\$ 141,652.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 47,217.00	\$ 47,217.00
		Sub Total		\$ -	\$ 188,869.00	\$ 188,869.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 SFY 2016 FINANCIAL DETAIL

Catholic Medical Center

Vendor # 177240

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$	\$ 208,492.00	\$ 208,492.00
2022	102/500731	Contracts for Program Services	92058501	\$	\$ 69,497.00	\$ 69,497.00
		Sub Total		\$	\$ 277,989.00	\$ 277,989.00

Southern New Hampshire Health Systems, Inc.

Vendor # 177321

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$		\$
2022	102/500731	Contracts for Program Services	92058501	\$		\$
		Sub Total		\$	\$	\$
		Total Gov Commission		\$	\$ 853,276.00	\$ 853,276.00
		Total All		\$ 27,123,887.00	\$ 6,898,332.00	\$ 34,024,319.00

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Lori A. Shilbrette
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 ExL 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dbhs.nh.gov

June 2, 2020

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing Sole Source contracts with the vendors listed below, except for Granite Pathways, that provide a statewide network of Doorways for substance use disorder treatment and recovery support services access, by adding budgets for State Fiscal Year 2021, with no change to the price limitation of \$23,606,657 and no change to the contract completion dates of September 29, 2020 effective upon Governor and Council approval.

The contracts were approved by the Governor and Executive Council as indicated in the table below.

Vendor Name	Vendor Code	Area Served	Current Amount	Increase/ (Decrease)	New Amount	G&C Approval
Androscoggin Valley Hospital, Inc., Berlin, NH	TBD	Berlin	\$1,670,051	\$0	\$1,670,051	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10)
Concord Hospital, Inc., Concord, NH	177653-B003	Concord	\$2,272,793	\$0	\$2,272,793	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10)
Granite Pathways, Concord, NH	228900-B001	N/A	\$6,895,879	\$0	\$6,895,879	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Littleton Regional Hospital, Littleton, NH	TBD	Littleton	\$1,713,805	\$0	\$1,713,805	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
LRGHealthcare, Laconia, NH	TBD	Laconia	\$1,987,873	\$0	\$1,987,873	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)

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

Mary Hitchcock Memorial Hospital, Lebanon, NH	177651-B001	Lebanon	\$4,349,314	\$0	\$4,349,314	O: 10/31/18 Item #17A A1: 11/14/18 (Item #11) A2: O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
The Cheshire Medical Center, Keene, NH	155405-B001	Keene	\$1,947,690	\$0	\$1,947,690	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Wentworth-Douglass Hospital, Dover, NH	TBD	Dover	\$2,769,452	\$0	\$2,769,452	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
		Total	\$23,606,657	\$0	\$23,606,657	

Funds are available in the following accounts for State Fiscal Year 2021 with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details

EXPLANATION

This request is Sole Source because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labelled as sole source. Upon the initial award of State Opioid Response funding from the federal Substance Abuse and Mental Health Services Administration, the Department restructured the State's service delivery system to provide individuals a more streamlined process to access substance use disorder and opioid use disorder services. The vendors above were identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the restructured system. As part of the ongoing improvement of the Doorway system, Granite Pathways has been replaced as the Doorway provider in Manchester (Catholic Medical Center) and Nashua (Southern New Hampshire Medical Center). This action was approved by Governor and Executive Council on March 11, 2020, item 9A.

The purpose of this request is add budgets to the contracts for State Fiscal Year 2021. In accordance with the terms of Exhibit B Method and Conditions Precedent to Payment, the budgets are to be submitted to Governor and Executive Council for approval no later than June 30, 2020. State Fiscal Year 2019 budgets are being reduced by a total amount of \$2,271,726 which is identified as unspent funding that is being carried forward to fund activities in the contract for State Fiscal Year 2021, specifically July 1, 2020 through September 29, 2020. The new Manchester and Nashua Doorway contracts already include budgets for July 1, 2020 through September 29, 2020.

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

Approximately 2,000 individuals will be served from July 1, 2020 to September 30, 2020.

These contractors provide a network of Doorways to ensure that every resident in NH has access to substance use disorder treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for substance use disorders, in order to ensure no one in NH has to travel more than sixty (60) minutes to access services. The Doorways increase and standardize services for individuals with opioid use disorders; strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in NH; and promote engagement in the recovery process. Because no one will be turned away from the Doorway, individuals outside of opioid use disorders are also being seen and referred to the appropriate services.

The Department has been monitoring the contracted services using the following performance measures:

- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow-ups through the Web Information Technology System (WITS) database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is not exercising its option to renew at this time.

Should the Governor and Council not authorize this request, the Department may not have the ability to ensure proper billing and proper use of funding by the vendors.

Area served: Statewide

Respectfully submitted


Lori A. Shibanette
Commissioner

Financial Detail

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT					
100% Federal Funds CFDA #93.788 FAIN T1081685					
Activity Code: 92057040					
Androscoggin Valley					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 821,133.00	\$ (201,283.00)	\$ 619,850.00
2020	Contracts for Prog Svcs	102-500731	\$ 848,918.00		\$ 848,918.00
2021	Contracts for Prog Svcs	102-500731		\$ 201,283.00	\$ 201,283.00
Subtotal			\$ 1,670,051.00	\$ -	\$ 1,670,051.00
Concord					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 947,662.00	\$ (236,916.00)	\$ 710,746.00
2020	Contracts for Prog Svcs	102-500731	\$ 1,325,131.00		\$ 1,325,131.00
2021	Contracts for Prog Svcs	102-500731		\$ 236,916.00	\$ 236,916.00
Subtotal			\$ 2,272,793.00	\$ -	\$ 2,272,793.00
Cheshire					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 820,133.00	\$ (205,033.00)	\$ 615,100.00
2020	Contracts for Prog Svcs	102-500731	\$ 1,127,557.00		\$ 1,127,557.00
2021	Contracts for Prog Svcs	102-500731		\$ 205,033.00	\$ 205,033.00
Subtotal			\$ 1,947,690.00	\$ -	\$ 1,947,690.00
Mary Hitchcock					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 1,774,205.00	\$ (383,958.00)	\$ 1,390,247.00
2020	Contracts for Prog Svcs	102-500731	\$ 2,575,109.00		\$ 2,575,109.00
2021	Contracts for Prog Svcs	102-500731		\$ 383,958.00	\$ 383,958.00
Subtotal			\$ 4,349,314.00	\$ -	\$ 4,349,314.00
LRGHealthcare					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 820,000.00	\$ (205,000.00)	\$ 615,000.00
2020	Contracts for Prog Svcs	102-500731	\$ 1,187,873.00		\$ 1,187,873.00
2021	Contracts for Prog Svcs	102-500731		\$ 205,000.00	\$ 205,000.00
Subtotal			\$ 1,987,673.00	\$ -	\$ 1,987,673.00

Financial Detail

Granite Pathways Manchester					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,331,471.00		\$ 1,331,471.00
2020	Contracts for Prog Svs	102-500731	\$ 2,349,699.00		\$ 2,349,699.00
2021	Contracts for Prog Svs	102-500731			\$ -
Subtotal			\$ 3,681,170.00	\$ -	\$ 3,681,170.00
Granite Pathways Nashua					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,348,973.00		\$ 1,348,973.00
2020	Contracts for Prog Svs	102-500731	\$ 1,865,736.00		\$ 1,865,736.00
2021	Contracts for Prog Svs	102-500731			\$ -
Subtotal			\$ 3,214,709.00	\$ -	\$ 3,214,709.00
Provider name here					
Littleton Regional					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 831,000.00	\$ (203,750.00)	\$ 627,250.00
2020	Contracts for Prog Svs	102-500731	\$ 882,805.00		\$ 882,805.00
2021	Contracts for Prog Svs	102-500731		\$ 203,750.00	\$ 203,750.00
Subtotal			\$ 1,713,805.00	\$ -	\$ 1,713,805.00
Wentworth Douglass					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 862,700.00	\$ (240,675.00)	\$ 722,025.00
2020	Contracts for Prog Svs	102-500731	\$ 1,806,752.00		\$ 1,806,752.00
2021	Contracts for Prog Svs	102-500731		\$ 240,675.00	\$ 240,675.00
Subtotal			\$ 2,769,452.00	\$ -	\$ 2,769,452.00
Subtotal			\$ 23,606,657.00	\$ -	\$ 23,606,657.00



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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

Jeffrey A. Meyers
 Commissioner

Katja S. Fox
 Director

105 PLEASANT STREET, CONCORD, NH 03301
 603-271-6110 1-800-852-3345 Ext. 6738
 Fax: 603-271-6105 TDD Access: 1-800-735-2964
 www.dhhs.nh.gov

September 5, 2019

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing sole source agreements with the six (6) vendors listed in bold below, to implement and operationalize a statewide network of Doorways for substance use disorder treatment and recovery support services access, by increasing the total price limitation by \$3,962,024 from \$19,644,633 to \$23,606,657, with no change to the completion date of September 29, 2020, effective upon Governor and Executive Council approval. 100% Federal Funds.

These agreements were originally approved by the Governor and Executive Council on October 31, 2018 (Item #17A), Mary Hitchcock Memorial Hospital amended on November 14, 2018 (Item #11), Androscoggin Valley Hospital, Inc and Concord Hospital Inc. amended on August 28, 2019 (Item #10).

Vendor Name	Vendor ID	Vendor Address	Current Budget	Increase/ (Decrease)	Updated Budget
Androscoggin Valley Hospital, Inc.	177220-B002	59 Page Hill Rd. Berlin, NH 03570	\$1,670,051	\$0	\$1,670,051
Concord Hospital, Inc.	177653-B003	250 Pleasant St. Concord, NH, 03301	\$2,272,793	\$0	\$2,272,793
Granite Pathways	228900-B001	10 Ferry St, Ste. 308, Concord, NH, 03301	\$5,008,703	\$1,887,176	\$6,895,879
Littleton Regional Hospital	177162-B011	600 St. Johnsbury Road, Littleton, NH 03561	\$1,572,101	\$141,704	\$1,713,805
LRGHealthcare	177161-B006	80 Highland St. Laconia, NH 003246	\$1,593,000	\$394,673	\$1,987,673
Mary Hitchcock Memorial Hospital	177160-B001	One Medical Center Drive Lebanon, NH 03756	\$4,043,958	\$305,356	\$4,349,314
The Cheshire Medical Center	155405-B001	580 Court St. Keene, NH 03431	\$1,593,611	\$354,079	\$1,947,690

Wentworth-Douglass Hospital	177187-B001	789 Central Ave. Dover, NH 03820	\$1,890,416	\$879,036	\$2,769,452
		Total	\$19,644,633	\$3,962,024	\$23,606,657

Funds to support this request are anticipated to be available in the following accounts for State Fiscal Years 2020 and 2021 upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified.

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

State Fiscal Year	Class/Account	Class Title	Job Number	Current Funding	Increase/(Decrease)	Updated Funding
2019	102-500731	Contracts for Prog Svc	92057040	\$9,325,277	\$0	\$9,325,277
2020	102-500731	Contracts for Prog Svc	92057040	\$9,987,356	\$3,962,024	\$14,880,912
2021	102-500731	Contracts for Prog Svc	92057040	\$0	\$0	\$0
			Sub-Total	\$19,312,633	\$3,962,024	\$23,274,657

05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

State Fiscal Year	Class/Account	Class Title	Job Number	Current Funding	Increase/(Decrease)	Updated Funding
2019	102-500731	Contracts for Prog Svc	92052561	\$332,000	\$0	\$332,000
2020	102-500731	Contracts for Prog Svc	92052561	\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	92052561	\$0	\$0	\$0
			Sub-Total	\$332,000	\$0	\$332,000
			Grand Total	\$19,644,633	\$3,962,024	\$23,606,657

EXPLANATION

This request is sole source because upon the initial award of State Opioid Response (SOR) funding from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Department restructured the State's service delivery system to provide individuals a more streamlined process to access substance use disorder (SUD) and Opioid Use Disorder (OUD) services. The vendors above were identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the restructured system.

The purpose of this request is to add funding for: Naloxone kits to distribute to individuals and community partners; additional flexible funds to address barriers to care such as transportation and childcare; and respite shelter vouchers to assist in accessing short-term, temporary housing. This action will align evidence-based methods to expand treatment, recovery, and prevention services to individuals.

with OUD in NH. During the first six (6) months of implementation, the Department identified these factors as inhibitors to the long-term success of the program. The outcomes from this amendment align with the original contract to connect individuals with needed services to lower the deaths from OUD in NH and increase the use of Medication Assisted Treatment.

Approximately 9,700 individuals are expected to be served from August 1, 2019 through June 30, 2020. During the first six (6) months of service, the vendors completed 1,571 clinical evaluations, conducted 2,219 treatment referrals, and served 3,239 individuals.

This request represents six (6) of the eight (8) amendments being brought forward for Governor and Executive Council approval. The Governor and Executive Council approved two (2) of the amendments on August 28, 2019 (Item #10).

These contracts will allow the Doorways to continue to ensure that every resident in NH has access to SUD treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for SUD, in order to ensure no one in NH has to travel more than sixty (60) minutes to access services. The Doorways increase and standardize services for individuals with OUD; strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in NH; and promote engagement in the recovery process. Because no one will be turned away from the Doorway, individuals outside of OUD are also being seen and referred to the appropriate services.

The Department will monitor the effectiveness and the delivery of services required under this agreement using the following performance measures:

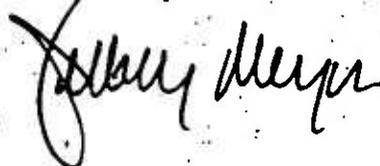
- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow ups through the Web Information Technology System (WITS) database.

Should Governor and Executive Council not authorize this request, individuals seeking help for OUD in NH may experience difficulty navigating a complex system, may not receive the supports and clinical services they need, and may experience delays in receiving care.

Area served: Statewide

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration. CFDA # 93.788, FAIN #H79TI081685 and FAIN #TI080246.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner

Financial Detail

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT					
100% Federal Funds					
Activity Code: 92057040					
Androscoggin Valley Hospital, Inc					
Vendor # 177220-B002					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 805,133.00		\$ 805,133.00
2020	Contracts for Prog Svcs	102-500731	\$ 848,918.00	\$ -	\$ 848,918.00
2021	Contracts for Prog Svcs	102-500731	\$ -		\$ -
Subtotal			\$ 1,654,051.00	\$ -	\$ 1,654,051.00
Concord Hospital, Inc					
Vendor # 177653-B003					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 947,662.00		\$ 947,662.00
2020	Contracts for Prog Svcs	102-500731	\$ 1,325,131.00	\$ -	\$ 1,325,131.00
2021	Contracts for Prog Svcs	102-500731	\$ -		\$ -
Subtotal			\$ 2,272,793.00	\$ -	\$ 2,272,793.00
Granite Pathways					
Vendor # 228900-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 2,380,444.00		\$ 2,380,444.00
2020	Contracts for Prog Svcs	102-500731	\$ 2,328,259.00	\$ 1,887,176.00	\$ 4,215,435.00
2021	Contracts for Prog Svcs	102-500731	\$ -		\$ -
Subtotal			\$ 4,708,703.00	\$ 1,887,176.00	\$ 6,595,879.00
Littleton Regional Hospital					
Vendor # 177162-B011					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 815,000.00		\$ 815,000.00
2020	Contracts for Prog Svcs	102-500731	\$ 741,101.00	\$ 141,704.00	\$ 882,805.00
2021	Contracts for Prog Svcs	102-500731	\$ -		\$ -
Subtotal			\$ 1,556,101.00	\$ 141,704.00	\$ 1,697,805.00
LRGHealthcare					
Vendor # 177161-B006					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 820,000.00		\$ 820,000.00
2020	Contracts for Prog Svcs	102-500731	\$ 773,000.00	\$ 394,673.00	\$ 1,167,673.00
2021	Contracts for Prog Svcs	102-500731	\$ -		\$ -
Subtotal			\$ 1,593,000.00	\$ 394,673.00	\$ 1,987,673.00

Financial Detail

Mary Hitchcock Memorial Hospital					
Vendor # 177160-B016					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,774,205.00	\$ -	\$ 1,774,205.00
2020	Contracts for Prog Svs	102-500731	\$ 2,269,753.00	\$ 305,356.00	\$ 2,575,109.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 4,043,958.00	\$ 305,356.00	\$ 4,349,314.00
The Cheshire Medical Center					
Vendor # 155405-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,133.00	\$ -	\$ 820,133.00
2020	Contracts for Prog Svs	102-500731	\$ 773,478.00	\$ 354,079.00	\$ 1,127,557.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,593,611.00	\$ 354,079.00	\$ 1,947,690.00
Wentworth-Douglas Hospital					
Vendor # 177187-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 962,700.00	\$ -	\$ 962,700.00
2020	Contracts for Prog Svs	102-500731	\$ 927,716.00	\$ 879,036.00	\$ 1,806,752.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,890,416.00	\$ 879,036.00	\$ 2,769,452.00
SUB TOTAL			\$ 19,312,633.00	\$ 3,962,024.00	\$ 23,274,657.00

05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT					
100% Federal Funds					
Activity Code: 92052561					
Androscoggin Valley Hospital, Inc					
Vendor # 177220-B002					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00	\$ -	\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 16,000.00	\$ -	\$ 16,000.00
Concord Hospital, Inc					
Vendor # 177653-B003					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ -	\$ -	\$ -

Financial Detail

Granite Pathways					
Vendor # 228900-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 300,000.00		\$ 300,000.00
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ 300,000.00	\$ -	\$ 300,000.00
Littleton Regional Hospital					
Vendor # 177162-B011					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00		\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ 16,000.00	\$ -	\$ 16,000.00
LRGHealthcare					
Vendor # 177161-B006					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -
Mary Hitchcock Memorial Hospital					
Vendor # 177160-B016					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -
The Cheshire Medical Center					
Vendor # 155405-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -
Wentworth-Douglas Hospital					
Vendor # 177187-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -
SUB TOTAL			\$ 332,000.00	\$ -	\$ 332,000.00
TOTAL			\$ 19,644,633.00	\$ 3,962,024.00	\$ 23,606,657.00

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Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF DRUG AND ALCOHOL SERVICES

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6110 1-800-852-3345 Ext. 6738
Fax: 603-271-6105 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

October 17, 2018

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, Bureau of Drug and Alcohol Services, to enter into sole source agreements with the eight (8) vendors listed below, in an amount not to exceed \$16,606,487, to develop, implement and operationalize a statewide network of Regional Hubs for opioid use disorder treatment and recovery support services, effective upon date of Governor and Council approval, through September 29, 2020. Federal Funds 100%.

Vendor Name	Vendor ID	Vendor Address	Amount
Androscoggin Valley Hospital, Inc.	TBD	59 Page Hill Rd. Berlin, NH 03570	\$1,559,611
Concord Hospital, Inc.	177653-8003	250 Pleasant St. Concord, NH, 03301	\$1,845,257
Granite Pathways	228900-8001	10 Ferry St, Ste. 308, Concord, NH, 03301	\$5,008,703
Littleton Regional Hospital	TBD	600 St. Johnsbury Road Littleton, NH 03561	\$1,572,101
LRGHealthcare	TBD	80 Highland St. Laconia, NH 003246	\$1,593,000
Mary Hitchcock Memorial Hospital	177651-8001	One Medical Center Drive Lebanon, NH 03756	\$1,543,788
The Cheshire Medical Center	155405-8001	580 Court St. Keene, NH 03431	\$1,593,611
Wentworth-Douglass Hospital	TBD	789 Central Ave. Dover, NH 03820	\$1,890,416
		Total	\$16,606,487

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His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Funds are available in the following account(s) for State Fiscal Year (SFY) 2019, and are anticipated to be available in SFY 2020 and SFY 2021, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from the Governor and Executive Council.

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2019	102-500731	Contracts for Prog Svc	92057040	\$8,281,704
SFY 2020	102-500731	Contracts for Prog Svc	92057040	\$7,992,783
SFY 2021	102-500731	Contracts for Prog Svc	92057040	\$0
			Sub-Total	\$16,274,487

05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2019	102-500731	Contracts for Prog Svc	92052561	\$332,000
SFY 2020	102-500731	Contracts for Prog Svc	92052561	\$0
SFY 2021	102-500731	Contracts for Prog Svc	92052561	\$0
			Sub-Total	\$332,000
			Grand Total	\$16,606,487

EXPLANATION

This request is sole source because the Department is seeking to restructure its service delivery system in order for individuals to have more rapid access to opioid use disorder (OUD) services. The vendors above have been identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the service restructure. Presently, the Department funds a separate contract with Granite Pathways through December 31, 2018 for Regional Access Points, which provide screening and referral services to individuals seeking help with substance use disorders. The Department is seeking to re-align this service into a streamlined and standardized approach as part of the State Opioid Response (SOR) grant, as awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). With this funding opportunity, New Hampshire will use evidence-based methods to expand treatment, recovery, and prevention services to individuals with OUD in NH. The establishment of nine (9) Regional Hubs (hereafter referred to as Hubs) is critical to the Department's plan.

The Hubs will ensure that every resident in NH has access to SUD treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for substance use disorders. The statewide telephone coverage will be accomplished

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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evaluations for substance use disorders. The statewide telephone coverage will be accomplished through a collaborative effort among all of the Hubs for overnight and weekend access to a clinician, which will be presented to the Governor and Executive Council at the November meeting. The Hubs will be situated to ensure that no one in NH has to travel more than sixty (60) minutes to access their Hub and initiate services. The vendors will be responsible for providing screening, evaluation, closed loop referrals, and care coordination for clients along the continuum of care.

In the cities of Manchester and Nashua, given the maturity of the Safe Stations programs as access points in those regions, Granite Pathways, the existing Regional Access Point contractor, was selected to operate the Hubs in those areas to ensure alignment with models consistent with ongoing Safe Station's operations. To maintain fidelity to existing Safe Stations operations, Granite Pathways will have extended hours of on-site coverage from 8am-11pm on weekdays and 11am-11pm on weekends.

The Hubs will receive referrals for OUD services through a new contract with the crisis call center (2-1-1 NH) operated by Granite United Way and through existing referral networks. Consumers and providers will also be able to directly contact their local Hub for services. The Hubs will refer clients to services for all American Society of Addiction Medicine (ASAM) levels of care. This approach eliminates consumer confusion caused by multiple access points to services and ensures that individuals who present for help with OUD are receiving assistance immediately.

Funds for each Hub were determined based on a variety of factors, including historical client data from Medicaid claims and State-funded treatment services based on client address, naloxone administration and distribution data, and hospital admissions for overdose events. Funds in these agreements will be used to establish the necessary infrastructure for Statewide Hub access and to pay for naloxone purchase and distribution. The vendors will also have a flexible needs fund for providers to access for OUD clients in need of financial assistance for services and items such as transportation, childcare, or medication co-pays not otherwise covered by another payer.

Unique to this service redesign is a robust level of client-specific data that will be available. The SOR grant requires that all individual served receive a comprehensive assessment at several time intervals, specifically at intake, three (3) months, six (6) months and upon discharge. Through care coordination efforts, the Regional Hubs will be responsible for gathering data on items including, but not limited to recovery status, criminal justice involvement, employment, and housing needs at the time intervals listed above. This data will enable the Department to measure short and long-term outcomes associated with SOR-funded initiatives and to determine which programs are generating the best results for the clients served.

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

Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 and SFY 2022-2023 biennia.

Should Governor and Executive Council not authorize this request, individuals seeking help for OUD in NH may experience difficulty navigating a complex system, may not receive the supports and clinical services they need, and may experience delays in receiving care.

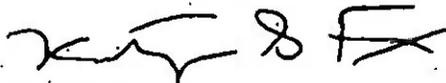
Area served: Statewide

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration. CFDA # 93.788, FAIN #H79TI081685 and FAIN #TI080246.

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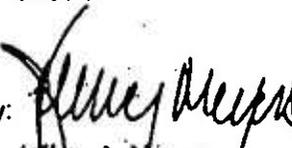
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Katja S. Fox
Director

Approved by:



Jeffrey A. Meyers
Commissioner

Financial Detail

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, MHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT			
100% Federal Funds			
Activity Code: 92057040			
Androscoggin Valley Hospital, Inc			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 805,133.00
2020	Contracts for Prog Svs	102-500731	\$ 738,478.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 1,643,611.00
Concord Hospital, Inc			
Vendor # 177653-B003			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 947,662.00
2020	Contracts for Prog Svs	102-500731	\$ 897,595.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 1,845,257.00
Granite Pathways			
Vendor # 228900-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 2,380,444.00
2020	Contracts for Prog Svs	102-500731	\$ 2,328,259.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 4,708,703.00
Littleton Regional Hospital			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 815,000.00
2020	Contracts for Prog Svs	102-500731	\$ 741,101.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 1,556,101.00
LRGHealthcare			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,000.00
2020	Contracts for Prog Svs	102-500731	\$ 773,000.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 1,593,000.00

Financial Detail

Mary Hitchcock Memorial Hospital			
Vendor # 177651-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 730,632.00
2020	Contracts for Prog Svs	102-500731	\$ 813,156.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,543,788.00
The Cheshire Medical Center			
Vendor # 155405-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,133.00
2020	Contracts for Prog Svs	102-500731	\$ 773,478.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,593,611.00
Wentworth-Douglas Hospital			
Vendor # 157797			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 862,700.00
2020	Contracts for Prog Svs	102-500731	\$ 927,716.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,890,416.00
SUB TOTAL			\$ 16,274,487.00

05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT			
100% Federal Funds			
Activity Code: 92052561			
Androscoggin Valley Hospital, Inc			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 16,000.00
Concord Hospital, Inc			
Vendor # 177653-B003			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -

Financial Detail

Granite Pathways			
Vendor # 228900-8001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 300,000.00
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 300,000.00
Littleton Regional Hospital			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 16,000.00
LRGHealthcare			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -
Mary Hitchcock Memorial Hospital			
Vendor # 177651-8001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -
The Cheshire Medical Center			
Vendor # 155405-8001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -
Wentworth-Douglas Hospital			
Vendor # 157797			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -
SUB TOTAL			\$ 332,000.00
TOTAL			\$ 16,606,487.00

**State of New Hampshire
Department of Health and Human Services
Amendment #6**

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Mary Hitchcock Memorial Hospital ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 31, 2018 (Item #17A), as amended on November 14, 2018 (Item #11); as amended on September 18, 2019 (Item #20), as amended June 24, 2020 (Item #31), as amended February 17, 2021 (Item #18), and most recently amended on October 13, 2021 (Item #39), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2023
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$8,316,160
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
Robert W. Moore, Director.
4. Modify Exhibit A – Amendment #4, Scope of Services, Section 9. Reporting Requirements, Subsection 9.4, by adding Paragraph 9.4.22. to read:
9.4.22. Client demographic data.
5. Modify Exhibit A – Amendment #4, Scope of Services, Section 11. Contract Management, by adding Subsection 11.4. to read:
11.4. The Contractor shall participate in meetings with Department leadership and State Opioid Response (SOR) staff on a quarterly basis, or as otherwise requested by the Department, to discuss program sustainability and ongoing access to vulnerable populations.
6. Modify Exhibit A – Amendment #4, Scope of Services, Section 12. SOR Grant Standards, by adding Subsection 12.15. to read:
12.15. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve Government Performance and Results Act (GPRA) collection.
7. Modify Exhibit B – Amendment #5, Methods and Conditions Precedent to Payment, Section 1. to read:
 1. This Agreement is funded by:
 - 1.1 98.56% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788; FAIN H79T1081685, and as amended

awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326; and as awarded on 09/23/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI085759

- 1.2 0.47% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, CFDA #93.959, FAIN B08TI083509.
- 1.3 0.34% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG, as awarded on 02/10/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, FAIN TI084659.
- 1.4 0.63% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds. (effective dates 9/30/2020-9/29/2021).

8. Modify Exhibit B – Amendment #5, Methods and Conditions Precedent to Payment, Section 2. Governor Commission Funds to read:

2. RESERVED

9. Modify Exhibit B – Amendment #5, Methods and Conditions Precedent to Payment, Section 3. SABG FY21 COVID Emergency Funds to read:

3. RESERVED

10. Modify Exhibit B – Amendment #5, Methods and Conditions Precedent to Payment, Section 5, to read:

5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit B-1, Budget through Exhibit B-20 - Amendment #6, SOR II Doorway Services Budget.

11. Modify Exhibit B – Amendment #1, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1, Paragraph 7.1.3, Subparagraph 7.1.3.1, Part 7.1.3.1.4. to read:

7.1.3.1.4. Food or water.

12. Modify Exhibit B – Amendment #1, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1, Paragraph 7.1.3, Subparagraph 7.1.3.1, Part 7.1.3.1.7. to read:

7.1.3.1.7. RESERVED

13. Add Exhibit B-17 – Amendment #6, SOR II After Hours Budget, which is attached hereto and incorporated by reference herein.

14. Add Exhibit B-18 – Amendment #6, SOR II Doorway Services Budget, which is attached hereto and incorporated by reference herein.

15. Add Exhibit B-19 – Amendment #6, SOR II After Hours Budget, which is attached hereto and incorporated by reference herein.

16. Add Exhibit B-20 – Amendment #6, SOR II Doorway Services Budget, which is attached hereto and incorporated by reference herein.

EM

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to September 29, 2022, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

11/7/2022

Date

DocuSigned by:

Katja S. Fox

Name: Katja S. Fox

Title: Director

Mary Hitchcock Memorial Hospital

10/27/2022

Date

DocuSigned by:

Edward Merrens

Name: Edward Merrens

Title: Chief Clinical Officer

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

OFFICE OF THE ATTORNEY GENERAL

11/7/2022

Date

DocuSigned by:

Robyn Guarino

748734844041480...

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: Mary Hitchcock Memorial Hospital
 Budget Request for: Access and Delivery Hub for Opioid Use Disorder Services - After Hours
 Budget Period: FY23 - (September 30, 2022 - June 30, 2023)
 Indirect Cost Rate (if applicable): 31.00%

Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$339,603		\$339,603
2. Fringe Benefits	\$106,127		\$106,127
3. Consultants	\$0		\$0
4. Equipment	\$0		\$0
5.(a) Supplies - Educational	\$0		\$0
5.(b) Supplies - Lab	\$0		\$0
5.(c) Supplies - Pharmacy	\$0		\$0
5.(d) Supplies - Medical	\$0		\$0
5.(e) Supplies Office	\$0		\$0
6. Travel	\$0		\$0
7. Software	\$360		\$360
8. (a) Other - Marketing/Communications	\$0		\$0
8. (b) Other - Education and Training	\$0		\$0
8. (c) Other - Other (please specify)			
FlexFunds	\$69,750		\$69,750
Other (please specify)	\$0		\$0
Other (please specify)	\$0		\$0
Other (please specify)	\$0		\$0
9. Subcontracts	\$0		\$0
Total Direct Costs	\$515,840		\$515,840
Total Indirect Costs	\$159,910	\$0	\$159,910
TOTAL	\$675,750	\$0	\$675,750

Contractor Initials: EM
 Date: 10/27/2022

New Hampshire Department of Health and Human Services			
Complete one budget form for each budget period.			
Contractor Name:		Mary Hitchcock Memorial Hospital	
Budget Request for:		Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services	
Budget Period:		FY23 - (September 30, 2022 - June 30, 2023)	
Indirect Cost Rate (if applicable):		31.00%	
Line Item	Program Cost Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$196,495	\$18,077	\$214,572
2. Fringe Benefits	\$58,455	\$5,748	\$64,203
3. Consultants	\$0		\$0
4. Equipment	\$0		\$0
5.(a) Supplies - Educational	\$0		\$0
5.(b) Supplies - Lab	\$0		\$0
5.(c) Supplies - Pharmacy	\$0		\$0
5.(d) Supplies - Medical	\$3,000		\$3,000
5.(e) Supplies Office	\$1,227		\$1,227
6. Travel	\$500		\$500
7. Software	\$0		\$0
8. (a) Other - Marketing/Communications	\$1,000		\$1,000
8. (b) Other - Education and Training	\$0		\$0
8. (c) Other - Other (please specify)			
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 3/14/23</i>	\$15,649		\$15,649
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23</i>	\$10,432		\$10,432
<i>FlexFunds</i>	\$12,000		\$12,000
<i>Respite Vouchers</i>	\$27,000		\$27,000
<i>Telephone</i>	\$1,011		\$1,011
<i>Narcan</i>	\$15,000		\$15,000
9. Subcontracts	\$0		\$0
Total Direct Costs	\$341,768	\$23,825	\$365,593
Total 3/14 Indirect Costs	\$7,030	\$0	\$7,030
Total 9/29 Indirect Costs	\$4,687	\$0	\$4,687
Total SOR Indirect Costs	\$95,112	\$0	\$95,112
TOTAL	\$448,597	\$23,825	\$472,422

Contractor Initials **EM**
Date **10/27/2022**

New Hampshire Department of Health and Human Services
Complete one budget form for each budget period.

Contractor Name:	Mary Hitchcock Memorial Hospital
Budget Request for:	Access and Delivery Hub for Opioid Use Disorder Services - After Hours
Budget Period	FY24 - (July 1, 2023 - September 29, 2023)
Indirect Cost Rate (if applicable)	31.00%

Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$114,334		\$114,334
2. Fringe Benefits	\$34,237		\$34,237
3. Consultants	\$0		\$0
4. Equipment	\$0		\$0
5.(a) Supplies - Educational	\$0		\$0
5.(b) Supplies - Lab	\$0		\$0
5.(c) Supplies - Pharmacy	\$0		\$0
5.(d) Supplies - Medical	\$0		\$0
5.(e) Supplies Office	\$0		\$0
6. Travel	\$0		\$0
7. Software	\$125		\$125
8. (a) Other - Marketing/Communications	\$0		\$0
8. (b) Other - Education and Training	\$0		\$0
8. (c) Other - Other (please specify)			
<i>FlexFunds</i>	\$23,250		\$23,250
<i>Other (please specify)</i>	\$0		\$0
<i>Other (please specify)</i>	\$0		\$0
<i>Other (please specify)</i>	\$0		\$0
9. Subcontracts	\$0		\$0
Total Direct Costs	\$171,947		\$171,947
Total Indirect Costs	\$53,303		\$53,303
TOTAL	\$225,250	\$0	\$225,250

Contractor Initials EM
Date 10/27/2022

New Hampshire Department of Health and Human Services			
Complete one budget form for each budget period.			
Contractor Name:		Mary Hitchcock Memorial Hospital	
Budget Request for:		Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services	
Budget Period:		FY24 - (July 1, 2023 - September 29, 2023)	
Indirect Cost Rate (if applicable):		31.00%	
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$67,043	\$5,416	\$72,459
2. Fringe Benefits	\$20,286	\$1,725	\$22,011
3. Consultants	\$0		\$0
4. Equipment	\$0		\$0
5.(a) Supplies - Educational	\$0		\$0
5.(b) Supplies - Lab	\$0		\$0
5.(c) Supplies - Pharmacy	\$0		\$0
5.(d) Supplies - Medical	\$1,000		\$1,000
5.(e) Supplies Office	\$350		\$350
6. Travel	\$200		\$200
7. Software	\$0		\$0
8. (a) Other - Marketing/Communications	\$300		\$300
8. (b) Other - Education and Training	\$0		\$0
8. (c) Other - Other (please specify)			
Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23	\$8,693		\$8,693
Narcan	\$3,500		\$3,500
FlexFunds	\$5,000		\$5,000
Respite Vouchers	\$6,500		\$6,500
Telephone	\$350		\$350
9. Subcontracts	\$0		\$0
Total Direct Costs	\$113,222		\$113,222
Total 9/29 Indirect Costs	\$3,906	\$0	\$3,906
Total SOR Indirect Costs	\$32,404	\$0	\$32,404
TOTAL	\$149,532	\$7,141	\$156,673

Contractor Initials **EM**

Date 10/27/2022

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that MARY HITCHCOCK MEMORIAL HOSPITAL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 07, 1889. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 68517

Certificate Number: 0005760740



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,

this 18th day of April A.D. 2022.

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

David M. Scanlan

Secretary of State



Dartmouth Health

Dartmouth-Hitchcock | Dartmouth-Hitchcock Health

CERTIFICATE OF VOTE/AUTHORITY

I, Roberta L. Hines, MD, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital, do hereby certify that:

1. I am the duly elected Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital;
2. The following is a true and accurate excerpt from the June 23rd, 2017 Bylaws of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital:
ARTICLE I – Section A. Fiduciary Duty. Stewardship over Corporate Assets
 “In exercising this [fiduciary] duty, the Board may, consistent with the Corporation’s Articles of Agreement and these Bylaws, delegate authority to the Board of Governors, Board Committees and various officers the right to give input with respect to issues and strategies, incur indebtedness, make expenditures, enter into contracts and agreements and take such other binding actions on behalf of the Corporation as may be necessary or desirable in furtherance of its charitable purposes.”
3. Article I – Section A, as referenced above, provides authority for the chief officers, including the Chief Executive Officer, the Chief Clinical Officer, and other officers, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital to sign and deliver, either individually or collectively, on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital;
4. Edward J. Merrens, MD, is the Chief Clinical Officer of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital and therefore has the authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
5. The foregoing authority shall remain in full force and effect as of the date of the agreement executed or action taken in reliance upon this Certificate. This authority shall remain valid for thirty (30) days from the date of this Certificate and the State of New Hampshire shall be entitled to rely upon same, until written notice of modification, rescission or revocation of same, in whole or in part, has been received by the State of New Hampshire.

IN WITNESS WHEREOF, I have hereunto set my hand as the Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 25th day of October, 2022

Roberta L. Hines, MD, Board Chair

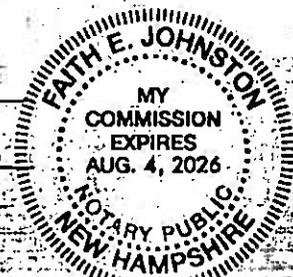
STATE OF NH

COUNTY OF GRAFTON

The foregoing instrument was acknowledged before me this 25 day of October, 2022 by Roberta L. Hines, MD.

Notary Public

My Commission Expires: Aug 4, 2026



CERTIFICATE OF INSURANCE

DATE: November 16, 2022

COMPANY AFFORDING COVERAGE
 Hamden Assurance Risk Retention Group, Inc.
 P.O. Box 1687
 30 Main Street, Suite 330
 Burlington, VT 05401

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED
 Mary Hitchcock Memorial Hospital
 One Medical Center Drive Lebanon,
 NH 03756
 (603)653-6850

COVERAGES

The Policy listed below has been issued to the Named Insured above for the Policy Period notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued. The insurance afforded by the policy is subject to all the terms, exclusions and conditions of the policy. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
X	GENERAL LIABILITY	0002022-A	7/1/2022	7/1/2023	EACH OCCURRENCE	\$2,000,000
	CLAIMS MADE				DAMAGE TO RENTED PREMISES	\$1,000,000
					MEDICAL EXPENSES	N/A
	OCCURRENCE				PERSONAL & ADV INJURY	\$1,000,000
					OTHER	GENERAL AGGREGATE
	OTHER				PRODUCTS-COMP/OP AGG	\$1,000,000
X	PROFESSIONAL LIABILITY	0002022-A	7/1/2022	7/1/2023	EACH CLAIM	\$2,000,000
	CLAIMS MADE				ANNUAL AGGREGATE	\$3,000,000
					OCCURRENCE	
OTHER						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)
 Certificate is issued as evidence of insurance.

CERTIFICATE HOLDER

NH Department of Health & Human Services
 129 Pleasant Street
 Concord, NH 03301

CANCELLATION
 Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES

About Dartmouth Hitchcock Medical Center and Clinics

Dartmouth Hitchcock Medical Center and Clinics—members of Dartmouth Health (<https://www.dartmouth-health.org>)—include Dartmouth Hitchcock Medical Center, the state's only academic medical center, and Dartmouth Hitchcock Clinics, which provide primary and specialty care throughout New Hampshire and Vermont.

Our physicians and researchers collaborate with Geisel School of Medicine scientists and faculty as well as other leading health care organizations to develop new treatments at the cutting edge of medical practice bringing the latest medical discoveries to the patient.

Who are Dartmouth Hitchcock Medical Center and Clinics?

Dartmouth Hitchcock Medical Center



Dartmouth Hitchcock Medical Center is the state's only academic medical center, and the only Level I Adult and Level II Pediatric Trauma Center in New Hampshire. The Dartmouth-Hitchcock Advanced Response Team (DHART), based in Lebanon and Manchester, provides ground and air medical transportation to communities throughout northern New England. In 2021, Dartmouth Hitchcock Medical Center was named the #1 hospital in New Hampshire by U.S. News & World Report (<https://health.usnews.com/best-hospitals/area/nh>), and recognized for high performance in 11 clinical specialties, procedures, and conditions.

Dartmouth Hitchcock Clinics



Dartmouth Hitchcock Clinics provide primary and specialty care throughout New Hampshire and Vermont, with major community group practices in Lebanon, Concord, Manchester, Nashua, and Keene, New Hampshire, and Bennington, Vermont.

Children's Hospital at Dartmouth Hitchcock Medical Center

Children's Hospital at Dartmouth Hitchcock Medical Center is New Hampshire's only children's hospital and a member of the Children's Hospital Association, providing advanced pediatric inpatient, outpatient and surgical services at Dartmouth Hitchcock Medical Center.



Norris Cotton Cancer Care Pavilion Lebanon

Norris Cotton Cancer Care Pavilion Lebanon (<https://cancer.dartmouth.edu/>), one of only 51 NCI-designated Comprehensive Cancer Centers in the nation, is one of the premier facilities for cancer treatment, research, prevention, and education.

Our mission, vision, and values

Our mission

We advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Our vision

Achieve the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation.

Our values

- Respect
- Integrity
- Commitment
- Transparency
- Trust
- Teamwork
- Stewardship
- Community

About Dartmouth Health (<https://www.dartmouth-health.org/>)

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Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Financial Statements

June 30, 2021 and 2020

Dartmouth-Hitchcock Health and Subsidiaries
Index
June 30, 2021 and 2020

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Report of Independent Auditors

To the Board of Trustees of
Dartmouth-Hitchcock Health and subsidiaries

We have audited the accompanying consolidated financial statements of Dartmouth-Hitchcock Health and its subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of June 30, 2021 and 2020, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Dartmouth-Hitchcock Health and its subsidiaries as of June 30, 2021 and 2020, and the results of their operations, changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.



Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, changes in net assets and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations, changes in net assets and cash flows of the individual companies.

Primatech Group Corp III

Boston, Massachusetts
November 18, 2021

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Balance Sheets
June 30, 2021 and 2020

<i>(in thousands of dollars)</i>	2021	2020
Assets		
Current assets		
Cash and cash equivalents	\$ 374,928	\$ 453,223
Patient accounts receivable (Note 4)	232,161	183,819
Prepaid expenses and other current assets	157,318	161,906
Total current assets	<u>764,407</u>	<u>798,948</u>
Assets limited as to use (Notes 5 and 7)	1,378,479	1,134,526
Other investments for restricted activities (Notes 5 and 7)	168,035	140,580
Property, plant, and equipment, net (Note 6)	680,433	643,586
Right of use assets, net (Note 16)	58,410	57,585
Other assets	177,098	137,338
Total assets	<u>\$ 3,226,862</u>	<u>\$ 2,912,563</u>
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	\$ 9,407	\$ 9,467
Current portion of right of use obligations (Note 16)	11,289	11,775
Current portion of liability for pension and other postretirement plan benefits (Note 11 and 14)	3,468	3,468
Accounts payable and accrued expenses	131,224	129,016
Accrued compensation and related benefits	182,070	142,991
Estimated third-party settlements (Note 3 and 4)	252,543	302,525
Total current liabilities	<u>590,001</u>	<u>599,242</u>
Long-term debt, excluding current portion (Note 10)	1,126,357	1,138,530
Long-term right of use obligations, excluding current portion (Note 16)	48,167	46,456
Insurance deposits and related liabilities (Note 12)	79,974	77,146
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11 and 14)	224,752	324,257
Other liabilities	214,714	143,678
Total liabilities	<u>2,283,965</u>	<u>2,329,309</u>
Commitments and contingencies (Notes 3, 4, 6, 7, 10, 13, and 16)		
Net assets		
Net assets without donor restrictions (Note 9)	758,627	431,026
Net assets with donor restrictions (Notes 8 and 9)	184,270	152,228
Total net assets	<u>942,897</u>	<u>583,254</u>
Total liabilities and net assets	<u>\$ 3,226,862</u>	<u>\$ 2,912,563</u>

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

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2021 and 2020

<i>(in thousands of dollars)</i>	2021	2020
Operating revenue and other support		
Net patient service revenue (Note 4)	\$ 2,138,287	\$ 1,880,025
Contracted revenue	85,263	74,028
Other operating revenue (Note 5)	424,958	374,622
Net assets released from restrictions	15,201	16,260
Total operating revenue and other support	<u>2,663,709</u>	<u>2,344,935</u>
Operating expenses		
Salaries	1,185,910	1,144,823
Employee benefits	302,142	272,872
Medications and medical supplies	545,523	455,381
Purchased services and other	383,949	360,496
Medicaid enhancement tax (Note 4)	72,941	76,010
Depreciation and amortization	88,921	92,164
Interest (Note 10)	30,787	27,322
Total operating expenses	<u>2,610,173</u>	<u>2,429,068</u>
Operating income (loss)	<u>53,536</u>	<u>(84,133)</u>
Non-operating gains (losses)		
Investment income, net (Note 5)	203,776	27,047
Other components of net periodic pension and post retirement benefit income (Note 11 and 14)	13,559	10,810
Other losses, net (Note 10)	(4,233)	(2,707)
Total non-operating gains, net	<u>213,102</u>	<u>35,150</u>
Excess (deficiency) of revenue over expenses	<u>\$ 266,638</u>	<u>\$ (48,983)</u>

Consolidated Statements of Operations and Changes in Net Assets – continues on next page

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

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets - Continued
Years Ended June 30, 2021 and 2020

<i>(in thousands of dollars)</i>	2021	2020
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses	\$ 266,638	\$ (48,983)
Net assets released from restrictions for capital	2,017	1,414
Change in funded status of pension and other postretirement benefits (Note 11)	59,132	(79,022)
Other changes in net assets	(186)	(2,316)
Increase (decrease) in net assets without donor restrictions	<u>327,601</u>	<u>(128,907)</u>
Net assets with donor restrictions		
Gifts, bequests, sponsored activities	30,107	26,312
Investment income, net	19,153	1,130
Net assets released from restrictions	<u>(17,218)</u>	<u>(17,674)</u>
Increase in net assets with donor restrictions	<u>32,042</u>	<u>9,768</u>
Change in net assets	359,643	(119,139)
Net assets		
Beginning of year	<u>583,254</u>	<u>702,393</u>
End of year	<u>\$ 942,897</u>	<u>\$ 583,254</u>

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

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Statements of Cash Flows

Years Ended June 30, 2021 and 2020

(in thousands of dollars)

	2021	2020
Cash flows from operating activities		
Change in net assets	\$ 359,843	\$ (119,139)
Adjustments to reconcile change in net assets to net cash provided by operating and non-operating activities		
Depreciation and amortization	88,904	93,704
Amortization of bond premium, discount, and issuance cost, net	(2,820)	153
Amortization of right of use asset	10,034	8,218
Payments on right of use lease obligations - operating	(9,844)	(7,941)
Change in funded status of pension and other postretirement benefits	(59,132)	79,022
Loss (gain) on disposal of fixed assets	592	(39)
Net realized gains and change in net unrealized gains on investments	(228,489)	(14,080)
Restricted contributions and investment earnings	(3,445)	(3,805)
Changes in assets and liabilities		
Patient accounts receivable	(48,342)	37,306
Prepaid expenses and other current assets	4,588	(78,907)
Other assets, net	(39,760)	(13,385)
Accounts payable and accrued expenses	1,223	9,772
Accrued compensation and related benefits	39,079	14,583
Estimated third-party settlements	9,787	260,955
Insurance deposits and related liabilities	2,828	18,739
Liability for pension and other postretirement benefits	(40,373)	(35,774)
Other liabilities	11,267	19,542
Net cash provided by operating and non-operating activities	95,740	269,144
Cash flows from investing activities		
Purchase of property, plant, and equipment	(122,347)	(128,019)
Proceeds from sale of property, plant, and equipment	316	2,987
Purchases of investments	(95,943)	(321,152)
Proceeds from maturities and sales of investments	75,071	82,988
Net cash used in investing activities	(142,903)	(363,198)
Cash flows from financing activities		
Proceeds from line of credit	-	35,000
Payments on line of credit	-	(35,000)
Repayment of long-term debt	(9,183)	(10,885)
Proceeds from issuance of debt	-	415,336
Repayment of finance lease	(3,117)	(2,429)
Payment of debt issuance costs	(230)	(2,157)
Restricted contributions and investment earnings	3,445	3,805
Net cash (used in) provided by financing activities	(9,085)	403,890
(Decrease) increase in cash and cash equivalents	(56,248)	309,838
Cash and cash equivalents		
Beginning of year	453,223	143,587
End of year	\$ 396,975	\$ 453,223
Supplemental cash flow information		
Interest paid	\$ 41,819	\$ 22,582
Construction in progress included in accounts payable and accrued expenses	16,192	17,177

The following table reconciles cash and cash equivalents on the consolidated balance sheets to cash, cash equivalents and restricted cash on the consolidated statements of cash flows.

	2021	2020
Cash and cash equivalents	\$ 374,928	\$ 453,223
Cash and cash equivalents included in assets limited as to use	18,500	-
Restricted cash and cash equivalents included in Other investments for restricted activities	3,547	-
Total of cash, cash equivalents and restricted cash shown in the consolidated statements of cash flows	\$ 396,975	\$ 453,223

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

Dartmouth-Hitchcock Health and Subsidiaries

Notes to Consolidated Financial Statements

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1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (D-HH) serves as the sole corporate member of the following entities: Dartmouth-Hitchcock Clinic (DHC) and Subsidiaries, Mary Hitchcock Memorial Hospital (MHMH) and Subsidiaries, (DHC and MHMH together are referred to as D-H), The New London Hospital Association (NLH) and Subsidiaries, Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) (MAHHC) and Subsidiaries, Cheshire Medical Center (Cheshire) and Subsidiaries, Alice Peck Day Memorial Hospital (APD) and Subsidiary, and the Visiting Nurse and Hospice for Vermont and New Hampshire (VNH) and Subsidiaries. The "Health System" consists of D-HH, its members and their subsidiaries.

The Health System currently operates one tertiary, one community and three acute care (critical access) hospitals in New Hampshire (NH) and Vermont (VT). One facility provides inpatient and outpatient rehabilitation medicine and long-term care. The Health System also operates multiple physician practices, a continuing care retirement community, and a home health and hospice service. The Health System operates a graduate level program for health professions and is the principal teaching affiliate of the Geisel School of Medicine (Geisel), a component of Dartmouth College.

D-HH, DHC, MHMH, NLH, Cheshire, and APD are NH not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). MAHHC and VNH are VT not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the IRC.

On September 30, 2019, D-HH and GraniteOne Health (GOH) entered into an agreement (The Combination Agreement) to combine their respective healthcare systems. The GOH system is comprised of Catholic Medical Center (CMC), an acute care community hospital in Manchester, New Hampshire, Huggins Hospital (HH) located in Wolfeboro, NH and Monadnock Community Hospital, (MCH) located in Peterborough, NH. Both HH and MCH are designated as Critical Access Hospitals (CAH). The three member hospitals of GOH have a combined licensed bed count of 380 beds. GOH is a non-profit, community based health care system. The overarching rationale for the proposed combination is to improve access to high quality primary and specialty care in the most convenient, cost-effective sites of service for patients and the communities served by D-HH and GOH. Other stated benefits of the combination include reinforcing the rural health network, investing in needed capacity to accommodate unmet and anticipated demand, and drawing on our combined strengths to attract the necessary health care workforce. The parties have submitted regulatory filings with the Federal Trade Commission and the New Hampshire Attorney General's office seeking approval of the proposed transaction. As of June 30, 2021, the proposed combination remains under regulatory review.

Community Benefits

The mission of the Health System is to advance health through clinical practice and community partnerships, research and education, providing each person the best care, in the right place, at the right time, every time.

Dartmouth-Hitchcock Health and Subsidiaries

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Consistent with this mission, the Health System provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. The Health System actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, the Health System also seeks to work collaboratively with other area healthcare providers to improve the health status of the region. As a component of an integrated academic medical center, the Health System provides significant support for academic and research programs.

Certain member hospitals of the Health System file annual Community Benefits Reports with the State of NH which outline the community and charitable benefits each provides. VT hospitals are not required by law to file a state community benefit report. The categories used in the Community Benefit Reports to summarize these benefits are as follows:

- *Community Health Services* include activities carried out to improve community health and could include community health education (such as classes, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.):
- *Health Professions Education* includes uncompensated costs of training medical students, residents, nurses, and other health care professionals
- *Subsidized Health Services* are services provided by the Health System, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.
- *Research Support and Other Grants* represent costs in excess of awards for numerous health research and service initiatives awarded to the organizations within the Health System.
- *Financial Contributions* include financial contributions of cash, as well as in-kind contributions such as time, supplies, and expertise to local organizations to address community health needs.
- *Community-Building Activities* include expenses incurred to support the development of programs and partnerships intended to address public health challenges as well as social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement.
- *Community Benefit Operations* includes costs associated with staff dedicated to administering benefit programs, community health needs assessment costs, and other costs associated with community benefit planning and operations.

Dartmouth-Hitchcock Health and Subsidiaries

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- *Charity Care and Costs of Government-Sponsored Health Care* includes losses, at-cost, incurred by providing health care services to persons qualifying for hospital financial assistance programs, and uncompensated costs of providing health care services to patients who are Medicaid Beneficiaries.
- *The Uncompensated Cost of Care for Medicaid patients* reported in the unaudited Community Benefits Reports for 2020 was approximately \$182,209,000. The 2021 Community Benefits Reports are expected to be filed in February 2022.

The following table summarizes the value of the community benefit initiatives outlined in the Health System's most recently filed Community Benefit Reports for the year ended June 30, 2021:

(in thousands of dollars)

Government-sponsored healthcare services	\$ 309,203
Health professional education	38,978
Charity care	17,441
Subsidized health services	17,341
Community health services	13,866
Research	7,064
Community building activities	4,391
Financial contributions	3,276
Community benefit operations	57
Total community benefit value	<u>\$ 411,617</u>

In fiscal years 2021 and 2020, funds received to offset or subsidize charity care costs provided were \$848,000 and \$1,224,000, respectively.

2. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954, *Healthcare Entities*, which addresses the accounting for healthcare entities. The net assets, revenue, expenses, and gains and losses of healthcare entities are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets without donor restrictions are amounts not subject to donor-imposed stipulations and are available for operations. Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose, or whose use has been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Dartmouth-Hitchcock Health and Subsidiaries

Notes to Consolidated Financial Statements

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Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America 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 dates of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting periods. The most significant areas that are affected by the use of estimates include implicit and explicit pricing concessions, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results may differ from those estimates.

Excess (Deficiency) of Revenue over Expenses

The consolidated statements of operations and changes in net assets include the excess (deficiency) of revenue over expenses. Operating revenues consist of those items attributable to the care of patients, including contributions and investment income on investments of net assets without donor restrictions, which are utilized to provide charity and other operational support. Peripheral activities, including contribution of net assets without donor restrictions from acquisitions, loss on early extinguishment of debt, realized gains/losses on sales of investment securities and changes in unrealized gains/losses on investments are reported as non-operating gains (losses).

Changes in net assets without donor restrictions which are excluded from the excess (deficiency) of revenue over expenses, consistent with industry practice, include contributions of long-lived assets including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets, and change in funded status of pension and other postretirement benefit plans.

Charity Care

The Health System provides care to patients who meet certain criteria under their financial assistance policies without charge or at amounts less than their established rates. Because the Health System does not anticipate collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Health System grants credit without collateral to patients. Most are local residents and are insured under third-party arrangements. The amount of charges for implicit price concessions is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 4).

Patient Service Revenue

The Health System applies the accounting provisions of ASC 606, *Revenue from Contracts with Customers* (ASC 606). Patient service revenue is reported at the amount of consideration to which the Health System expects to be entitled from patients, third party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and implicit pricing concessions. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 4).

Dartmouth-Hitchcock Health and Subsidiaries

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Contracted Revenue

The Health System has various Professional Service Agreements (PSAs), pursuant to which certain organizations purchase services of personnel employed by the Health System and also lease space and equipment. Revenue pursuant to these PSAs and certain facility and equipment leases and other professional service contracts have been classified as contracted revenue in the accompanying consolidated statements of operations and changes in net assets.

Other Revenue

The Health System recognizes other revenue which is not related to patient medical care but is central to the day-to-day operations of the Health System. Other revenue primarily consists of revenue from retail pharmacy, which the Health System records as customer revenues in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription. Other revenue also includes the Department of Health and Human Services ("HHS") Coronavirus Aid, Relief, and Economic Securities Act ("CARES Act" Provider Relief Funds ("Provider Relief Funds") operating agreements, grant revenue, cafeteria sales and other support service revenue (Note 3).

Cash Equivalents

Cash and cash equivalents include amounts on deposit with financial institutions; short-term investments with maturities of three months or less at the time of purchase and other highly liquid investments, primarily cash management funds, which would be considered level 1 investments under the fair value hierarchy. All short-term, highly liquid investments, otherwise qualifying as cash equivalents, included within the Health System's endowment and similar investment pools are classified as investments, at fair value and therefore are excluded from Cash and cash equivalents in the Statements of Cash Flows.

Investments and Investment Income

Investments in equity securities with readily determinable fair values, mutual funds, governmental securities, debt securities, and pooled/commingled funds are reported at fair value with changes in fair value included in the excess (deficiency) of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 7).

Investments in pooled/commingled investment funds, private equity funds and hedge funds that represent investments where the Health System owns shares or units of funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in the excess (deficiency) of revenue over expenses.

Dartmouth-Hitchcock Health and Subsidiaries

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Certain members of the Health System are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. Substantially all of the Health System's board-designated and assets with donor restrictions, such as endowment funds, were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on investments, change in value of equity method investments, interest, and dividends) are included in the excess (deficiency) of revenue over expenses and classified as non-operating gains and losses, unless the income or loss is restricted by donor or law (Note 9).

Fair Value Measurement of Financial Instruments

The Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.
- Level 2 Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.
- Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The carrying amounts of patient accounts receivable, prepaid and other current assets, accounts payable and accrued expenses approximate fair value due to the short maturity of these instruments.

Property, Plant, and Equipment

Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair value at the time of donation, less accumulated depreciation. The Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method at rates which are intended to amortize the cost of assets over their estimated useful lives which range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term, or 5 to 12 years, for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to 10 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

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The fair value of a liability for legal obligations associated with asset retirements is recognized in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made. When a liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted to its present value each period and the capitalized cost associated with the retirement is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the actual cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets.

Gifts of capital assets such as land, buildings, or equipment are reported as support, and excluded from the excess (deficiency) of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of capital assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire capital assets are reported as restricted support. Absent explicit donor stipulations about how long those capital assets must be maintained, expirations of donor restrictions are reported when the donated or acquired capital assets are placed in service.

Bond Issuance Costs

Bond issuance costs, classified on the consolidated balance sheets within long-term debt, are amortized over the term of the related bonds. Amortization is recorded within interest expense in the consolidated statements of operations and changes in net assets using the straight-line method which approximates the effective interest method.

Intangible Assets and Goodwill

The Health System records within other assets on the consolidated balance sheets goodwill and intangible assets such as trade names and leases-in-place. The Health System considers trade names and goodwill to be indefinite-lived assets, assesses them at least annually for impairment or more frequently if certain events or circumstances warrant and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Health System has recorded \$9,403,000 and \$10,007,000 as intangible assets associated with its affiliations as of June 30, 2021 and 2020, respectively.

Gifts

Gifts without donor restrictions are recorded net of related expenses as non-operating gains. Conditional promises to give and indications of intentions to give to the Health System are reported at fair value at the date the gift is received. Gifts are reported with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions.

Dartmouth-Hitchcock Health and Subsidiaries

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Recently Issued Accounting Pronouncements

In August 2018, FASB issued ASU No. 2018-15, *Intangibles – Goodwill and Other – Internal-Use Software (Subtopic 350-40): Customer’s Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That is a Service Contract*. This ASU aligns the requirements for capitalizing implementation costs incurred in a hosting arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop or obtain internal-use software or software licenses. The ASU is effective for fiscal year 2022 and the Health System is evaluating the impact of the new guidance on the consolidated financial statements.

3. COVID – 19’s Impact on Dartmouth-Hitchcock Health

Throughout the 18 months since New Hampshire’s first COVID-19 patient presented at Dartmouth-Hitchcock Health’s academic medical center campus in Lebanon, New Hampshire, the organization has responded to meet the needs of our patients, community and staff, transforming as necessary to resume operations. Personal Protective Equipment (PPE), which was critically short at the outset of the pandemic, is now readily available. D-HH’S academic medical center campus continues to serve as the referral site for the state’s and region’s most complex COVID cases.

There have been three primary points of clinical emphasis in responding to COVID-19: telehealth, laboratory medicine, and clinical trials throughout the past year and a half. The pace and volume of COVID-19 response lessened in this past quarter, as vaccination efforts and declining case counts in D-HH’s service area have made a significant difference in the necessary clinical response. While demand for telehealth has seen an expected drop in utilization from the daily virtual encounters seen early in the pandemic, in December 2020, D-HH’s Center for Telehealth launched a virtual Urgent Care service for beneficiaries of the D-H health plan. In April, it was expanded as a general consumer offering and we continue to provide telehealth services to, and create partnerships with, an expanding number of hospitals and health systems around the region.

The learned and lived experiences of the past 18 months have positioned D-HH well to continue its economic recovery as we have found the clinical balance between caring for COVID-19 patients while continuing to care for non-COVID cases.

Health and Human Services (“HHS”) Provider Relief Funds

D-HH received \$65,600,000 and \$88,700,000 from the Provider Relief funds for the years ended June 30, 2021 and 2020, respectively. We will continue to pursue Provider Relief funds as available and required to provide support to D-HH.

Medicare and Medicaid Services (“CMS”) expanded Accelerated and Advance Payment Program

D-HH received a total of \$272,600,000 of temporary funds received from the Cares Act in the form of CMS prepayment advances of \$239,500,000 and accumulated payroll tax deferrals of \$33,100,000. In October 2020, new regulations were issued to revise the recoupment start date from August 2020 to April 2021.

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HHS Reporting Requirements for the CARES Act

In June 2021, HHS issued new reporting requirements for the CARES Act Provider Relief Funding. The new requirements first require Hospitals to identify healthcare-related expenses attributable to the COVID-19 pandemic that remain unreimbursed by another source. If those expenses do not exceed the Provider Relief funding received, Hospitals will need to demonstrate that the remaining Provider Relief funds were used to compensate for a negative variance in patient service revenue. HHS is entitled to recoup Provider Relief Funding in excess of the sum of expenses attributable to the COVID-19 pandemic that remain unreimbursed by another source and the decline in patient care revenue. Due to these new reporting requirements there is at least a reasonable possibility that amounts recorded under the CARES Act Provider Relief fund by the Health System may change in future periods.

4. Net Patient Service Revenue and Accounts Receivable

The Health System reports net patient service revenue at amounts that reflect the consideration to which it expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payers (including managed care payers and government programs), and others; and they include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Health System bills patients and third-party payers several days after the services were performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied under contracts by providing healthcare services to patients.

The Health System determines performance obligations based on the nature of the services provided. Revenues for performance obligations satisfied over time are recognized based on actual charges incurred in relation to total expected charges as this method provides a reasonable estimate of the transfer of services over the term of performance obligations based on inputs needed to satisfy the obligations. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. For inpatient services, performance obligations are measured from admission to the point when there are no further services required for the patient, which is generally the time of discharge. For outpatient services and physician services, performance obligations are recognized at a point in time when the services are provided and no further patient services are deemed necessary.

Generally, the Health System's patient service performance obligations relate to contracts with a duration of less than one year; therefore the Health System has elected to apply the optional exemption provided in ASC 606-10-50-14a and, therefore, we are not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. This generally refers to inpatient services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

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Established charges represent gross charges. They are not the same as actual pricing, and they generally do not reflect what a hospital is ultimately entitled to for services it provides. Therefore, they are not displayed in the Health System's consolidated statements of operations and changes in net assets.

Hospitals are paid amounts negotiated with insurance companies or set by government entities, which are typically less than established or standard charges. Gross charges are used to calculate Medicare outlier payments and to determine certain elements of payment under managed care contracts. Gross charges are what hospitals charge all patients prior to the application of contractual adjustments and implicit price concessions.

Explicit Pricing Concessions

Revenues for the Health System under the traditional fee-for service Medicare and Medicaid programs are based on prospectively determined rates per discharge or visit, reasonable (allowable) cost, or prospective rates per episodic period, depending on the type of provider.

- Inpatient acute care services provided to Medicare program beneficiaries are paid using the prospective payment system ("PPS") to determine rates-per-discharge. These rates vary according to a patient classification system ("DRG"), based on diagnostic, clinical and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system, based on a pre-determined amount for each outpatient procedure (APC), subject to various mandated modifications. Retrospectively determined cost-based revenues under these programs, such as indirect medical education, direct graduate medical education, disproportionate share hospital, transplant services, and bad debt reimbursement are based on the hospital's cost reports and are estimated using historical trends and current factors. The Health System's payments for inpatient services rendered to New Hampshire ("NH") and Vermont ("VT") Medicaid beneficiaries are based on PPS, while outpatient services are reimbursed on a retrospective cost basis or fee schedules for NH beneficiaries. VT outpatient beneficiaries are paid on a prospective basis per outpatient procedure.
- Inpatient acute, swing, and outpatient services furnished by CAH are reimbursed by Medicare at 101% of reasonable costs, subject to 2% sequestration, excluding ambulance services and inpatient hospice care.
- Providers of home health services to patients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the patient at a rate determined by federal guidelines.
- Hospice services to patients eligible for Medicare hospice benefits are paid on a per diem basis, with no retrospective settlement, provided the aggregate annual Medicare reimbursement is below a predetermined aggregate capitated rate.

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- The Health System's cost based services to Medicare and Medicaid are reimbursed during the year based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subject to audit of this report by Medicare and Medicaid auditors, as well as administrative and judicial review. Because the laws, regulations, and rule interpretations, governing Medicare and Medicaid reimbursement are complex and change frequently, the estimates recorded could change over time by material amounts.
- Revenues under Managed Care Plans (Plans) consist primarily of payment terms involving mutually agreed upon rates per diagnosis, discounted fee-for service rates, or similar contractual arrangements. These revenues are also subject to review and possible audit. The Plans are billed for patient services on an individual patient basis. An individual patient's bill is subject to adjustments in accordance with contractual terms in place with the Plans following their review and adjudication of each bill.

The Health System is not aware of any claims, disputes, or unsettled matters with any payer that would materially affect its revenues for which it has not adequately provided in the accompanying Health System's consolidated financial statements.

The Health System provides charity care to patients who are unable to pay for healthcare services they receive as determined by financial conditions. Patients who qualify receive partial or full adjustments to charges for services rendered. The Health System's policy is to treat amounts qualified as charity care as explicit price concessions and as such are not reported in net patient service revenue.

Vermont imposes a provider tax on home health agencies in the amount of 4.25% of annual net patient revenue. In fiscal years 2021 and 2020, home health provider taxes paid were \$623,000 and \$624,000, respectively.

Medicaid Enhancement Tax & Disproportionate Share Hospital

On May 22, 2018, the State of New Hampshire and all New Hampshire hospitals (Hospitals) agreed to resolve disputed issues and enter into a seven-year agreement to stabilize Disproportionate Share Hospital (DSH) payments, with provisions for alternative payments in the event of legislative changes to the DSH program. Under the agreement, the State committed to make DSH payments to the Hospitals in an amount no less than 86% of the Medicaid Enhancement Tax (MET) proceeds collected in each fiscal year, in addition to providing for directed payments or increased rates for Hospitals in an amount equal to 5% of MET proceeds collected from state fiscal year (SFY) 2020 through SFY 2024. The agreement prioritizes DSH payments to critical access hospitals in an amount equal to 75% of allowable uncompensated care (UCC), with the remainder distributed to Hospitals without critical access designation in proportion to their allowable UCC amounts.

During the years ended June 30, 2021 and 2020, the Health System received DSH payments of approximately \$67,940,000 and \$71,133,000 respectively. DSH payments are subject to audit and therefore, for the years ended June 30, 2021 and 2020, the Health System recognized as revenue DSH receipts of approximately \$61,602,000 and approximately \$67,500,000, respectively.

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During the years ended June 30, 2021 and 2020, the Health System recorded State of NH MET and State of VT Provider taxes of \$72,941,000 and \$76,010,000, respectively. The taxes are calculated at 5.4% for NH and 6% for VT of certain patient service revenues. The Provider taxes are included in operating expenses in the consolidated statements of operations and changes in net assets.

Implicit Price Concessions

Generally, patients who are covered by third-party payer contracts are responsible for related co-pays, co-insurance and deductibles, which vary depending on the contractual obligations of patients. The Health System also provides services to uninsured patients and offers those patients a discount from standard charges. The Health System estimates the transaction price for patients with co-pays, co-insurance, and deductibles and for those who are uninsured based on historical collection experience and current market conditions. The discount offered to uninsured patients reduces the transaction price at the time of billing. The uninsured and patient responsible accounts, net of discounts recorded, are further reduced through implicit price concessions based on historical collection trends for similar accounts and other known factors that impact the estimation process. Subsequent changes to the estimate of transaction price are generally recorded as adjustments to net patient services revenue in the period of change.

The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Health System expects to collect based on collection history with similar patients. Although outcomes vary, the Health System's policy is to attempt to collect amounts due from patients, including co-pays, co-insurance and deductibles due from insurance at the time of service while complying with all federal and state statutes and regulations, including but not limited to, the Emergency Medical Treatment and Active Labor Act (EMTALA). Through various systems and processes the Health System estimates Medicare and Medicaid net patient service revenue and cost report settlements and accrues final expected settlements. For filed cost reports, the accrual is recorded based on those filings, subsequent activity, and on historical trends and other relevant evidence. For periods in which a cost report is yet to be filed, accruals are based on estimates of what is expected to be reported, and any trends and relevant evidence. Cost reports generally must be filed within five months of the closing period.

Settlements with third-party payers for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the most likely amount. These settlements are estimated based on the terms of the payment agreement with the payer, correspondence from the payer and historical settlement activity, including assessments to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known, or as years are settled or are no longer subject to such audits, reviews or investigations. As of June 30, 2021 and 2020, the Health System had reserves of \$252,543,000 and \$302,525,000, respectively, recorded in Estimated third-party settlements. As of June 30, 2021 and 2020, Estimated third-party settlements includes \$179,382,000 and \$239,500,000, respectively, of Medicare accelerated and advanced payments, received as working capital support during COVID-19 outbreak. As of June 30, 2021 and 2020, Other liabilities include \$43,612,000 and \$10,900,000, respectively.

Dartmouth-Hitchcock Health and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2021 and 2020

For the years ended June 30, 2021 and 2020, additional increases in revenue of \$4,287,000 and \$2,314,000, respectively, were recognized due to changes in estimates of implicit price concessions for performance obligations satisfied in prior years.

Net operating revenues for the hospital operations of the PPS and CAH, and other business segments consist primarily of patient service revenues, principally for patients covered by Medicare, Medicaid, managed care and other health plans as well as patients covered under the Health System's uninsured discount and charity care programs.

The table below shows the Health System's sources of total operating revenue and other support presented at the net transaction price for the years ended June 30, 2021 and 2020.

<i>(in thousands of dollars)</i>	2021		
	PPS	CAH	Total
Hospital			
Medicare	\$ 526,114	\$ 81,979	\$ 608,093
Medicaid	144,434	11,278	155,712
Commercial	793,274	73,388	866,662
Self Pay	4,419	(721)	3,698
Subtotal	<u>1,468,241</u>	<u>165,924</u>	<u>1,634,165</u>
Professional	446,181	37,935	484,116
Subtotal	<u>1,914,422</u>	<u>203,859</u>	<u>2,118,281</u>
VNA			20,006
Subtotal			<u>2,138,287</u>
Other Revenue			462,517
Provider Relief Fund			62,905
Total operating revenue and other support			<u>\$ 2,663,709</u>

<i>(in thousands of dollars)</i>	2020		
	PPS	CAH	Total
Hospital			
Medicare	\$ 461,990	\$ 64,087	\$ 526,077
Medicaid	130,901	10,636	141,537
Commercial	718,576	60,715	779,291
Self Pay	2,962	2,501	5,463
Subtotal	<u>1,314,429</u>	<u>137,939</u>	<u>1,452,368</u>
Professional	383,503	22,848	406,351
Subtotal	<u>1,697,932</u>	<u>160,787</u>	<u>1,858,719</u>
VNA			21,306
Subtotal			<u>1,880,025</u>
Other Revenue			376,185
Provider Relief Fund			88,725
Total operating revenue and other support			<u>\$ 2,344,935</u>

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
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Accounts Receivable

The following table categorizes payors into four groups based on their respective percentages of patient accounts receivable as of June 30, 2021 and 2020:

	2021	2020
Medicare	34%	36%
Medicaid	13%	13%
Commercial	41%	39%
Self Pay	12%	12%
Total	<u>100%</u>	<u>100%</u>

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
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5. Investments

The composition of investments at June 30, 2021 and 2020 is set forth in the following table:

<i>(in thousands of dollars)</i>	2021	2020
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	\$ 24,692	\$ 9,646
U.S. government securities	157,373	103,977
Domestic corporate debt securities	322,616	199,462
Global debt securities	74,292	70,145
Domestic equities	247,486	203,010
International equities	81,060	123,205
Emerging markets equities	52,636	22,879
Global equities	79,296	-
Real Estate Investment Trust	422	313
Private equity funds	110,968	74,131
Hedge funds	-	36,964
	<u>1,150,841</u>	<u>843,732</u>
Investments held by captive insurance companies (Note 11)		
U.S. government securities	26,759	15,402
Domestic corporate debt securities	5,979	8,651
Global debt securities	6,617	8,166
Domestic equities	11,396	15,150
International equities	6,488	7,227
	<u>57,239</u>	<u>54,596</u>
Held by trustee under indenture agreement (Note 9)		
Cash and short-term investments	170,399	236,198
Total assets limited as to use	<u>1,378,479</u>	<u>1,134,526</u>
Other investments for restricted activities		
Cash and short-term investments	13,400	7,186
U.S. government securities	28,330	28,055
Domestic corporate debt securities	40,676	35,440
Global debt securities	8,953	11,476
Domestic equities	33,634	26,723
International equities	9,497	15,402
Emerging markets equities	5,917	2,766
Global equities	8,755	-
Real Estate Investment Trust	21	-
Private equity funds	12,251	9,483
Hedge funds	6,557	4,013
Other	44	36
Total other investments for restricted activities	<u>168,035</u>	<u>140,580</u>
Total investments	<u>\$ 1,546,514</u>	<u>\$ 1,275,106</u>

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
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Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case by case basis. The fair value method is used for all debt securities and equity securities that are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above.

The following tables summarize the investments by the accounting method utilized, as of June 30, 2021 and 2020. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

(in thousands of dollars)

	2021		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 208,491	\$ -	\$ 208,491
U.S. government securities	212,482	-	212,482
Domestic corporate debt securities	191,112	178,159	369,271
Global debt securities	55,472	34,390	89,862
Domestic equities	225,523	68,993	292,516
International equities	55,389	41,656	97,045
Emerging markets equities	1,888	56,665	58,553
Global equities	-	88,051	88,051
Real Estate Investment Trust	443	-	443
Private equity funds	-	123,219	123,219
Hedge funds	446	6,111	6,557
Other	44	-	44
	<u>\$ 951,270</u>	<u>\$ 595,244</u>	<u>\$ 1,546,514</u>

(in thousands of dollars)

	2020		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 253,030	\$ -	\$ 253,030
U.S. government securities	147,434	-	147,434
Domestic corporate debt securities	198,411	45,142	243,553
Global debt securities	44,255	45,532	89,787
Domestic equities	195,014	49,869	244,883
International equities	77,481	68,353	145,834
Emerging markets equities	1,257	24,388	25,645
Real Estate Investment Trust	313	-	313
Private equity funds	-	83,614	83,614
Hedge funds	-	40,977	40,977
Other	36	-	36
	<u>\$ 917,231</u>	<u>\$ 357,875</u>	<u>\$ 1,275,106</u>

Dartmouth-Hitchcock Health and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2021 and 2020

For the years ended June 30, 2021 and 2020 investment income is reflected in the accompanying consolidated statements of operations and changes in net assets as other operating revenue of approximately \$930,000 and \$936,000 and as non-operating gains of approximately \$203,776,000 and \$27,047,000, respectively.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner. It is the intent of the Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreement expires. Under the terms of these agreements, the Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2021 and 2020, the Health System has outstanding commitments of \$47,419,000 and \$53,677,000, respectively.

6. Property, Plant, and Equipment

Property, plant, and equipment are summarized as follows at June 30, 2021 and 2020:

<i>(in thousands of dollars)</i>	2021	2020
Land	\$ 40,749	\$ 40,749
Land improvements	43,927	39,820
Buildings and improvements	955,094	893,081
Equipment	993,899	927,233
	<u>2,033,669</u>	<u>1,900,883</u>
Less: Accumulated depreciation	1,433,467	1,356,521
Total depreciable assets, net	<u>600,202</u>	<u>544,362</u>
Construction in progress	80,231	99,224
	<u>\$ 680,433</u>	<u>\$ 643,586</u>

As of June 30, 2021, construction in progress primarily consists of two projects. The Manchester Ambulatory Surgical Center (ASC) and the in-patient tower located in Lebanon, NH. The ASC partially opened in April 2021. The estimated cost to complete the ASC is \$4,300,000. The anticipated completion date is the second quarter of fiscal 2022. The in-patient tower project is estimated to cost \$82,000,000 to complete. The anticipated completion date is the fourth quarter of fiscal 2023.

Capitalized interest of \$5,127,000 and \$2,297,000 is included in construction in progress as of June 30, 2021 and 2020, respectively.

Depreciation and amortization expense included in operating and non-operating activities was approximately \$86,011,000 and \$89,762,000 for 2021 and 2020, respectively.

Dartmouth-Hitchcock Health and Subsidiaries

Notes to Consolidated Financial Statements

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7. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

Cash and Short-Term Investments

Consists of money market funds and are valued at net asset value (NAV) reported by the financial institution and cash which will be used for future investment opportunities.

Domestic, Emerging Markets and International Equities

Consists of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

U.S. Government Securities, Domestic Corporate and Global Debt Securities

Consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

Hedge Funds

Consists of publicly traded, daily-pricing mutual funds that use long/short trading strategies (Level 1 measurements).

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

Dartmouth-Hitchcock Health and Subsidiaries
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Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2021 and 2020:

	2021			
<i>(in thousands of dollars)</i>	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and short term investments	\$ 208,491	\$ -	\$ -	\$ 208,491
U.S. government securities	212,462	-	-	212,462
Domestic corporate debt securities	36,163	154,949	-	191,112
Global debt securities	27,410	28,062	-	55,472
Domestic equities	220,434	5,089	-	225,523
International equities	55,389	-	-	55,389
Emerging market equities	1,888	-	-	1,888
Real estate investment trust	443	-	-	443
Hedge funds	446	-	-	446
Other	9	35	-	44
Total investments	<u>763,135</u>	<u>188,135</u>	<u>-</u>	<u>951,270</u>
Deferred compensation plan assets				
Cash and short-term investments	6,099	-	-	6,099
U.S. government securities	48	-	-	48
Domestic corporate debt securities	10,589	-	-	10,589
Global debt securities	1,234	-	-	1,234
Domestic equities	37,362	-	-	37,362
International equities	5,592	-	-	5,592
Emerging market equities	39	-	-	39
Real estate	15	-	-	15
Multi strategy fund	65,257	-	-	65,257
Total deferred compensation plan assets	<u>126,235</u>	<u>-</u>	<u>-</u>	<u>126,235</u>
Beneficial interest in trusts	-	-	10,796	10,796
Total assets	<u>\$ 889,370</u>	<u>\$ 188,135</u>	<u>\$ 10,796</u>	<u>\$ 1,088,301</u>

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
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	2020			
<i>(in thousands of dollars)</i>	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and short term investments	\$ 253,030	\$ -	\$ -	\$ 253,030
U.S. government securities	147,434	-	-	147,434
Domestic corporate debt securities	17,577	180,834	-	198,411
Global debt securities	22,797	21,458	-	44,255
Domestic equities	187,354	7,660	-	195,014
International equities	77,481	-	-	77,481
Emerging market equities	1,257	-	-	1,257
Real estate investment trust	313	-	-	313
Other	2	34	-	36
Total investments	<u>707,245</u>	<u>209,986</u>	<u>-</u>	<u>917,231</u>
Deferred compensation plan assets				
Cash and short-term investments	5,754	-	-	5,754
U.S. government securities	51	-	-	51
Domestic corporate debt securities	7,194	-	-	7,194
Global debt securities	1,270	-	-	1,270
Domestic equities	24,043	-	-	24,043
International equities	3,571	-	-	3,571
Emerging market equities	27	-	-	27
Real estate	11	-	-	11
Multi strategy fund	51,904	-	-	51,904
Guaranteed contract	-	-	92	92
Total deferred compensation plan assets	<u>93,825</u>	<u>-</u>	<u>92</u>	<u>93,917</u>
Beneficial interest in trusts	<u>-</u>	<u>-</u>	<u>9,202</u>	<u>9,202</u>
Total assets	<u>\$ 801,070</u>	<u>\$ 209,986</u>	<u>\$ 9,294</u>	<u>\$ 1,020,350</u>

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
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The following tables set forth the financial instruments classified by the Health System within Level 3 of the fair value hierarchy defined above as of June 30, 2021 and 2020.

	2021		
	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
<i>(in thousands of dollars)</i>			
Balances at beginning of year	\$ 9,202	\$ 92	\$ 9,294
Net realized/unrealized gains (losses)	1,594	(92)	1,502
Balances at end of year	\$ 10,796	\$ -	\$ 10,796

	2020		
	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
<i>(in thousands of dollars)</i>			
Balances at beginning of year	\$ 9,301	\$ 89	\$ 9,390
Net realized/unrealized (losses) gains	(99)	3	(96)
Balances at end of year	\$ 9,202	\$ 92	\$ 9,294

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2021 and 2020.

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
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8. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30, 2021 and 2020:

<i>(in thousands of dollars)</i>	2021	2020
Investments held in perpetuity	\$ 64,498	\$ 59,352
Healthcare services	38,869	33,976
Health education	26,934	16,849
Research	24,464	22,116
Charity care	15,377	12,366
Other	7,215	4,488
Purchase of equipment	6,913	3,081
	<u>\$ 184,270</u>	<u>\$ 152,228</u>

Income earned on donor restricted net assets held in perpetuity is available for these purposes.

9. Board Designated and Endowment Funds

Net assets include numerous funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Trustees has interpreted the NH and VT Uniform Prudent Management of Institutional Funds Acts (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Health System's net assets with donor restrictions which are to be held in perpetuity consist of (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to be held in perpetuity, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Dartmouth-Hitchcock Health and Subsidiaries

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Net assets without donor restrictions include funds designated by the Board of Trustees to function as endowments, the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Net assets with donor restrictions that are temporary in nature, either restricted by time or purpose, include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the donor to a specific purpose or by law. When the restrictions on these funds have been met, the funds are reclassified to net assets without donor restrictions.

In accordance with the Act, the Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2021 and 2020.

Endowment net asset composition by type of fund consists of the following at June 30, 2021 and 2020:

	2021		
	Without Donor Restrictions	With Donor Restrictions	Total
<i>(in thousands of dollars)</i>			
Donor-restricted endowment funds	\$ -	\$ 108,213	\$ 108,213
Board-designated endowment funds	41,728	-	41,728
Total endowed net assets	\$ 41,728	\$ 108,213	\$ 149,941

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2021 and 2020

<i>(in thousands of dollars)</i>	2020		Total
	Without Donor Restrictions	With Donor Restrictions	
Donor-restricted endowment funds	\$ -	\$ 80,039	\$ 80,039
Board-designated endowment funds	33,714	-	33,714
Total endowed net assets	<u>\$ 33,714</u>	<u>\$ 80,039</u>	<u>\$ 113,753</u>

Changes in endowment net assets for the years ended June 30, 2021 and 2020 are as follows:

<i>(in thousands of dollars)</i>	2021		Total
	Without Donor Restrictions	With Donor Restrictions	
Balances at beginning of year	\$ 33,714	\$ 80,039	\$ 113,753
Net investment return	7,192	17,288	24,480
Contributions	894	13,279	14,173
Transfers	-	418	418
Release of appropriated funds	(72)	(2,811)	(2,883)
Balances at end of year	<u>\$ 41,728</u>	<u>\$ 108,213</u>	<u>\$ 149,941</u>
Balances at end of year		108,213	
Beneficial interest in perpetual trusts		<u>9,721</u>	
Net assets with donor restrictions		<u>\$ 117,934</u>	

<i>(in thousands of dollars)</i>	2020		Total
	Without Donor Restrictions	With Donor Restrictions	
Balances at beginning of year	\$ 31,421	\$ 78,268	\$ 109,689
Net investment return	713	1,460	2,173
Contributions	890	2,990	3,880
Transfers	14	267	281
Release of appropriated funds	676	(2,946)	(2,270)
Balances at end of year	<u>\$ 33,714</u>	<u>\$ 80,039</u>	<u>\$ 113,753</u>
Balances at end of year		80,039	
Beneficial interest in perpetual trusts		<u>6,782</u>	
Net assets with donor restrictions		<u>\$ 86,821</u>	

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
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10. Long-Term Debt

A summary of long-term debt at June 30, 2021 and 2020 is as follows:

<i>(in thousands of dollars)</i>	2021	2020
Variable rate issues		
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds		
Series 2018A, principal maturing in varying annual amounts, through August 2037 (1)	\$ 83,355	\$ 83,355
Fixed rate issues		
New Hampshire Health and Education Facilities Authority Revenue Bonds		
Series 2018B, principal maturing in varying annual amounts, through August 2048 (1)	303,102	303,102
Series 2020A, principal maturing in varying annual amounts, through August 2059 (2)	125,000	125,000
Series 2017A, principal maturing in varying annual amounts, through August 2040 (3)	122,435	122,435
Series 2017B, principal maturing in varying annual amounts, through August 2031 (3)	109,800	109,800
Series 2019A, principal maturing in varying annual amounts, through August 2043 (4)	99,165	99,165
Series 2018C, principal maturing in varying annual amounts, through August 2030 (5)	24,425	25,160
Series 2012, principal maturing in varying annual amounts, through July 2039 (6)	23,470	24,315
Series 2014B, principal maturing in varying annual amounts, through August 2033 (7)	14,530	14,530
Series 2014A, principal maturing in varying annual amounts, through August 2022 (7)	12,385	19,765
Series 2016B, principal maturing in varying annual amounts, through August 2045 (8)	10,970	10,970
Note payable		
Note payable to a financial institution due in monthly interest only payments through May 2035 (9)	125,000	125,000
Total obligated group debt	<u>\$ 1,053,637</u>	<u>\$ 1,062,597</u>

Dartmouth-Hitchcock Health and Subsidiaries
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A summary of long-term debt at June 30, 2021 and 2020 is as follows (continued):

<i>(in thousands of dollars)</i>	2021	2020
Other		
Note payable to a financial institution payable in interest free monthly installments through December 2024; collateralized by associated equipment	\$ 147	\$ 287
Note payable to a financial institution with entire principal due June 2034; collateralized by land and building. The note payable is interest free	273	273
Mortgage note payable to the US Dept of Agriculture; monthly payments of \$10,892 include interest of 2.375% through November 2046	2,489	2,560
Total nonobligated group debt	<u>2,909</u>	<u>3,120</u>
Total obligated group debt	<u>1,053,637</u>	<u>1,062,597</u>
Total long-term debt	<u>1,056,546</u>	<u>1,065,717</u>
 Add: Original issue premium and discounts, net	 86,399	 89,542
 Less: Current portion	 9,407	 9,467
Debt issuance costs, net	7,181	7,262
	<u>\$ 1,126,357</u>	<u>\$ 1,138,530</u>

Dartmouth-Hitchcock Health and Subsidiaries

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Aggregate annual principal payments for the next five years ending June 30 and thereafter are as follows:

<i>(in thousands of dollars)</i>	2021
2022	\$ 9,407
2023	6,602
2024	1,841
2025	4,778
2026	4,850
Thereafter	<u>1,029,068</u>
	<u>\$ 1,056,546</u>

Dartmouth-Hitchcock Obligated Group (DHOG) Debt

MHMH established the DHOG in 1993 for the original purpose of issuing bonds financed through NHHEFA or the "Authority". The members of the obligated group consist of D-HH, MHMH, DHC, Cheshire, NLH, MAHHC, and, APD. D-HH is designated as the obligated group agent.

Revenue Bonds issued by members of the DHOG are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive is the Annual Debt Service Coverage Ratio (1.10x).

(1) Series 2018A and Series 2018B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018A and Series 2018B in February 2018. The Series 2018A Revenue Bonds were primarily used to refund a portion of Series 2015A and Series 2016A. The Series 2018B were primarily used to refund a portion of Series 2015A and Series 2016A, Revolving Line of Credit, Series 2012 Bank Loan and the Series 2015A and Series 2016A Swap terminations. A loss on the extinguishment of debt of approximately \$578,000 was recognized in non-operating gains (losses) on the statement of operations and changes in net assets, as a result of the refinancing. The interest on the Series 2018A Revenue Bonds is variable with a current interest rate of 5.00% and matures in variable amounts through 2037. The interest on the Series 2018B Revenue Bonds is fixed with an interest rate of 4.18% and matures in variable amounts through 2048.

(2) Series 2020A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds Series 2020A in February, 2020. The proceeds from the Series 2020A Revenue Bonds are being used primarily to fund the construction of a 212,000 square foot inpatient pavilion in Lebanon, NH as well as various equipment. The interest on the Series 2020A Revenue Bonds is fixed with an interest rate of 5.00% and matures in variable amounts through 2059.

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(3) Series 2017A and Series 2017B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2017A and Series 2017B in December, 2017. The Series 2017A Revenue Bonds were primarily used to refund Series 2009 and Series 2010 and the Series 2017B Revenue Bonds were used to refund Series 2012A and Series 2012B. The interest on the Series 2017A Revenue Bonds is fixed with an interest rate of 5.00% and matures in variable amounts through 2040. The interest on the Series 2017B Revenue Bonds is fixed with an interest rate of 2.54% and matures in variable amounts through 2031.

(4) Series 2019A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds Series 2019A in October, 2019. The proceeds from the Series 2019A Revenue Bonds are being used primarily to fund the construction of a 91,000 square foot expansion of facilities in Manchester, NH to include an Ambulatory Surgical Center as well as various equipment. The interest on the Series 2019A Revenue Bonds is fixed with an interest rate of 4.00% and matures in variable amounts through 2043.

(5) Series 2018C Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018C in August, 2018. The Series 2018C Revenue Bonds were used primarily to refinance the Series 2010 Revenue Bonds. The interest on the series 2018C Revenue Bonds is fixed with an interest rate of 3.22% and matures in variable amounts through 2030.

(6) Series 2012 Revenue Bonds

The NHHEFA issued \$29,650,000 of tax-exempt Revenue Bonds, Series 2012. The proceeds of these bonds were used to refund 1998 and 2009 Series Bonds, to finance the settlement cost of the interest rate swap, and to finance the purchase of certain equipment and renovations. The bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%), and matures in variable amounts through 2039.

(7) Series 2014A and Series 2014B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2014A and Series 2014B in August 2014. The proceeds from the Series 2014A and 2014B Revenue Bonds were used to partially refund the Series 2009 Revenue Bonds and to cover cost of issuance. Interest on the 2014A Revenue Bonds is fixed with an interest rate of 2.63% and matures at various dates through 2022. Interest on the Series 2014B Revenue Bonds is fixed with an interest rate of 4.00% and matures at various dates through 2033.

(8) Series 2016B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2016B in July 2016 through a private placement with a financial institution. The Series 2016B Revenue Bonds were used to finance 2016 projects. The Series 2016B is fixed with an interest rate of 1.78% and matures at various dates through 2045.

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(9) Note payable to financial institution

The DHOG issued a note payable to TD Bank in May 2020. Issued in response to the COVID-19 pandemic, the proceeds from the note will be used to fund working capital as needed. The interest on the note payable is fixed with an interest rate of 2.56% and matures at various dates through 2035.

Outstanding joint and several indebtedness of the DHOG at June 30, 2021 and 2020 approximates \$1,053,637,000 and \$1,062,597,000, respectively.

The Health System Indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately \$170,399,000 and \$236,198,000 at June 30, 2021 and 2020, respectively, are classified as assets limited as to use in the accompanying consolidated balance sheets (Note 4). In addition, debt service reserves of approximately \$8,035,000 and \$9,286,000 at June 30, 2021 and 2020, respectively, are classified as other current assets in the accompanying consolidated balance sheets. The debt service reserves are mainly comprised of escrowed construction funds at June 30, 2021 and 2020.

For the years ended June 30, 2021 and 2020 interest expense on the Health System's long term debt is reflected in the accompanying consolidated statements of operations and changes in net assets as operating expense of approximately \$30,787,000 and \$27,322,000 and other non-operating losses of \$3,782,000 and \$3,784,000, respectively, net of amounts capitalized.

11. Employee Benefits

All eligible employees of the Health System are covered under various defined benefit and/or defined contribution plans. In addition, certain members provide postretirement medical and life benefit plans to certain of its active and former employees who meet eligibility requirements. The postretirement medical and life plans are not funded.

All of the defined benefit plans within the Health System have been frozen and therefore there are no remaining participants earning benefits in any of the Health System's defined benefit plans.

The Health System continued to execute the settlement of obligations due to retirees in the defined benefit plans through bulk lump sum offerings or purchases of annuity contracts. The annuity purchases follow guidelines established by the Department of Labor (DOL). The Health System anticipates continued consideration and/or implementation of additional settlements over the next several years.

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Defined Benefit Plans

Net periodic pension expense included in employee benefits in the consolidated statements of operations and changes in net assets is comprised of the components listed below for the years ended June 30, 2021 and 2020:

<i>(in thousands of dollars)</i>	2021	2020
Service cost for benefits earned during the year	\$ -	\$ 170
Interest cost on projected benefit obligation	36,616	43,433
Expected return on plan assets	(63,261)	(62,436)
Net loss amortization	14,590	12,032
Total net periodic pension expense	<u>\$ (12,055)</u>	<u>\$ (6,801)</u>

The following assumptions were used to determine net periodic pension expense as of June 30, 2021 and 2020:

	2021	2020
Discount rate	3.00% - 3.10%	3.00% - 3.10%
Rate of increase in compensation	N/A	N/A
Expected long-term rate of return on plan assets	7.50%	7.50%

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The following table sets forth the funded status and amounts recognized in the Health System's consolidated financial statements for the defined benefit pension plans at June 30, 2021 and 2020:

<i>(in thousands of dollars)</i>	2021	2020
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 1,209,100	\$ 1,135,523
Service cost	-	170
Interest cost	36,616	43,433
Benefits paid	(52,134)	(70,778)
Expenses paid	-	(168)
Actuarial loss	(22,411)	139,469
Settlements	(30,950)	(38,549)
Benefit obligation at end of year	<u>1,140,221</u>	<u>1,209,100</u>
Change in plan assets		
Fair value of plan assets at beginning of year	929,453	897,717
Actual return on plan assets	87,446	121,245
Benefits paid	(52,134)	(70,778)
Expenses paid	-	(168)
Employer contributions	25,049	19,986
Settlements	(30,950)	(38,549)
Fair value of plan assets at end of year	<u>958,864</u>	<u>929,453</u>
Funded status of the plans	(181,357)	(279,647)
Less: Current portion of liability for pension	<u>(46)</u>	<u>(46)</u>
Long term portion of liability for pension	<u>(181,311)</u>	<u>(279,601)</u>
Liability for pension	<u>\$ (181,357)</u>	<u>\$ (279,647)</u>

As of June 30, 2021 and 2020, the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic pension expense and included in the change in net assets without donor restrictions include approximately \$481,073,000 and \$546,818,000 of net actuarial loss as of June 30, 2021 and 2020, respectively.

The estimated amounts to be amortized from net assets without donor restrictions into net periodic pension expense in fiscal year 2021 for net actuarial losses is approximately \$14,590,000.

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The accumulated benefit obligation for the defined benefit pension plans was approximately \$1,140,000,000 and \$1,209,000,000 at June 30, 2021 and 2020, respectively.

The following table sets forth the assumptions used to determine the benefit obligation at June 30, 2021 and 2020:

	2021	2020
Discount rate	3.30%	3.00% - 3.10%
Rate of increase in compensation	N/A	N/A

The primary investment objective for the Plan's assets is to support the Pension liabilities of the Pension Plans for Employees of the Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of the Plan's liabilities. As of June 30, 2021, it is expected that the LDI strategy will hedge approximately 75% of the interest rate risk associated with pension liabilities. As of June 30, 2020, the expected LDI hedge was approximately 60%. To achieve the appreciation and hedging objectives, the Plans utilize a diversified structure of asset classes designed to achieve stated performance objectives measured on a total return basis, which includes income plus realized and unrealized gains and losses.

The range of target allocation percentages and the target allocations for the various investments are as follows:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0-5%	3%
U.S. government securities	0-10	5
Domestic debt securities	20-58	42
Global debt securities	6-26	4
Domestic equities	5-35	17
International equities	5-15	7
Emerging market equities	3-13	4
Global Equities	0-10	6
Real estate investment trust funds	0-5	1
Private equity funds	0-5	0
Hedge funds	5-18	11

To the extent an asset class falls outside of its target range on a quarterly basis, the Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

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The Boards of Trustees of the Health System, as Plan Sponsors, oversee the design, structure, and prudent professional management of the Health System's Plans' assets, in accordance with Board approved investment policies, roles, responsibilities and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plans' assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient. The Health System's Plans own interests in both private equity and hedge funds rather than in securities underlying each fund and, therefore, the Health System generally considers such investments as Level 3, even though the underlying securities may not be difficult to value or may be readily marketable.

The following table sets forth the Health System's Plans' investments and deferred compensation plan assets that were accounted for at fair value as of June 30, 2021 and 2020:

<i>(in thousands of dollars)</i>	2021				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Investments						
Cash and short-term investments	\$ -	\$ 53,763	\$ -	\$ 53,763	Daily	1
U.S. government securities	52,945	-	-	52,945	Daily-Monthly	1-15
Domestic debt securities	140,029	296,709	-	436,738	Daily-Monthly	1-15
Global debt securities	-	40,877	-	40,877	Daily-Monthly	1-15
Domestic equities	144,484	40,925	-	185,409	Daily-Monthly	1-10
International equities	17,767	51,819	-	69,586	Daily-Monthly	1-11
Emerging market equities	-	43,460	-	43,460	Daily-Monthly	1-17
Global equities	-	57,230	-	57,230	Daily-Monthly	1-17
REIT funds	-	3,329	-	3,329	Daily-Monthly	1-17
Private equity funds	-	-	15	15	See Note 6	See Note 6
Hedge funds	-	-	15,512	15,512	Quarterly-Annual	60-96
Total investments	\$ 355,225	\$ 588,112	\$ 15,527	\$ 958,864		

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(in thousands of dollars)	2020				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Investments						
Cash and short-term investments	\$ -	\$ 7,154	\$ -	\$ 7,154	Daily	1
U.S. government securities	49,843	-	-	49,843	Daily-Monthly	1-15
Domestic debt securities	133,794	318,259	-	452,053	Daily-Monthly	1-15
Global debt securities	-	69,076	-	69,076	Daily-Monthly	1-15
Domestic equities	152,688	24,947	-	177,635	Daily-Monthly	1-10
International equities	13,555	70,337	-	83,892	Daily-Monthly	1-11
Emerging market equities	-	39,984	-	39,984	Daily-Monthly	1-17
REIT funds	-	2,448	-	2,448	Daily-Monthly	1-17
Private equity funds	-	-	17	17	See Note 7.	See Note 7
Hedge funds	-	-	47,351	47,351	Quarterly-Annual	60-96
Total investments	\$ 349,880	\$ 532,205	\$ 47,368	\$ 929,453		

The following tables present additional information about the changes in Level 3 assets measured at fair value for the years ended June 30, 2021 and 2020:

(in thousands of dollars)	2021		
	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	\$ 47,351	\$ 17	\$ 47,368
Sales	(38,000)	-	(38,000)
Net unrealized gains (losses)	6,161	(2)	6,159
Balances at end of year	\$ 15,512	\$ 15	\$ 15,527

(in thousands of dollars)	2020		
	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	\$ 44,126	\$ 21	\$ 44,147
Net unrealized losses	3,225	(4)	3,221
Balances at end of year	\$ 47,351	\$ 17	\$ 47,368

The total aggregate net unrealized gains (losses) included in the fair value of the Level 3 investments as of June 30, 2021 and 2020 were approximately \$7,635,000 and \$18,261,000, respectively. There were no transfers into and out of Level 3 measurements during the years ended June 30, 2021 and 2020.

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2021 and 2020.

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The weighted average asset allocation for the Health System's Plans at June 30, 2021 and 2020 by asset category is as follows:

	2021	2020
Cash and short-term investments	6 %	1 %
U.S. government securities	5	5
Domestic debt securities	46	49
Global debt securities	4	8
Domestic equities	19	19
International equities	7	9
Emerging market equities	5	4
Global equities	6	0
Hedge funds	2	5
	100 %	100 %

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.50% per annum.

The Health System is expected to contribute approximately \$25,045,000 to the Plans in 2022 however actual contributions may vary from expected amounts.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30 and thereafter:

(in thousands of dollars)

2022	\$ 54,696
2023	57,106
2024	59,137
2025	60,930
2026	62,514
2027 – 2031	327,482

Effective May 1, 2020, the Health System terminated a defined benefit plan and settled the accumulated benefit obligation of \$18,795,000 by purchasing nonparticipating annuity contracts. The plan assets at fair value were \$11,836,000.

Defined Contribution Plans

The Health System has an employer-sponsored 401(a) plan for certain of its members, under which the employer makes base, transition and discretionary match contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of approximately \$60,268,000 and \$51,222,000 in 2021 and 2020, respectively, are included in employee benefits in the accompanying consolidated statements of operations and changes in net assets.

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Various 403(b) and tax-sheltered annuity plans are available to employees of the Health System. Plan specifications vary by member and plan. No employer contributions were made to any of these plans in 2021 and 2020 respectively.

Postretirement Medical and Life Benefits

The Health System has postretirement medical and life benefit plans covering certain of its active and former employees. The plans generally provide medical or medical and life insurance benefits to certain retired employees who meet eligibility requirements. The plans are not funded.

Net periodic postretirement medical and life benefit (income) cost is comprised of the components listed below for the years ended June 30, 2021 and 2020:

<i>(in thousands of dollars)</i>	2021	2020
Service cost	\$ 533	\$ 609
Interest cost	1,340	1,666
Net prior service income	(3,582)	(5,974)
Net loss amortization	738	469
	<u>\$ (971)</u>	<u>\$ (3,230)</u>

The following table sets forth the accumulated postretirement medical and life benefit obligation and amounts recognized in the Health System's consolidated financial statements at June 30, 2021 and 2020:

<i>(in thousands of dollars)</i>	2021	2020
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 48,078	\$ 46,671
Service cost	533	609
Interest cost	1,340	1,666
Benefits paid	(3,439)	(3,422)
Actuarial loss	383	2,554
Employer contributions	(32)	
Benefit obligation at end of year	<u>46,863</u>	<u>48,078</u>
Funded status of the plans	<u>\$ (46,863)</u>	<u>\$ (48,078)</u>
Current portion of liability for postretirement medical and life benefits	\$ (3,422)	\$ (3,422)
Long term portion of liability for postretirement medical and life benefits	<u>(43,441)</u>	<u>(44,656)</u>
Liability for postretirement medical and life benefits	<u>\$ (46,863)</u>	<u>\$ (48,078)</u>

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As of June 30, 2021 and 2020, the liability for postretirement medical and life benefits is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic postretirement medical and life benefit income and included in the change in net assets without donor restrictions are as follows:

<i>(in thousands of dollars)</i>	2021	2020
Net prior service income	\$ -	\$ (3,582)
Net actuarial loss	9,981	10,335
	<u>\$ 9,981</u>	<u>\$ 6,753</u>

The estimated amounts that will be amortized from net assets without donor restrictions into net periodic postretirement income in fiscal year 2022 for net losses is approximately \$751,000.

The following future benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the year ending June 30, 2021 and thereafter:

<i>(in thousands of dollars)</i>	
2022	\$ 3,422
2023	3,602
2024	3,651
2025	3,575
2026	3,545
2027-2031	16,614

In determining the accumulated postretirement medical and life benefit obligation, the Health System used a discount rate of 3.10% in 2021 and an assumed healthcare cost trend rate of 6.50%, trending down to 5.00% in 2027 and thereafter.

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12. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College, CMC, NLH, APD, MAHHC, and VNH are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company. Effective November 1, 2018 APD is provided professional and general liability insurance coverage through RRG. RRG reinsures the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda and to a variety of commercial reinsurers. D-H and Dartmouth College have ownership interests in both HAC and RRG. The insurance program provides coverage to the covered institutions and named insureds on a modified claims-made basis which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

Selected financial data of HAC and RRG, taken from the latest available financial statements at June 30, 2021 and 2020, are summarized as follows:

	2021		
	HAC	RRG	Total
<i>(in thousands of dollars)</i>			
Assets	\$ 71,772	\$ 3,583	\$ 75,355
Shareholders' equity	13,620	50	13,670

	2020		
	HAC	RRG	Total
<i>(in thousands of dollars)</i>			
Assets	\$ 93,686	\$ 1,785	\$ 95,471
Shareholders' equity	13,620	50	13,670

13. Commitments and Contingencies

Litigation

The Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. While it is not feasible to predict or determine the outcome of any of these claims, it is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Health System.

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Lines of Credit

The Health System has entered into Loan Agreements with financial institutions establishing access to revolving loans ranging from \$10,000,000 up to \$30,000,000. Interest is variable and determined using LIBOR or the Wall Street Journal Prime Rate. The Loan Agreements are due to expire March 30, 2022. There was no outstanding balance under the lines of credit as of June 30, 2021 and 2020. Interest expense was approximately \$28,000 and \$20,000, respectively, and is included in the consolidated statements of operations and changes in net assets.

14. Functional Expenses

Operating expenses are presented by functional classification in accordance with the overall service missions of the Health System. Each functional classification displays all expenses related to the underlying operations by natural classification. Salaries, employee benefits, medical supplies and medications, and purchased services and other expenses are generally considered variable and are allocated to the mission that best aligns to the type of service provided. Medicaid enhancement tax is allocated to program services. Interest expense is allocated based on usage of debt-financed space. Depreciation and amortization is allocated based on square footage and specific identification of equipment used by department.

Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2021:

	2021			
	Program Services	Management and General	Fundraising	Total
<i>(in thousands of dollars)</i>				
Operating expenses				
Salaries	\$ 1,019,272	\$ 164,937	\$ 1,701	\$ 1,185,910
Employee benefits	212,953	88,786	403	302,142
Medical supplies and medications	540,541	4,982	-	545,523
Purchased services and other	252,705	125,931	5,313	383,949
Medicaid enhancement tax	72,941	-	-	72,941
Depreciation and amortization	38,945	49,943	33	88,921
Interest	8,657	22,123	7	30,787
Total operating expenses	\$ 2,146,014	\$ 456,702	\$ 7,457	\$ 2,610,173
Non-operating income				
Employee benefits	\$ 9,200	\$ 4,354	\$ 5	\$ 13,559
Total non-operating income	\$ 9,200	\$ 4,354	\$ 5	\$ 13,559

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Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2020:

<i>(in thousands of dollars)</i>	2020			
	Program Services	Management and General	Fundraising	Total
Operating expenses				
Salaries	\$ 981,320	\$ 161,704	\$ 1,799	\$ 1,144,823
Employee benefits	231,361	41,116	395	272,872
Medical supplies and medications	454,143	1,238	-	455,381
Purchased services and other	236,103	120,563	3,830	360,496
Medicaid enhancement tax	76,010	-	-	76,010
Depreciation and amortization	26,110	65,949	105	92,164
Interest	5,918	21,392	12	27,322
Total operating expenses	<u>\$ 2,010,965</u>	<u>\$ 411,962</u>	<u>\$ 6,141</u>	<u>\$ 2,429,068</u>
Non-operating income				
Employee benefits	\$ 9,239	\$ 1,549	\$ 22	\$ 10,810
Total non-operating income	<u>\$ 9,239</u>	<u>\$ 1,549</u>	<u>\$ 22</u>	<u>\$ 10,810</u>

15. Liquidity

The Health System is substantially supported by cash generated from operations. In addition, the Health System holds financial assets for specific purposes which are limited as to use. Thus, certain financial assets reported on the accompanying consolidated balance sheet may not be available for general expenditure within one year of the balance sheet date.

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The Health System's financial assets available at June 30, 2021 and 2020 to meet cash needs for general expenditures within one year of June 30, 2021 and 2020, are as follows:

<i>(in thousands of dollars)</i>	2021	2020
Cash and cash equivalents	\$ 374,928	\$ 453,223
Patient accounts receivable	232,161	183,819
Assets limited as to use	1,378,479	1,134,526
Other investments for restricted activities	168,035	140,580
Total financial assets	<u>\$ 2,153,603</u>	<u>\$ 1,912,148</u>
Less: Those unavailable for general expenditure within one year:		
Investments held by captive insurance companies	57,239	54,596
Investments for restricted activities	168,035	140,580
Bond proceeds held for capital projects	178,434	245,484
Other investments with liquidity horizons greater than one year	111,390	111,408
Total financial assets available within one year	<u>\$ 1,638,505</u>	<u>\$ 1,360,080</u>

For the years ended June 30, 2021 and June 30, 2020, the Health System generated positive cash flow from operations of approximately \$95,740,000 and \$269,144,000, respectively. In addition, the Health System's liquidity management plan includes investing excess daily cash in intermediate or long term investments based on anticipated liquidity needs. The Health System has an available line of credit of up to \$30,000,000 which it can draw upon as needed to meet its liquidity needs. See Note 13 for further details on the line of credit.

16. Lease Commitments

D-HH determines if an arrangement is or contains a lease at inception of the contract. Right-of-use assets represent our right to use the underlying assets for the lease term and our lease liabilities represent our obligation to make lease payments arising from the leases. Right-of-use assets and lease liabilities are recognized at commencement date based on the present value of lease payments over the lease term. We use the implicit rate noted within the contract. If not readily available, we use our estimated incremental borrowing rate, which is derived using a collateralized borrowing rate for the same currency and term as the associated lease. A right-of-use asset and lease liability is not recognized for leases with an initial term of 12 months or less and we recognize lease expense for these leases on a straight-line basis over the lease term within lease and rental expense.

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Notes to Consolidated Financial Statements

June 30, 2021 and 2020

Our operating leases are primarily for real estate, including certain acute care facilities, off-campus outpatient facilities, medical office buildings, and corporate and other administrative offices. Our real estate lease agreements typically have initial terms of 5 to 10 years. These real estate leases may include one or more options to renew, with renewals that can extend the lease term from 2 to 5 years. The exercise of lease renewal options is at our sole discretion. When determining the lease term, we included options to extend or terminate the lease when it is reasonably certain that we will exercise that option.

Certain lease agreements for real estate include payments based on actual common area maintenance expenses and/or rental payments adjusted periodically for inflation. These variable lease payments are recognized in other occupancy costs in the consolidated statements of operations and changes in net assets but are not included in the right-of-use asset or liability balances in our consolidated balance sheets. Lease agreements do not contain any material residual value guarantees, restrictions or covenants.

The components of lease expense for the year ended June 30, 2021 and 2020 are as follows:

<i>(in thousands of dollars)</i>	2021	2020
Operating lease cost	10,381	8,992
Variable and short term lease cost (a)	8,019	1,497
Total lease and rental expense	<u>18,400</u>	<u>10,489</u>
Finance lease cost:		
Depreciation of property under finance lease	3,408	2,454
Interest on debt of property under finance lease	533	524
Total finance lease cost	<u>3,941</u>	<u>2,978</u>

(a) Includes equipment, month-to-month and leases with a maturity of less than 12 months.

Supplemental cash flow information related to leases for the year ended June 30, 2021 and 2020 are as follows:

<i>(in thousands of dollars)</i>	2021	2020
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	10,611	8,755
Operating cash flows from finance leases	533	542
Financing cash flows from finance leases	3,108	2,429
	<u>\$ 14,252</u>	<u>\$ 11,726</u>

Dartmouth-Hitchcock Health and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2021 and 2020

Supplemental balance sheet information related to leases as of June 30, 2021 and 2020 are as follows:

<i>(in thousands of dollars)</i>	2021	2020
Operating Leases		
Right of use assets - operating leases	51,410	42,621
Accumulated amortization	(15,180)	(8,425)
Right of use assets - operating leases, net	<u>36,230</u>	<u>34,196</u>
Current portion of right of use obligations	8,038	9,194
Long-term right of use obligations, excluding current portion	28,686	25,308
Total operating lease liabilities	<u>36,724</u>	<u>34,502</u>
Finance Leases		
Right of use assets - finance leases	27,940	26,076
Accumulated depreciation	(5,760)	(2,687)
Right of use assets - finance leases, net	<u>22,180</u>	<u>23,389</u>
Current portion of right of use obligations	3,251	2,581
Long-term right of use obligations, excluding current portion	19,481	21,148
Total finance lease liabilities	<u>22,732</u>	<u>23,729</u>
Weighted Average remaining lease term, years		
Operating leases	6.75	4.64
Finance leases	18.73	19.39
Weighted Average discount rate		
Operating leases	2.12%	2.24%
Finance leases	2.14%	2.22%

The System obtained \$7.6 million and \$2.1 million of new and modified operating and financing leases, respectively, during the year ended June 30, 2021.

Upon adoption, included in the \$42.6 million of right-of-use assets obtained in exchange for operating lease obligations is \$5.6 million of new and modified operating leases entered into during the year ended June 30, 2020. Included in the \$26.1 million of right-of-use assets obtained in exchange for finance lease obligations is \$2.3 million of new and modified operating leases entered into during the year ended June 30, 2020.

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2021 and 2020

Future maturities of lease liabilities as of June 30, 2021 are as follows:

<i>(in thousands of dollars)</i>	<u>Operating Leases</u>	<u>Finance Leases</u>
Year ending June 30:		
2022	8,721	3,698
2023	7,331	3,363
2024	6,336	2,265
2025	3,537	1,229
2026	2,475	850
Thereafter	<u>11,249</u>	<u>16,488</u>
Total lease payments	39,649	27,893
Less: Imputed interest	<u>2,925</u>	<u>5,161</u>
Total lease payments	<u>\$ 36,724</u>	<u>\$ 22,732</u>

17. Subsequent Events

The Health System has assessed the impact of subsequent events through November 18, 2021, the date the audited consolidated financial statements were issued, and has concluded that there were no such events that require adjustment to the audited consolidated financial statements or disclosure in the notes to the audited consolidated financial statements other than as noted below.

Consolidating Supplemental Information – Unaudited

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2021

(In thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Allee Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Assets											
Current assets											
Cash and cash equivalents	\$ 1,826	\$ 226,779	\$ 35,146	\$ 41,371	\$ 26,814	\$ 18,350	\$ -	\$ 350,286	\$ 24,642	\$ -	\$ 374,928
Patient accounts receivable, net	-	196,350	13,238	6,779	6,899	6,522	-	229,588	2,573	-	232,161
Prepaid expenses and other current assets	23,267	151,338	20,932	2,012	4,771	1,793	(35,942)	168,169	(10,834)	(217)	157,318
Total current assets	25,093	574,465	69,316	50,162	38,284	26,665	(35,942)	748,043	16,581	(217)	764,407
Assets limited as to use	380,020	1,039,327	19,016	15,480	16,725	20,195	(169,849)	1,320,914	57,565	-	1,378,479
Notes receivable, related party	845,157	111,769	-	1,010	-	-	(856,926)	1,010	(1,010)	-	-
Other investments for restricted activities	248	111,209	12,212	1,128	4,266	7,899	-	136,762	31,273	-	168,035
Property, plant, and equipment, net	-	501,640	64,101	22,823	47,232	15,403	-	650,999	29,434	-	680,433
Right of use assets, net	1,233	32,343	2,396	16,104	360	5,819	-	58,255	155	-	58,410
Other assets	2,431	146,226	1,315	14,380	7,282	5,172	-	176,806	292	-	177,098
Total assets	\$ 1,254,182	\$ 2,416,979	\$ 168,356	\$ 120,887	\$ 114,149	\$ 80,953	\$ (1,062,717)	\$ 3,092,789	\$ 134,290	\$ (217)	\$ 3,226,862
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term debt	\$ -	\$ 7,575	\$ 865	\$ 777	\$ 91	\$ -	\$ -	\$ 9,308	\$ 89	\$ -	\$ 9,407
Current portion of right of use obligations	354	8,369	656	1,078	197	550	-	11,204	85	-	11,289
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	3,468	-	-	3,468
Accounts payable and accrued expenses	207,566	99,374	11,911	2,455	4,968	5,858	(205,791)	126,341	5,100	(217)	131,224
Accrued compensation and related benefits	-	156,073	8,846	5,706	4,407	5,343	-	180,177	1,893	-	182,070
Estimated third-party settlements	-	160,410	31,226	27,006	26,902	6,230	-	251,774	769	-	252,543
Total current liabilities	207,920	435,269	53,306	37,022	36,565	17,981	(205,791)	582,272	7,946	(217)	590,001
Notes payable, related party	-	811,563	-	-	27,793	17,570	(856,926)	-	-	-	-
Long-term debt, excluding current portion	1,047,659	29,846	22,753	23,558	55	(115)	-	1,123,756	2,801	-	1,126,357
Right of use obligations, excluding current portion	879	24,463	1,876	15,351	172	5,357	-	48,098	89	-	48,167
Insurance deposits and related liabilities	-	75,528	475	325	388	218	-	79,934	40	-	79,974
Liability for pension and other postretirement plan benefits, excluding current portion	-	218,955	5,288	-	-	511	-	224,752	-	-	224,752
Other liabilities	-	179,497	4,224	4,534	4,142	-	-	192,397	22,317	-	214,714
Total liabilities	1,256,458	1,778,121	87,920	80,790	89,115	41,522	(1,062,717)	2,251,209	32,973	(217)	2,283,965
Commitments and contingencies											
Net assets											
Net assets without donor restrictions	(2,524)	526,153	85,224	38,969	39,557	29,838	-	697,217	61,370	40	758,627
Net assets with donor restrictions	248	112,705	15,212	1,128	5,477	8,593	-	144,363	39,947	(40)	184,270
Total net assets	(2,276)	638,858	80,436	40,097	45,034	38,431	-	841,580	101,317	-	942,897
Total liabilities and net assets	\$ 1,254,182	\$ 2,416,979	\$ 168,356	\$ 120,887	\$ 114,149	\$ 80,953	\$ (1,062,717)	\$ 3,092,789	\$ 134,290	\$ (217)	\$ 3,226,862

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2021

<i>(in thousands of dollars)</i>	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD and Subsidiaries	VNH and Subsidiaries	Eliminations	Health System Consolidated
Assets									
Current assets									
Cash and cash equivalents	\$ 1,826	\$ 227,402	\$ 44,165	\$ 28,814	\$ 18,609	\$ 50,451	\$ 5,681	\$ -	\$ 374,928
Patient accounts receivable, net	-	196,350	13,238	8,699	6,620	8,779	2,475	-	232,181
Prepaid expenses and other current assets	23,287	151,677	10,195	4,771	1,808	1,418	341	(38,159)	157,318
Total current assets	25,093	575,429	67,598	38,284	27,037	58,648	8,477	(38,159)	764,407
Assets limited as to use									
Notes receivable, related party	380,020	1,066,781	20,459	18,725	21,533	15,480	27,330	(168,848)	1,378,479
Other investments for restricted activities	845,157	11,769	-	-	-	-	-	(858,926)	-
Property, plant, and equipment, net	248	119,371	34,921	4,266	7,698	1,501	30	-	168,035
Right of use assets, net	-	504,315	67,543	47,232	18,932	41,218	3,193	-	680,433
Other assets	1,233	32,343	2,396	380	5,820	16,104	154	-	58,410
Total assets	\$ 1,254,182	\$ 2,456,416	\$ 203,203	\$ 114,149	\$ 81,735	\$ 140,485	\$ 39,626	\$ (1,062,934)	\$ 3,226,862
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	\$ -	\$ 7,575	\$ 865	\$ 91	\$ 26	\$ 777	\$ 73	\$ -	\$ 9,407
Current portion of right of use obligations	354	8,369	656	197	550	1,078	85	-	11,289
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	-	3,468
Accounts payable and accrued expenses	207,566	99,882	12,032	4,968	5,983	2,920	4,081	(206,008)	131,224
Accrued compensation and related benefits	-	156,073	8,648	4,407	5,385	8,116	1,441	-	182,070
Estimated third-party settlements	-	160,410	31,226	26,902	8,231	27,006	768	-	252,543
Total current liabilities	207,920	435,577	53,427	38,585	18,175	37,897	6,448	(206,008)	590,001
Notes payable, related party									
Long-term debt, excluding current portion	1,047,859	29,846	22,753	55	131	23,496	2,417	-	1,128,357
Right of use obligations, excluding current portion	879	24,463	1,876	172	5,357	15,351	89	-	48,187
Insurance deposits and related liabilities	-	78,528	476	388	218	325	39	-	79,974
Liability for pension and other postretirement plan benefits, excluding current portion	-	218,955	5,288	-	511	-	-	-	224,752
Other liabilities	-	179,497	4,223	4,142	-	26,852	-	-	214,714
Total liabilities	1,256,458	1,776,429	88,041	69,115	41,962	103,921	8,973	(1,062,934)	2,283,965
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	(2,524)	557,101	68,588	39,557	30,181	35,063	30,823	40	758,627
Net assets with donor restrictions	248	120,886	46,576	5,477	9,592	1,501	30	(40)	184,270
Total net assets	(2,276)	677,987	115,162	45,034	39,773	36,564	30,853	-	942,897
Total liabilities and net assets	\$ 1,254,182	\$ 2,456,416	\$ 203,203	\$ 114,149	\$ 81,735	\$ 140,485	\$ 39,626	\$ (1,062,934)	\$ 3,226,862

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2020

<i>(In thousands of dollars)</i>	Dartmouth- Hitchcock Health	Dartmouth- Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Asscutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non- Oblig Group Affiliates	Eliminations	Health System Consolidated
Assets											
Current assets											
Cash and cash equivalents	\$ 108,856	\$ 217,352	\$ 43,940	\$ 26,079	\$ 22,874	\$ 14,377	\$ -	\$ 433,478	\$ 19,745	\$ -	\$ 453,223
Patient accounts receivable, net	-	146,886	11,413	8,634	10,200	4,367	-	181,500	2,319	-	183,819
Prepaid expenses and other current assets	25,243	179,432	37,538	3,908	6,105	1,715	(82,822)	171,019	(8,670)	(243)	161,906
Total current assets	134,099	543,670	92,891	38,521	39,179	20,459	(82,822)	785,997	13,194	(243)	798,948
Assets limited as to use	344,737	927,207	19,376	13,044	12,768	12,090	(235,568)	1,093,654	40,872	-	1,134,526
Notes receivable, related party	848,250	593	-	1,211	-	-	(848,843)	1,211	(1,211)	-	-
Other investments for restricted activities	-	98,490	6,670	97	3,077	6,266	-	114,900	25,680	-	140,580
Property, plant, and equipment, net	8	468,938	64,803	20,805	43,612	16,823	-	612,989	30,597	-	643,586
Right of use assets	1,542	32,714	1,822	17,574	621	3,221	-	57,494	91	-	57,585
Other assets	2,242	122,481	1,299	14,748	5,482	4,603	(10,971)	139,884	(2,546)	-	137,338
Total assets	\$ 1,330,878	\$ 2,192,093	\$ 187,161	\$ 106,000	\$ 104,739	\$ 63,462	\$ (1,178,204)	\$ 2,806,129	\$ 106,677	\$ (243)	\$ 2,912,563
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term debt	\$ -	\$ 7,380	\$ 865	\$ 747	\$ 147	\$ 232	\$ -	\$ 9,371	\$ 96	\$ -	\$ 9,467
Current portion of right of use obligations	338	8,752	420	1,316	259	831	-	11,716	59	-	11,775
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	3,468	-	-	3,468
Accounts payable and accrued expenses	272,764	126,283	39,845	3,087	4,250	3,406	(318,391)	131,244	(1,985)	(243)	129,016
Accrued compensation and related benefits	-	122,392	7,732	3,570	3,875	3,582	-	141,151	1,840	-	142,991
Estimated third-party settlements	-	210,144	34,664	25,421	24,667	6,430	-	301,326	1,199	-	302,525
Total current liabilities	273,102	478,419	83,526	34,141	33,198	14,281	(318,391)	598,276	1,209	(243)	599,242
Notes payable, related party	-	814,525	-	-	27,718	6,600	(848,643)	-	-	-	-
Long-term debt, excluding current portion	1,050,694	37,373	23,617	24,312	147	10,595	(10,970)	1,135,768	2,762	-	1,138,530
Right of use obligations, excluding current portion	1,203	24,290	1,432	16,429	368	2,698	-	46,420	36	-	46,456
Insurance deposits and related liabilities	-	75,697	475	325	388	220	-	77,105	41	-	77,146
Liability for pension and other postretirement plan benefits, excluding current portion	-	301,907	21,840	-	-	511	-	324,258	(1)	-	324,257
Other liabilities	-	117,631	1,506	384	2,026	-	-	121,547	22,131	-	143,678
Total liabilities	1,324,999	1,849,842	132,396	75,591	63,845	34,905	(1,178,204)	2,303,374	26,178	(243)	2,329,309
Commitments and contingencies											
Net assets											
Net assets without donor restrictions	5,524	242,824	47,729	29,464	36,158	21,247	-	382,946	48,040	40	431,026
Net assets with donor restrictions	355	99,427	7,036	945	4,736	7,310	-	119,809	32,459	(40)	152,228
Total net assets	5,879	342,251	54,765	30,409	40,894	28,557	-	502,755	80,499	-	583,254
Total liabilities and net assets	\$ 1,330,878	\$ 2,192,093	\$ 187,161	\$ 106,000	\$ 104,739	\$ 63,462	\$ (1,178,204)	\$ 2,806,129	\$ 106,677	\$ (243)	\$ 2,912,563

Dartmouth-Hitchcock Health and Subsidiaries Consolidating Balance Sheets June 30, 2020

<i>(in thousands of dollars)</i>	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	VNH and Subsidiaries	Eliminations	Health System Consolidated
Assets									
Current assets									
Cash and cash equivalents	\$ 108,856	\$ 218,295	\$ 47,642	\$ 22,874	\$ 14,568	\$ 34,072	\$ 6,916	\$ -	\$ 453,223
Patient accounts receivable, net	-	146,887	11,413	10,200	4,439	8,634	2,246	-	183,819
Prepaid expenses and other current assets	25,243	180,137	27,607	6,105	1,737	2,986	1,156	(83,065)	161,906
Total current assets	134,099	545,319	86,662	39,179	20,744	45,692	10,318	(83,065)	798,948
Assets limited as to use	344,737	946,938	18,001	12,768	13,240	13,044	21,366	(235,568)	1,134,526
Notes receivable, related party	848,250	593	-	-	-	-	-	(848,843)	-
Other investments for restricted activities	-	105,869	25,272	3,077	6,265	97	-	-	140,580
Property, plant, and equipment, net	8	469,613	68,374	43,612	18,432	40,126	3,421	-	643,586
Right of use assets, net	1,542	32,714	1,822	621	3,220	17,574	92	-	57,585
Other assets	2,242	122,647	7,429	5,482	2,152	8,199	158	(10,971)	137,338
Total assets	\$ 1,330,878	\$ 2,223,693	\$ 207,560	\$ 104,739	\$ 64,053	\$ 124,732	\$ 35,355	\$ (1,178,447)	\$ 2,912,563
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	\$ -	\$ 7,380	\$ 865	\$ 147	\$ 257	\$ 747	\$ 71	\$ -	\$ 9,467
Current portion of right of use obligations	338	8,752	420	259	631	1,316	59	-	11,775
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	-	3,468
Accounts payable and accrued expenses	272,762	128,684	35,117	4,251	3,517	3,528	1,791	(318,634)	129,016
Accrued compensation and related benefits	-	122,392	7,732	3,875	3,628	3,883	1,483	-	142,991
Estimated third-party settlements	-	210,143	34,664	24,667	6,430	25,421	1,200	-	302,525
Total current liabilities	273,100	478,819	78,798	33,199	14,461	34,895	4,604	(318,634)	599,242
Notes payable, related party	-	814,525	-	27,718	6,600	-	-	(848,843)	-
Long-term debt, excluding current portion	1,050,694	37,373	23,618	147	10,867	24,312	2,489	(10,970)	1,138,530
Right of use obligations, excluding current portion	1,203	24,290	1,433	368	2,700	16,429	33	-	46,456
Insurance deposits and related liabilities	-	75,697	475	388	222	325	39	-	77,146
Liability for pension and other postretirement plan benefits, excluding current portion	-	301,907	21,840	-	510	-	-	-	324,257
Other liabilities	-	117,631	1,506	2,026	-	22,515	-	-	143,678
Total liabilities	1,324,997	1,850,242	127,670	63,846	35,360	98,476	7,165	(1,178,447)	2,329,309
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	5,526	266,327	48,549	36,158	21,385	24,881	28,160	40	431,026
Net assets with donor restrictions	355	107,124	31,341	4,735	7,308	1,375	30	(40)	152,228
Total net assets	5,881	373,451	79,890	40,893	28,693	26,256	28,190	-	583,254
Total liabilities and net assets	\$ 1,330,878	\$ 2,223,693	\$ 207,560	\$ 104,739	\$ 64,053	\$ 124,732	\$ 35,355	\$ (1,178,447)	\$ 2,912,563

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2021

<i>(in thousands of dollars)</i>	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Operating revenue and other support											
Patient service revenue	\$	\$ 1,683,612	\$ 230,810	\$ 82,373	\$ 61,814	\$ 59,686	\$	\$ 2,118,295	\$ 19,992	\$	\$ 2,138,287
Contracted revenue	7,266	129,880	379		162	2,963	(55,753)	84,897	380	(14)	85,263
Other operating revenue	29,784	404,547	6,775	1,905	4,370	1,175	(37,287)	411,269	15,490	(1,801)	424,958
Net assets released from restrictions	197	12,631	1,182	81	200	201		14,472	729		15,201
Total operating revenue and other support	37,247	2,230,670	239,146	84,339	66,546	64,025	(93,040)	2,628,933	36,591	(1,815)	2,663,709
Operating expenses											
Salaries		988,595	118,678	40,567	33,611	29,119	(42,565)	1,168,005	16,800	1,105	1,185,910
Employee benefits		251,774	29,984	7,141	6,550	7,668	(5,159)	297,958	3,877	307	302,142
Medications and medical supplies		481,863	41,669	9,776	7,604	3,275	(85)	544,102	1,421		545,523
Purchased services and other	19,503	291,384	33,737	12,396	16,591	14,884	(18,065)	370,410	15,395	(1,856)	383,949
Medicaid enhancement tax		57,312	8,315	3,075	2,523	1,716		72,941			72,941
Depreciation and amortization	10	67,666	8,623	3,368	4,364	2,617		86,646	2,275		88,921
Interest	32,324	24,158	936	875	1,077	510	(29,495)	30,385	402		30,787
Total operating expenses	51,837	2,162,732	241,942	77,196	72,320	59,789	(95,369)	2,570,447	40,170	(444)	2,610,173
Operating (loss) margin	(14,590)	67,938	(2,796)	7,143	(5,774)	4,236	2,329	58,486	(3,579)	(1,371)	53,536
Non-operating gains (losses)											
Investment income (losses), net	1,223	172,461	3,546	2,495	4,506	3,875	(137)	187,969	15,807		203,776
Other components of net periodic pension and post-retirement benefit income		13,028	547			(16)		13,559			13,559
Other (losses) income, net	(3,540)	(653)	(332)		2	194	(2,192)	(6,521)	917	1,371	(4,233)
Total non-operating (losses) gains, net	(2,317)	184,836	3,761	2,495	4,508	4,053	(2,329)	195,007	16,724	1,371	213,102
(Deficiency) excess of revenue over expenses	(16,907)	252,774	965	9,638	(1,266)	8,289		253,493	13,145		266,638
Net assets without donor restrictions											
Net assets released from restrictions for capital		1,076	600		108	224		2,008	9		2,017
Change in funded status of pension and other postretirement benefits		43,047	16,007			78		59,132			59,132
Net assets transferred to (from) affiliates	8,859	(13,548)	(42)		4,557			(174)	174		(186)
Other changes in net assets		(20)	(35)	(120)				(175)	(11)		(186)
Increase in net assets without donor restrictions	\$ (8,048)	\$ 283,329	\$ 17,495	\$ 9,518	\$ 3,399	\$ 8,591	\$	\$ 314,284	\$ 13,317	\$	\$ 327,601

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2021

<i>(in thousands of dollars)</i>	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD and Subsidiaries	VNH and Subsidiaries	Eliminations	Health System Consolidated
Operating revenue and other support									
Patient service revenue	\$ -	\$ 1,683,612	\$ 230,810	\$ 61,814	\$ 59,672	\$ 82,373	\$ 20,006	\$ -	\$ 2,138,287
Contracted revenue	7,266	130,261	379	161	2,963	-	-	(55,767)	85,263
Other operating revenue	29,784	406,911	6,862	4,370	2,839	11,997	1,283	(39,088)	424,958
Net assets released from restrictions	197	13,290	1,196	199	201	118	-	-	15,201
Total operating revenue and other support	37,247	2,234,074	239,247	66,544	65,675	94,488	21,289	(94,855)	2,663,709
Operating expenses									
Salaries	-	988,595	118,711	33,611	29,986	44,240	12,227	(41,460)	1,185,910
Employee benefits	-	251,774	29,994	6,550	7,820	7,884	2,972	(4,852)	302,142
Medications and medical supplies	-	481,863	41,669	7,604	3,270	9,784	1,418	(85)	545,523
Purchased services and other	19,505	294,228	33,912	16,589	15,395	15,455	8,786	(19,921)	383,949
Medicaid enhancement tax	-	57,312	8,315	2,523	1,716	3,075	-	-	72,941
Depreciation and amortization	10	67,666	8,752	4,364	2,741	5,003	385	-	88,921
Interest	32,324	24,158	936	1,077	510	1,217	60	(29,495)	30,787
Total operating expenses	51,839	2,165,596	242,289	72,318	61,438	86,658	25,848	(95,813)	2,610,173
Operating (loss) margin	(14,592)	68,478	(3,042)	(5,774)	4,237	7,830	(4,559)	958	53,536
Non-operating gains (losses)									
Investment income (losses), net	1,223	179,357	6,317	4,506	4,066	2,472	5,972	(137)	203,776
Other components of net periodic pension and post retirement benefit income	-	13,028	547	-	(16)	-	-	-	13,559
Other (losses) income, net	(3,540)	(653)	(346)	2	207	-	918	(821)	(4,233)
Total non-operating (losses) gains, net	(2,317)	191,732	6,518	4,508	4,257	2,472	6,890	(958)	213,102
(Deficiency) excess of revenue over expenses	(16,909)	260,210	3,476	(1,266)	8,494	10,302	2,331	-	266,638
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	1,085	600	108	224	-	-	-	2,017
Change in funded status of pension and other postretirement benefits	-	43,047	16,007	-	78	-	-	-	59,132
Net assets transferred to (from) affiliates	8,859	(13,548)	-	4,557	-	-	132	-	-
Other changes in net assets	-	(20)	(46)	-	-	(120)	-	-	(186)
Increase in net assets without donor restrictions	\$ (8,050)	\$ 290,774	\$ 20,037	\$ 3,399	\$ 8,796	\$ 10,182	\$ 2,463	\$ -	\$ 327,601

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions

Year Ended June 30, 2020

<i>(in thousands of dollars)</i>	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Operating revenue and other support											
Patient service revenue	\$ -	\$ 1,490,516	\$ 207,416	\$ 65,496	\$ 53,943	\$ 41,349	\$ -	\$ 1,858,720	\$ 21,305	\$ -	\$ 1,880,025
Contracted revenue	5,369	114,906	400	-	10	7,427	(54,543)	73,569	498	(39)	74,028
Other operating revenue	26,349	321,028	16,406	7,179	10,185	7,847	(28,972)	360,022	15,128	(526)	374,622
Net assets released from restrictions	409	13,013	1,315	162	160	84	-	15,143	1,117	-	16,260
Total operating revenue and other support	32,127	1,939,463	225,537	72,837	64,298	56,707	(83,515)	2,307,454	38,048	(567)	2,344,935
Operating expenses											
Salaries	-	947,275	115,777	37,596	33,073	27,600	(34,706)	1,126,615	17,007	1,201	1,144,823
Employee benefits	-	227,138	26,979	6,214	6,741	6,344	(4,864)	258,552	4,009	311	272,872
Medications and medical supplies	-	401,165	36,313	8,390	5,140	2,944	-	453,952	1,429	-	455,381
Purchased services and other	13,615	284,714	31,864	11,639	14,311	13,351	(20,942)	348,552	13,943	(1,999)	360,496
Medicaid enhancement tax	-	59,708	8,476	3,226	2,853	1,747	-	76,010	-	-	76,010
Depreciation and amortization	14	71,108	9,351	3,361	3,601	2,475	-	89,910	2,254	-	92,164
Interest	25,780	23,431	953	906	1,097	252	(25,412)	27,007	315	-	27,322
Total operating expenses	39,409	2,014,539	229,713	71,332	66,816	54,713	(85,924)	2,390,598	38,957	(487)	2,429,068
Operating (loss) margin	(7,282)	(75,076)	(4,176)	1,505	(2,518)	1,994	2,409	(83,144)	(909)	(80)	(84,133)
Non-operating gains (losses)											
Investment income (losses), net	4,877	18,522	714	292	359	433	(198)	24,999	2,048	-	27,047
Other components of net periodic pension and post-retirement benefit income	-	8,793	1,883	-	-	134	-	10,810	-	-	10,810
Other (losses) income, net	(3,932)	(1,077)	(569)	(205)	544	4,317	(2,211)	(3,133)	346	80	(2,707)
Total non-operating gains (losses), net	945	26,238	2,028	87	903	4,884	(2,409)	32,676	2,394	80	35,150
(Deficiency) excess of revenue over expenses	(6,337)	(48,838)	(2,148)	1,592	(1,615)	6,878	-	(50,468)	1,485	-	(48,983)
Net assets without donor restrictions											
Net assets released from restrictions for capital	-	564	179	-	344	300	-	1,387	27	-	1,414
Change in funded status of pension and other postretirement benefits	-	(58,513)	(13,321)	-	-	(7,188)	-	(79,022)	-	-	(79,022)
Net assets transferred to (from) affiliates	4,375	(7,269)	(32)	219	1,911	15	-	(781)	781	-	-
Other changes in net assets	-	-	-	-	-	-	-	-	(2,316)	-	(2,316)
Increase in net assets without donor restrictions	\$ (1,962)	\$ (114,056)	\$ (15,322)	\$ 1,811	\$ 640	\$ 5	\$ -	\$ (128,884)	\$ (23)	\$ -	\$ (128,907)

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2020

<i>(in thousands of dollars)</i>	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	VNH and Subsidiaries	Eliminations	Health System Consolidated
Operating revenue and other support									
Patient service revenue	\$ -	\$ 1,490,516	\$ 207,416	\$ 53,943	\$ 41,348	\$ 65,496	\$ 21,306	\$ -	\$ 1,880,025
Contracted revenue	5,369	115,403	400	10	7,427	-	-	(54,581)	74,028
Other operating revenue	26,349	323,151	16,472	10,185	9,482	16,726	1,757	(29,500)	374,622
Net assets released from restrictions	409	13,660	1,335	160	83	613	-	-	16,260
Total operating revenue and other support	<u>32,127</u>	<u>1,942,730</u>	<u>225,623</u>	<u>64,298</u>	<u>58,340</u>	<u>82,835</u>	<u>23,063</u>	<u>(84,081)</u>	<u>2,344,935</u>
Operating expenses									
Salaries	-	947,275	115,809	33,073	28,477	41,085	12,608	(33,504)	1,144,823
Employee benefits	-	227,138	26,988	6,741	6,517	7,123	2,918	(4,553)	272,872
Medications and medical supplies	-	401,165	36,313	5,140	2,941	8,401	1,421	-	455,381
Purchased services and other	13,615	287,948	32,099	14,311	13,767	14,589	7,108	(22,941)	360,496
Medicaid enhancement tax	-	59,708	8,476	2,853	1,747	3,226	-	-	76,010
Depreciation and amortization	14	71,109	9,480	3,601	2,596	5,004	360	-	92,164
Interest	25,780	23,431	953	1,097	252	1,159	62	(25,412)	27,322
Total operating expenses	<u>39,409</u>	<u>2,017,774</u>	<u>230,118</u>	<u>66,816</u>	<u>56,297</u>	<u>80,587</u>	<u>24,477</u>	<u>(86,410)</u>	<u>2,429,068</u>
Operating (loss) margin	<u>(7,282)</u>	<u>(75,044)</u>	<u>(4,495)</u>	<u>(2,518)</u>	<u>2,043</u>	<u>2,248</u>	<u>(1,414)</u>	<u>2,329</u>	<u>(84,133)</u>
Non-operating gains (losses)									
Investment income (losses), net	4,877	19,361	1,305	359	463	292	588	(198)	27,047
Other components of net periodic pension and post retirement benefit income	-	8,793	1,883	-	134	-	-	-	10,810
Other (losses) income, net	(3,932)	(1,077)	(569)	(25)	4,318	(205)	914	(2,131)	(2,707)
Total non-operating gains (losses), net	<u>945</u>	<u>27,077</u>	<u>2,619</u>	<u>334</u>	<u>4,915</u>	<u>87</u>	<u>1,502</u>	<u>(2,329)</u>	<u>35,150</u>
(Deficiency) excess of revenue over expenses	<u>(6,337)</u>	<u>(47,967)</u>	<u>(1,876)</u>	<u>(2,184)</u>	<u>6,958</u>	<u>2,335</u>	<u>88</u>	<u>-</u>	<u>(48,983)</u>
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	591	179	344	300	-	-	-	1,414
Change in funded status of pension and other postretirement benefits	-	(58,513)	(13,321)	-	(7,188)	-	-	-	(79,022)
Net assets transferred to (from) affiliates	4,377	(7,282)	10	1,911	15	219	750	-	-
Other changes in net assets	-	-	(2,316)	-	-	-	-	-	(2,316)
Increase (decrease) in net assets without donor restrictions	<u>\$ (1,960)</u>	<u>\$ (113,171)</u>	<u>\$ (17,324)</u>	<u>\$ 71</u>	<u>\$ 85</u>	<u>\$ 2,554</u>	<u>\$ 838</u>	<u>\$ -</u>	<u>\$ (128,907)</u>

**DARTMOUTH-HITCHCOCK (D-H)
DARTMOUTH-HITCHCOCK HEALTH (D-HH)**

**BOARDS OF TRUSTEES AND OFFICERS
(22 D-H Trustees; 13 D-HH Trustees)**

Effective: January 1, 2022

Geraldine "Polly" Bednash, PhD, RN, FAAN
(Thomas)
MHMH/DHC/D-HH Trustee
Adjunct Professor, Australian Catholic University

Mark W. Begor, MBA (Kristen)
MHMH/DHC/D-HH Trustee
Chief Executive Officer, Equifax

Duane A. Compton, PhD
MHMH/DHC/D-HH Trustee
Ex-Officio: Dean, Geisel School of Medicine at Dartmouth

Joanne M. Conroy, MD
MHMH/DHC/D-HH Trustee
Ex-Officio: CEO & President, D-H/D-HH
One Medical Center Drive, Lebanon, NH 03756

Paul P. Danos, PhD (Mary Ellen)
MHMH/DHC/D-HH Trustee
Dean Emeritus; Laurence F. Whittemore Professor of Business Administration, Tuck School of Business at Dartmouth

Nancy M. Dunbar, MD (Geoff)
MHMH/DHC Trustee
Medical Director, Blood Bank
Department of Pathology and Laboratory Medicine

Carl "Trey" Dobson, MD (Amy)
MHMH/DHC Trustee
Chief Medical Officer, Southwestern Vermont Medical Center & Medical Director for the D-H Practice, Bennington, Vermont

Elof Eriksson, MD, PhD (Gudrun)
MHMH/DHC Trustee
Professor Emeritus, Harvard Medical School and
Chief Medical Officer, Applied Tissues Technologies, LLC

Elof Eriksson, MD, PhD (Gudrun)
MHMH/DHC Trustee
Professor Emeritus, Harvard Medical School and

Chief Medical Officer, Applied Tissues Technologies, LLC

Gary L. Freed, MD, PharmD (Meghan Freed, MD)

MHMH/DHC Trustee

Medical Director of the Comprehensive Wound Clinic at D-H & Assistant Professor of Surgery, Geisel School of Medicine at Dartmouth

Thomas P. Glynn, PhD (Marylou Batt)

MHMH/DHC Trustee

Adjunct Lecturer, Harvard Kennedy School of Government

Jarvis A. Green (Julien Blanchet)

MHMH/DHC Trustee

Founder & Producing Artistic Director, JAG Productions

Roberta L. Hines, MD (Jerome Liebrand)

MHMH/DHC Boards' Chair | D-HH Trustee

Nicholas M. Greene Professor and Chair, Dept. of Anesthesiology, Yale School of Medicine

David S. Jevsevar, MD, MBA (Kori)

MHMH/DHC Trustee

Chair of the Department of Orthopaedics at the Geisel School of Medicine at Dartmouth and Vice President of the Orthopaedic Service Line for Dartmouth-Hitchcock Health

Aaron J. Mancuso, MD (Allison)

MHMH/DHC (Lebanon Physician) Trustee

Division Director of Thoracic Anesthesia and Assistant Professor of Anesthesiology and Medicine at Geisel

Jennifer L. Moyer, MBA (David Bartlett)

MHMH/DHC/D-HH Trustee

Managing Director & CAO, White Mountains Insurance Group, Ltd

Sherri C. Oberg, MBA (Curt)

MHMH/DHC Trustee

CEO and Co-Founder of Particles for Humanity, PBC

David P. Paul, MBA (Jill)

MHMH/DHC Board Secretary | D-HH Trustee

President & COO, JBG SMITH

Charles G. Plimpton, MBA (Barbara Nyholm)

MHMH/DHC/D-HH Trustee

MHMH/DHC Boards' Treasurer

D-HH Board Treasurer & Secretary

Retired Investment Banker

Thomas Raffio, MBA, FLMI (Ellen)

MHMH/DHC Trustee

President & CEO, Northeast Delta Dental

Edward Howe Stansfield, III, MA (Amy)

MHMH/DHC Trustee

D-HH Trustee & Board Chair

Senior VP, Resident Director for the Hanover, NH Bank of America/Merrill Lynch Office

Pamela Austin Thompson, MS, RN, CENP, FAAN

(Robert)

MHMH/DHC/D-HH Trustee

Chief executive officer emeritus of the American Organization of Nurse Executives (AONE)

Marc B. Wolpow, JD, MBA (Robin)

MHMH/DHC/D-HH Trustee

Co-Chief Executive Officer of Audax Group

Member of D-HH, not a member of D-H:

Richard J. Powell, MD (Roshini Pinto-Powell, MD)

D-HH Trustee

Section Chief, Vascular Surgery; Professor of Surgery and Radiology

Curriculum Vitae

Luke J Archibald, M.D.

[REDACTED]
Date Prepared: 5/1/2020

Education

- 8/2005 – 5/2009 M.D., Columbia University College of Physicians and Surgeons
New York, NY
- 8/1998 – 5/2002 Bachelor of Science in Chemistry, University of Notre Dame
Notre Dame, IN

Postdoctoral Training

- 7/2013 – 6/2014 Addiction Psychiatry Fellow
New York University School of Medicine
- 7/2012 – 6/2013 Chief Resident in Psychiatry
New York University School of Medicine
- 7/2009 – 6/2012 Resident in Psychiatry
New York University School of Medicine

Academic Appointments

- 11/2018 – current Assistant Professor of Psychiatry
Geisel School of Medicine at Dartmouth
- 7/2014 – 10/2018 Clinical Assistant Professor of Psychiatry
New York University School of Medicine

Institutional Leadership Roles

- 11/2018 – current Director of Addiction Services
Department of Psychiatry
Dartmouth-Hitchcock Medical Center, Lebanon, NH
- 1/2017 – 10/2018 Director, Division of Alcoholism and Drug Abuse
Department of Psychiatry
Bellevue Hospital, New York, NY

Name: Luke Archibald

7/2015 – 8/2018 Unit Chief, 20 East Dual Diagnosis
Department of Psychiatry
Bellevue Hospital, New York, NY

Licensure and Certification

2018 – current State of New Hampshire Board of Medicine, License #19180
2016 – current State of California Board of Medicine, License #A142053
2014 – current Buprenorphine certification in accordance with DATA 2000
2010 – current State of New York License in Medicine, Registration #258530

Board Certification

9/2014 – current Addiction Psychiatry (certificate #2224)
American Board of Psychiatry and Neurology

9/2013 – current Psychiatry (certificate #66177)
American Board of Psychiatry and Neurology

Hospital or Health System Appointments

11/2018 – current Director of Addiction Services
Department of Psychiatry
Dartmouth-Hitchcock Medical Center, Lebanon, NH

1/2017 – 10/2018 Director, Division of Alcoholism and Drug Abuse
Department of Psychiatry
Bellevue Hospital, New York, NY

7/2015 – 8/2018 Unit Chief, 20 East Dual Diagnosis
Department of Psychiatry
Bellevue Hospital, New York, NY

7/2014 – 6/2015 Attending Psychiatrist
Comprehensive Psychiatric Emergency Room (CPEP)
Bellevue Hospital, New York, NY

7/2011 – 6/2013 Psychiatry Moonlighter
North Shore/LIJ Lenox Hill Hospital, New York, NY

Other Professional Positions

7/2013 – 10/2018 Private Psychiatric Practice
New York, NY

6/2002 – 8/2005 Actuarial Analyst, Mercer Consulting (Marsh & McLennan)
New York, NY

Professional Development Activities

Teaching Activities

- A. Undergraduate teaching ("college" students)
- B. Undergraduate Medical Education (UME; "med student") *Classroom* teaching
- C. Undergraduate Medical Education (UME; "med student") *Clerkship or other Clinical* (e.g., On-doctoring) teaching

Medical Student Clerkship in Psychiatry

7/2015-8/2018

NYU School of Medicine

Inpatient clinical preceptor

200 hours/year; 16 students/year

Medical Student Pre-Clinical Psychiatry Interviewing Seminar

9/2012 – 11/2012

NYU School of Medicine

Group preceptor

12 hours/year; 8 students/year

- D. Graduate Medical Education (GME) teaching: Inclusive of instruction of residents and fellows during clinical practice

Addiction Psychiatry Fellow Supervision

11/2018 – current

Geisel School of Medicine at Dartmouth

Clinical Supervisor, Addiction Treatment Program

50 hours/year; 2 fellows/year

Psychiatry Resident (PGY1) Didactics – "Intern Crash Course"

7/2019 – current

Geisel School of Medicine at Dartmouth

Lecturer

2 hours/year; 8 residents/year

Psychiatry Resident (PGY3) Supervision

7/2014 – 10/2018

NYU School of Medicine

Outpatient Supervisor

40 hours/year; 1 resident/year

Addiction Psychiatry Fellow Supervision

7/2015 – 8/2018

NYU School of Medicine

Supervisor, 20 East Dual Diagnosis Unit rotation

100 hours/year; 5 fellows/year

Name: Luke Archibald

Addiction Psychiatry Fellow Didactics

7/2016 – 6/2018

NYU School of Medicine

Lecturer

2 hours/year; 5 fellows/year

Psychiatry Resident (PGY1) Didactics: Introduction to Psychiatry

7/2016 – 6/2018

NYU School of Medicine

Lecturer

3 hours/year; 12 residents/year

Psychiatry Resident (PGY1) Supervision

7/2014 – 6/2015

NYU School of Medicine

Supervisor, Comprehensive Psychiatric Emergency Room (CPEP)

100 hours/year; 12 residents/year

E. Other clinical education programs (e.g., PA programs)

F. Graduate teaching (post-college students enrolled in advance degree-granting programs, e.g., MS, MPH, PhD)

Psychology Extern Didactics

7/2015 – 6/2018

Bellevue Hospital, New York, NY

Lecturer

1 hour/year; 10 externs/year

G. Other professional/academic programs (e.g., teaching in courses at MBL or Cold Spring Harbor)

Project ECHO: Mental Health and Substance Use

Dates: 1/14/2020, 3/10/2020

Dartmouth-Hitchcock Knowledge Map

Expert Discussant

2 hours/year, 20 participants/session

Primary Research Advising

Advising/Mentoring (other)

Engagement, Community Service/Education

3/2020 – current

Headrest (Substance Use Disorder treatment program in Lebanon, NH)

Member, Professional Advisory Board

6 hours/year

Name: Luke Archibald

Research Activities

Pending

Dates: TBD (site was selected on 3/19/2020)

Project title: CTN-0100: Optimizing Retention, Duration, and Discontinuation Strategies for Opioid Use Disorder Pharmacotherapy (RDD)

Your role: site PI

Percent effort: estimated 0.3 FTE

Sponsoring agency: National Institute on Drug Abuse (NIDA)

Annual direct costs of the award (see below)

Program Development

New Hampshire State Opioid Response (SOR): The Doorway

Program Type: clinical

Program Goal: connect individuals seeking help for addiction with support and services via screening and evaluation, treatment, prevention (including naloxone distribution), case management, and peer recovery support

Role: Medical Director, The Doorway at Dartmouth-Hitchcock in Lebanon

Dates: 12/2018 – current

Measurement of impact: GPRA (Government Performance and Results Act) assessments for clients with Opioid Use Disorder (OUD), performed longitudinally

New Hampshire State Opioid Response (SOR): The Doorway After Hours Service

Program Type: clinical

Program Goal: provide telephone support from licensed clinicians for individuals in the state of New Hampshire calling 211 and attempting to access The Doorways during off-hours

Role: Medical Director

Dates: 12/2018 – current

Measurement of impact: quarterly data reports with various indicators including call volume and outcome of each call

NYC Health and Hospitals: Consult for Addiction Treatment and Care in Hospitals (CATCH)

Program Type: clinical and research

Program Goal: establish addiction consult teams at six New York City public hospitals to address the opioid epidemic by increasing MAT prescribing for hospitalized patients

Role: project leader for implementation, Bellevue Hospital

Dates: 7/2017 – 10/2018

Measurement of impact: stepped-wedge cluster randomized trial led by Dr. Jennifer McNeely

Entrepreneurial Activities

Major Committee Assignments, Inclusive of Professional Studies

A. National

B. Regional

Name: Luke Archibald

C. Institutional

4/2019 – 4/2020	Therapeutic Cannabis Guidance Member, Core Workgroup Dartmouth-Hitchcock
1/2017 – 10/2018	Psychiatry Executive Committee, Department of Psychiatry Member Bellevue Hospital
10/2012 – 1/2018	Psychiatry Residency Selection Committee Member New York University School of Medicine
7/2012 – 6/2013	Psychiatry Residency Education Committee Member New York University School of Medicine
9/2001 – 5/2002	Department of Chemistry Ethics Committee Student Member University of Notre Dame

Institutional Center or Program Affiliations

Editorial Boards

Journal Referee Activity

Awards and Honors

2002	Magna Cum Laude, University of Notre Dame
2002	Merck Index Award for Excellence in Chemistry, University of Notre Dame
2012-2013	Chief Resident in Psychiatry, NYU School of Medicine

Invited Presentations

- A. International
- B. National
- C. Regional/local

Project ECHO: Mental Health and Substance Use * ^

Date: 1/28/2020

Topic: Screening, Assessment, and Diagnosis of Alcohol and Substance Use Disorders

Sponsoring Organization: Dartmouth-Hitchcock Knowledge Map

Location: Lebanon, NH

Name: Luke Archibald

Bibliography

A. Peer-reviewed publications in print or other media

Archibald L, Brunette M, Wallin D, Green A. Alcohol Use Disorder (AUD) and Schizophrenia or Schizoaffective Disorder. In: Alcohol Use Disorder and Co-Occurring Mental Health Conditions. *Alcohol Research: Current Reviews*. 2019;40(1).

Kwon J., Archibald L., Deringer, E. (2016) Substance Abuse: Intoxication and Withdrawal. In Maloy K. (Ed), *A Case-Based Approach to Emergency Psychiatry*. Oxford University Press.

Archibald L. (2018) Twelve-Step Programs and the Dually Diagnosed. In Avery J, Barnhill J. (Ed), *Co-Occurring Mental Illness and Substance Use Disorders: A Guide to Diagnosis and Treatment*. American Psychiatric Association Publishing.

B. Other scholarly work in print or other media

Archibald L, Budney A. *Letter: What's the rush on marijuana legalization?* Concord Monitor. Published 3/11/2019.

C. Abstracts

Personal Statement

I joined Dartmouth-Hitchcock as the Director of Addiction Services in the Department of Psychiatry in November 2018 and am the medical director of the Dartmouth-Hitchcock Addiction Treatment Program (ATP). Our services include an Intensive Outpatient Program (IOP), medical visits for hundreds of individuals with Opioid Use Disorder (OUD), and a Perinatal Addiction Treatment Program (PATP), and it is the site of the regional hub for the New Hampshire State Opioid Response (SOR) Doorway project. Previously, I worked in the NYU School of Medicine, serving as the Director of the Addiction Division in the Department of Psychiatry at Bellevue Hospital. In that role, I oversaw three clinical programs: the Opioid Treatment Program (OTP), the Chemical Dependency Outpatient Program (CDOP), and the inpatient detoxification and stabilization unit.

Thus far at Dartmouth-Hitchcock, my principal work has focused on expanding and refining the Addiction Treatment Program, including developing The Doorway at Dartmouth-Hitchcock and overseeing significant growth in the number of individuals served at ATP. We were recently selected as a site for a large research study (CTN-0100) aimed at measuring factors of treatment engagement and medication discontinuation strategies for individuals with OUD.

**Amy K. Modlin, LICSW,
MPA, LMSW, CAADC**



Education:

Master of Public Administration, Grand Valley State University, Grand Rapids, MI.

Master of Social Work, Grand Valley State University, Grand Rapids, MI.

- Member Phi Alpha Honor Society
- Native-American Policy Course/Native-American Service Learning Course

Certified Advanced Alcohol and Drug Counselor, Michigan.

Bachelor of Arts, Great Lakes Christian College, Lansing, MI.

- Psychology/Counseling and Family Life Education
- Summa Cum Laude/Delta Epsilon Chi Award/Honor Society of GLCC
- Class Vice President/Student Council Secretary

Professional Experience:

Dartmouth-Hitchcock Medical Center – Lebanon, NH (November 2019-Present)

SUD Therapist – DHMC Addiction Treatment Program

- Conduct SUD intake assessments, individual therapy, IOP, and outpatient group therapy.
- On-call clinician for the Doorway Hub and Spoke program.

Springfield Medical Care Systems – Springfield, VT (August 2017-November 2019)

Behavioral Health Therapist

- Integrated behavioral health and SUD treatment for individuals, couples, families.
- SBINS screening, assessment, brief intervention, and referrals for ED, WHC, CBC.
- MAT intake assessments, individual, and group therapy.

Moved to NH to help take care of a family member (November 2016-August 2017).

Pine Rest Christian Mental Health Services - Holland, MI (February 2012-November 2016)

Outpatient Therapist

- Outpatient therapy to individuals struggling with mental health and co-occurring disorders.
- Supervision to colleagues working on their CAADC certification.
- PMAD panel provider.
- On-call therapist for Pine Rest Detox unit.
- Member of the Recovery Fest Committee.

Pathways - Holland, MI (October 2010-February 2012)

Outpatient Therapist

- Outpatient therapy to individuals struggling with mental health and co-occurring disorders.
- Psycho-educational group therapy involving substance abuse, domestic violence, and recovery from trauma.
- Communication with probation officers, CPS workers, and foster care workers.

Harbor House - Holland, MI (July 2009- October 2010)

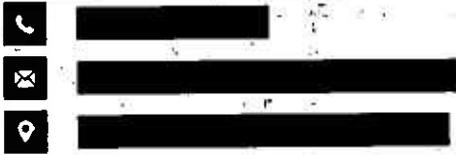
Residential Substance Abuse Therapist

- Individual and group therapy for women on issues of substance abuse, PTSD/trauma, and domestic violence.
- Communication with probation officers by providing assessments and monthly progress reports.



Justin
Wardell

Certified Recovery Support Worker / RC



SKILLS

Perseverance

Lived Experience & Education

Crisis Management

Motivational Interviewing

Working within a Team

EDUCATION

Associates Degree / Addiction
Counseling

New Hampshire Technical Institute (NHTI)
2015-2018

High school Diploma
Wilton / Lyndeborough Coop
2005-2009

ABOUT ME

My personal experiences with substance abuse has fueled my passion to work with others who struggle with the disease of addiction. I now use my lived experiences and education to help support others in their pursuit of life in recovery.

EXPERIENCE

Recovery Coach

Dartmouth-Hitchcock Medical Center / Lebanon, NH / Jan 2019 - Current

I work as a peer to support patients in their recovery journey. I help patients learn healthy coping skills, develop connections in the recovery community, and navigate the hurdles that come with both early and long-term recovery.

- Develop peer based recovery support relationships with patient in our program.
- Working with our clinicians to develop techniques that best support our patients in their recovery.
- Facilitating peer-support groups for the patients in our program.

Residential Program Assistant

Headrest / Lebanon, NH / 10/17 - 1/19

Working in this low-intensity residential treatment center I learned how to work with patients on a daily basis who strive for a life in recovery.

- Treatment Planning
- Case Management
- Group Facilitation.

Crisis Hotline Counselor

Headrest / Lebanon, NH / 10/17 - 1/19

Fielding calls for the National Suicide Help line, Local Crisis Line, and Teen Support Line.

- Working with callers to develop safety plans and healthy coping skills.
- Determining through lethality assessment whether to contact emergency services or connecting the caller to community resources.
- Importing data for each caller based on demographics, lethality assessment, referrals and statistical information.



Dartmouth-Hitchcock MEDICAL CENTER

Megan M. Tracy



Objective:

To obtain a position that utilizes my experience, customer service and leadership qualities to help the section of leadership achieve its vision. To develop a team atmosphere that brings out the best qualities of individual staff to work toward common goals.

Experience:

The Doorway, DHMC, Lebanon

January 2019 – Present

Associate Practice Manager, Department of Psychiatry

- Assists the Medical Director to lead The Doorway and After-Hours Program in all aspects of the daily operations at the Addiction Treatment Program.
- Assumes leadership responsibility for the operational and informational management systems for The Doorway and After Hours Program.
- Develops efficient procedures with an emphasis on high quality of patient care. Assists in the development of policies and procedures for all internal operating systems. Standardizes systems between sections.
- Assists in the identification and development of new programs or methodologies for delivering The Doorway's and After Hours Program services more effectively and efficiently.
- Initiates and reviews proposals for modifying operational systems, practices, policies and procedures, and implements necessary changes.
- Develops and carries out a full range of financial management activities of the assigned sections. Assists in preparing the annual budget, monitors sections' performance in relation to budget, and develops strategies for improvement and/or the correction of deviations from budget.
- In conjunction with the Director, Medical Director and Sr. Practice Manager, assumes leadership responsibility or assists with special program-wide projects.
- Interviews and hires new staff. Working with colleagues, helps to support interview processes which identify, on-board and retain the best possible candidates.

General Internal Medicine, DHMC, Lebanon

June 2016 – January 2019

Administrative Supervisor, GIM (3M and Lyme Road)

- Oversees a team providing centralized administrative support to the department.
- Ensures that all calls and inquiries are handled and resolved within established standards of practice, quality guidelines and service expectations.
- Serves as a liaison for patients that have questions or concerns and handles any patient upsets with a high level of communication resulting in positive outcomes.
- Establishes systems and processes to help track the effectiveness of administrative support.
- Working across teams, facilitates the development of standardized processes and systems.

- Interviews and hires new staff. Working with colleagues, helps to support interview processes which identify, on-board and retain the best possible candidates.
- Provides regular feedback around performance focused on service quality.
- In collaboration with leadership, takes a lead role in identifying educational and training needs across the Department.
- Reviews, identifies and secures resources required to meet the training needs of the administrative team.
- Develops and oversees processes to ensure that forms and paperwork are handled to meet established standard of service protocols.
- Participates and leads in pilot program projects that are designed to increase efficiency.
- Assists the PM and Section Chief in implementing new clinics, workflows and processes within the department.

*Office of Patient Experience, DHMC, Lebanon
2016*

August 2015 – June

Project Coordinator, Office of Patient Experience

- Coordinates projects evaluating and/or assisting in implementing Patient Experience improvement initiatives.
- Monitors, tracks, and coordinates project progress.
- Ensures timely completion of all project deliverables.
- Keeps project leaders informed of project status and potential problem areas.
- Assists with the development of project proposals, reports, and publications.
- Performs support functions for the project leaders including, but not limited to, coordinating meetings, developing presentations, and taking minutes.

***Norris Cotton Cancer Center, DHMC, Lebanon
Administrative Assistant, Hematology/Oncology Section***

July 2014 – August 2015

- Manages, plans, and coordinates the details of 15 daily appointment calendars to ensure the most efficient use of time.
- Interacts regularly with a wide range of internal and external personnel and staff members and conveys information on behalf of the supervisor.
- Handles a variety of personnel wishing to make appointments and effectively schedules/redirects caller/visitor to the appropriate individual/office.
- Communicates respectfully with a diverse community.
- Coordinates and schedules activities to support office functions and meetings.
- Briefs the meeting leader on changes in schedules and priorities or on matters needing the meeting leader's personal or immediate attention.
- Coordinates with other offices and departments to arrange functions and meetings.
- Coordinates, attends, and participates in various meetings as requested by the meeting leader.
- Gathers information for the meetings, coordinates items for the agenda, and distributes material to participants prior to the meeting as requested by the meeting leader.
- Assists in the recruitment effort for positions in Advancement and actively participates in interviewing, hiring and training of employees.
- Identifies logistical arrangements needed for candidates, and coordinates with appropriate personnel to develop itineraries for interviews.
- Prepares materials and correspondence for interviews and works closely with the Search Chair in all phases of the hiring process to enable departments to recruit and retain quality staff.
- Participates in pilot program projects that are designed to increase efficiency.

- Works with the Accounts Payable department to manage business credit card transactions. Responsible for coding department procurement card to appropriate accounts and fund accounts.

Revenue Management Division, DHMC, Lebanon, NH
2014

October 2011 to July

Financial Counselor, Patient Access Resource Center

- Review and process application for financial assistance for large demographic of patients.
- Input income/asset information into database to calculate and determine patient's eligibility for coverage.
- Screening patients to identify/apply for possible alternative coverage for medical expenses.
- Aiding multiple departments in collection of outstanding/prepayment balances.
- Meeting with patients in office to answer questions specific to financial assistance coverage/eligibility and/or aid patient in filling out financial assistance application.
- Answering phones, scanning documents into database, and light filing.

Cioffredi & Associates Physical Therapy, Lebanon, NH

August 2010 to October 2011

Patient Care Representative

- Orienting new clients to the practice.
- Monitors overall client satisfaction via regular communication with clients throughout their care to ensure that things are going well and that they are getting everything they need and want.
- Serves as a liaison for clients that have questions or concerns, and handles any client upsets with a high level of communication resulting in positive outcomes.
- Tracks marketing data to help accurately measure the success of various marketing actions and help steer marketing programming.
- Collects client success stories for use in marketing & PR, including the company newsletter
- Participates in the weekly Marketing & PR Meeting with Marketing & PR Director and CEO to strategize and handle marketing initiatives.

Claremont Savings Bank, Claremont, NH

May 2008 to August 2010

Teller/Customer Service Representative

- Handled customer debit/credit transactions.
- Executed opening /closing procedures at Cornish bank branch.

Education:

• **University of New Hampshire, Portsmouth NH**

April 2017

• Certification in Project Management

○ Relevant Courses

- Teambuilding for Increased Productivity
- Project Management for Managing Business Change

Keene State College, Keene NH

May 2010

- Bachelor of Science in Business Management
- Minor in Writing

Windsor High School

June 2006

- High School Diploma

Certifications:

Greenbelt Certification

TBA

- Greenbelt certification denotes an internationally- recognized competency in process improvement tools and project execution.

Yellowbelt Certification

2015

- Yellowbelt Certification enables an individual with the tools they need to be active participants in department-level process improvement work and will be capable of leading their own individual improvement projects.

Awards and Recognition

Travelli-Allying Award

2006-2010

- Present to student dedicated to community service within their community

Jenkins Award

May 2010

- Presented to one graduate student who shows commitment to excellence, integrity, concern for humanity, and the "Do Something" philosophy.

Karli Shepherd, MS

Objective

I am looking to work closer with those who are struggling with chemical dependency and to grow professionally in this area.

Education

MASTERS | 2018 | WALDEN UNIVERSITY

- Major: Human and Social Services with a focus in Substance Abuse and Addiction Treatment

BACHELOR OF ARTS | 2013 | KEENE STATE COLLEGE

- Major: Psychology
- Related coursework: Early Childhood Development and Sociology

Skills & Abilities

LEADERSHIP

- While at the Patient Service Center within DHMC, I was a Team Lead for General Internal Medicine. I collaborated with the Practice Manager, Associate Practice Manager, and Administrative Supervisor and Master Scheduler and/or the immediate supervisor and other Team Leads to ensure the PSC ran smoothly and had all the up-to-date information regarding the GIM projects, schedules and providers. I am currently working within the Pain Management Clinic at APD as their primary clinical secretary resource. I collaborate with our three Pain Management Providers to ensure that clinic days run smoothly, while also collaborating with the other Clinical Support Representatives to ensure that they have the up-to-date information regarding providers and their schedules.

COMMUNICATION

- While I was the Patient Service Center's acting Team Lead for General Internal Medicine at DHMC, I attended frequent meetings on behalf of my team at the Patient Service Center. During these meetings I acted as the voice for the PSC, regarding my General Internal Medicine team, and communicated to the Practice Manager, Associate Practice Manager, and Administrative Supervisor, Master Scheduler and/or our immediate supervisor and other Team Leads any thoughts and questions the PSC may have had. Following these meetings I would communicate any received feedback to the PSC. Now working at APD, I attend meetings with the Practice Director, Administrative Supervisors, Administrative Surgical Scheduler and my fellow Clinical Support Representatives and communicate day-to-day information and feedback from providers, colleagues and patients. I have also been chosen to represent myself and my colleagues at APD's Safety Meetings.

TEAMWORK

- Since I was young teamwork has been a part of my life, from school projects or school sports to now in the working field. While working at the Patient Service Center, all of the individuals within the PSC, helped to achieve our goals, such as filling schedules, confirming appointments or following up on

patient records, as a team. Although I was the Team Lead for GIM, and worked on my own individual projects, I still worked collaboratively alongside my peers to create efficient work, as well as to cover anyone who was out ill or for an approved vacation day. This remains true while working at APD, as I take on different projects; along with help cover many different positions, including check-in, check-out, training and lab registration.

ADAPATABILITY

The only constant is change. I am always open to new ideas and am ready to change and adapt as need be, to make sure things run smoothly in and out of the work place.

Experience

RESOURCE SPECIALIST | DARTMOUTH HITCHCOCK MEDICAL CENTER | 04/22/19 - PRESENT

- -assist clinicians and medical providers with resource needs
- -assist patients with resource needs and follow up as needed
- -keep excel spreadsheet of Doorway Flex Fund money spent on resource needs
 - -temporary housing
 - -residential services
 - -insurance
 - -food insecurity
 - -transportation
- -updates to Redcap regarding patients/resources
- -attend IOP groups regarding resource needs
- -getting and keeping up to date information from different community resources
- -assisting resource related 211 calls
- -provide backup coverage of 211 phone as needed

CLINICAL SUPPORT REPRESENTATIVE | ALICE PECK DAY MEMORIAL HOSPITAL | 11/27/17 - 04/12/2019

- -answer incoming calls for the Pain Management Clinic
- -manage Pain Management voicemails
- -schedule appointments for 16 providers in Greenway
- -send messages to 3 teams
- -schedule Treatment Room injections/appointments in both Greenway and Meditech
- -Treatment Room chart prep
- Prior authorizations for Treatment Room injections
- -print/fax/mail letters/records/results
- -assist/chaperon injections/EMG's
- -check out Pain Management patients in patient room
- -inform Pain Management patients of next steps/plans
- -receive/go over necessary information for MRI/EMG scheduling
- -manage incoming Pain Management referrals
- -manage outgoing referrals from the Pain Management clinic
- -check patients in and out at front office

- -next day check in prep
- -confirmation calls for EMG appointments
- -scout Pain Management schedules for early morning/weekly/monthly availability
- -scout Pain Management schedules for errors
- -scan records into patient charts
- -manage workers comp information/appointments and scan into chart

TEAM LEAD, PATIENT SERVICE REPRESENTATIVE | DARTMOUTH HITCHCOCK MEDICAL CENTER | 06/09/14 – 11/17/17

- -answer incoming calls for GIM, Lyme, General Pediatrics and Heater Road clinic.
- -schedule visits for 154 providers
- -notify PCP if Pre-Operative appt scheduled with other than PCP
- -notify PCP if Hospital Check with other than PCP
- -Send messages to 23 teams
- -print/fax/mail letters/records/results
- -send cancelation emails to teams alerting them of canceled appointments to fill
- -manage recall lists for all sites
- -manage wait lists
- -onboard new patients (welcome packet, obtain records)
- -follow up on new patient records weekly
- -between call project work (update PCP)
- -GAPs in care work (schedule overdue colo, mammo, pneumovax, well child checks, Medicare Advantage)
- -confirmation calls for tomorrow's appointments
- -refill lines for Heater and GIM
- -scout schedules for early morning availability for next day
- -Daily Availability Report
- -scout schedules for errors

DIETETIC AIDE | DARTMOUTH HITCHCOCK MEDICAL CENTER | 01/2011 – 06/2014

- -answer patient phone calls/orders
- -answer nurse calls for patient orders
- -managed patient's certain diets
- -went around to patient floors to take orders/deliver
- -print orders/run out orders
- -managed and delivered tube feeding to floors
- -managed breakfast/lunch/dinner and snacks
- -managed patient food orders for 20 different departments.

**Dartmouth-Hitchcock Health
Mary Hitchcock Memorial Hospital**

Key Personnel

FY'23 Afterhours Program

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Lucas Archibald	Medical Director (MD)	\$270,000	10%	\$20,250
Megan Tracy	Program Manager	\$71,490	50%	\$26,809

FY'24 Afterhours Program

Name	Job Title	Salary *	% Paid from this Contract	Amount Paid + from this Contract
Lucas Archibald	Medical Director (MD)	\$278,100	10%	\$6,953
Megan Tracy	Program Manager	\$73,635	50%	\$9,204

**Dartmouth-Hitchcock Health
Mary Hitchcock Memorial Hospital**

Key Personnel

FY'23 Doorways Program

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Lucas Archibald	Medical Director (MD)	\$270,000	10%	\$20,250
Amy Modlin	Social Worker, LICSW	\$80,080	50%	\$30,030
Justin Wardell	Recovery Coach	\$42,140	50%	\$15,803
Megan Tracy	Program Manager	\$71,490	50%	\$26,809
Karli Shepherd	Resource Specialist	\$49,400	50%	\$18,525

FY'24 Doorways Program

Name	Job Title	Salary *	% Paid from this Contract	Amount Paid + from this Contract
Lucas Archibald	Medical Director (MD)	\$278,100	10%	\$6,953
Amy Modlin	Social Worker, LICSW	\$82,482	50%	\$10,310
Justin Wardell	Recovery Coach	\$43,404	50%	\$5,423
Megan Tracy	Program Manager	\$73,635	50%	\$9,204
Karli Shepherd	Resource Specialist	\$50,882	50%	\$6,360



Lori A. Shilbette
Commissioner

39 mac

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
GOVERNOR'S COMMISSION ON ALCOHOL & OTHER DRUGS

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9564 1-800-804-0909
Fax: 603-271-6105 TDD Access: 1-800-735-2964 www.dhhs.nh.gov/dcbcs/bdas

August 30, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, on behalf of the Governor's Commission on Alcohol and Other Drugs, to amend existing contracts with the Contractors listed below in **bold** to continue providing a statewide network of Doorways for substance use disorder treatment and recovery support services access, by exercising contract renewal options by increasing the total price limitation by \$11,190,088 from \$37,617,414 to \$48,807,502 and extending the completion dates from September 29, 2021 to September 29, 2022, effective upon Governor and Council approval. 97.28% Federal Funds, 2.72% Other Funds.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Androscoggin Valley Hospital, Inc.	177220-B002	Berlin	\$1,949,517	\$669,740	\$2,619,257	O: 10/31/18 Item #17A A1: 8/28/19 Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
The Cheshire Medical Center	155405-B001	Keene	\$3,063,740	\$1,045,046	\$4,108,786	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Concord Hospital, Inc.	177653-B003	Concord	\$2,688,794	\$735,271	\$3,424,065	O: 10/31/18 Item #17A A1: 8/28/19, Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Mary Hitchcock Memorial Hospital	177651-B001	Lebanon	\$5,312,531	\$1,504,500	\$6,817,031	O: 10/31/18 Item #17A A1: 11/14/18 Item #1 A2: 9/18/19 Item #20 A3: 6/24/20 Item #31 A4: 2/17/21 Item #18
*LRGHealthcare	177161-B006	Laconia	\$2,317,076	\$0	\$2,317,076	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
*Granite Pathways Manchester	228900-B001	Manchester	\$3,831,170	\$0	\$3,831,170	O: 10/31/18 Item #17A A1: 9/18/19 Item #20
*Granite Pathways Nashua	228900-B001	Nashua	\$3,364,709	\$0	\$3,364,709	O: 10/31/18, Item #17A A1: 9/18/19, Item #20
Littleton Hospital Association	177162-B011	Littleton	\$2,160,889	\$712,612	\$2,873,301	O: 10/31/18, Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

His Excellency, Governor Christopher T. Sununu
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Wentworth-Douglass Hospital	177187-B001	Dover	\$4,109,399	\$1,153,475	\$5,262,874	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Catholic Medical Center	177240-B003	Greater Manchester	\$4,919,123	\$2,926,711	\$7,845,834	O: 3/11/20 Item #9A A1: 2/3/21 Item #10
Southern New Hampshire Health System, Inc.	177321-R004	Greater Nashua	\$3,339,704	\$1,696,196	\$5,035,900	O: 3/11/20 Item #9A A1: 2/17/21 Item #18
Concord Hospital, Inc. – Laconia	355356	Laconia	\$560,962	\$746,537	\$1,307,499	O: 6/2/21 Item #28
		Total:	\$37,617,414	\$11,190,088	\$48,807,502	
<i>*Indicates contracts that are okay to expire or have been terminated.</i>						

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is to continue to provide a network of Doorway programs to ensure access to substance use disorder treatment and recovery services within sixty (60) minutes of State residents' homes.

Approximately 4,000 individuals will be served between September 30, 2021 to September 29, 2022.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire at a minimum has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week.

The Doorways provide resources to strengthen existing prevention, treatment and recovery programs by ensuring access to critical services in order to decrease the number of opioid and/or stimulant-related misuses, overdoses and deaths in New Hampshire as well as promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants also are being served and referred to the appropriate services.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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The Department continues to monitor services by reviewing, analyzing and engaging in quality improvements based on:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language, or Exhibit A, Revisions to Standard Contract Provisions in the cases of Catholic Medical Center and Southern New Hampshire Health System, Inc. and Concord Hospital – Laconia, of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the one (1) year available.

Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care, which would negatively impact recovery and increase the risk of relapse.

Source of Federal Funds: Assistance Listing Number #93.788, FAIN #H79TI083326 and CFDA #93.959, FAIN #B08TI083509.

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

Respectfully submitted,

DocuSigned by:
Lori A. Weaver
4CA82504125473

for
Lori A. Shibinette
Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

05-02-02-020510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT

100% Federal Funds

Vendor Name: Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$218,250.00	\$0.00	\$218,250.00
2020	102/500731	Contracts for Program Services	92057040	\$652,985.00	\$0.00	\$652,985.00
2021	102/500731	Contracts for Program Services	92057040	\$201,283.00	\$0.00	\$201,283.00
2021	102/500731	Contracts for Program Services	92057047	\$181,000.00	\$0.00	\$181,000.00
2021	102/500731	Contracts for Program Services	92057048	\$438,868.00	\$0.00	\$438,868.00
2022	102/500731	Contracts for Program Services	92057048	\$218,333.00	\$0.00	\$218,333.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$489,806.00	\$489,806.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$163,269.00	\$163,269.00
Sub Total				\$1,908,517.00	\$653,075.00	\$2,561,592.00

Vendor Name: Concord Hospital, Inc.				Vendor # 177633		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$262,773.00	\$0.00	\$262,773.00
2020	102/500731	Contracts for Program Services	92057040	\$1,325,131.00	\$0.00	\$1,325,131.00
2021	102/500731	Contracts for Program Services	92057040	\$238,916.00	\$0.00	\$238,916.00
2021	102/500731	Contracts for Program Services	92057047	\$168,000.00	\$0.00	\$168,000.00
2021	102/500731	Contracts for Program Services	92057048	\$400,000.00	\$0.00	\$400,000.00
2022	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$538,954.00	\$538,954.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$179,852.00	\$179,852.00
Sub Total				\$2,590,920.00	\$718,806.00	\$3,309,426.00

Vendor Name: Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$611,287.00	\$0.00	\$611,287.00
2020	102/500731	Contracts for Program Services	92057040	\$1,127,557.00	\$0.00	\$1,127,557.00
2021	102/500731	Contracts for Program Services	92057040	\$205,033.00	\$0.00	\$205,033.00
2021	102/500731	Contracts for Program Services	92057047	\$229,925.00	\$0.00	\$229,925.00
2021	102/500731	Contracts for Program Services	92057048	\$532,304.00	\$0.00	\$532,304.00
2022	102/500731	Contracts for Program Services	92057048	\$266,152.00	\$0.00	\$266,152.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$771,286.00	\$771,286.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$257,095.00	\$257,095.00
Sub Total				\$2,972,256.00	\$1,028,381.00	\$4,000,639.00

Vendor Name: Granite Pathways Manchester				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,331,471.00	\$0.00	\$1,331,471.00
2020	102/500731	Contracts for Program Services	92057040	\$2,349,699.00	\$0.00	\$2,349,699.00
Sub Total				\$3,681,170.00	\$0.00	\$3,681,170.00

Vendor Name: Granite Pathways Nashua				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,348,973.00	\$0.00	\$1,348,973.00
2020	102/500731	Contracts for Program Services	92057040	\$1,865,736.00	\$0.00	\$1,865,736.00
Sub Total				\$3,214,709.00	\$0.00	\$3,214,709.00

Vendor Name: Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$223,135.00	\$0.00	\$223,135.00
2020	102/500731	Contracts for Program Services	92057040	\$682,805.00	\$0.00	\$682,805.00
2021	102/500731	Contracts for Program Services	92057040	\$203,750.00	\$0.00	\$203,750.00
2021	102/500731	Contracts for Program Services	92057047	\$175,000.00	\$0.00	\$175,000.00
2021	102/500731	Contracts for Program Services	92057048	\$423,333.00	\$0.00	\$423,333.00
2022	102/500731	Contracts for Program Services	92057048	\$211,866.00	\$0.00	\$211,866.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$521,960.00	\$521,960.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$173,987.00	\$173,987.00
Sub Total				\$2,119,689.00	\$695,947.00	\$2,815,636.00

Vendor Name: LRGHealthcare				Vendor # 177161		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$500,000.00	\$0.00	\$500,000.00
2020	102/500731	Contracts for Program Services	92057040	\$642,114.00	\$0.00	\$642,114.00
2021	102/500731	Contracts for Program Services	92057040	\$205,000.00	\$0.00	\$205,000.00
2021	102/500731	Contracts for Program Services	92057047	\$178,000.00	\$0.00	\$178,000.00
2021	102/500731	Contracts for Program Services	92057048	\$430,000.00	\$0.00	\$430,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
		Sub Total		\$2,170,114.00	\$0.00	\$2,170,114.00

Vendor # 177180

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$449,937.00	\$0.00	\$449,937.00
2020	102/500731	Contracts for Program Services	92057040	\$2,575,109.00	\$0.00	\$2,575,109.00
2021	102/500731	Contracts for Program Services	92057040	\$383,958.00	\$0.00	\$383,958.00
2021	102/500731	Contracts for Program Services	92057047	\$430,000.00	\$0.00	\$430,000.00
2021	102/500731	Contracts for Program Services	92057048	\$947,333.00	\$0.00	\$947,333.00
2022	102/500731	Contracts for Program Services	92057048	\$473,686.00	\$0.00	\$473,686.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,115,876.00	\$1,115,876.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$371,959.00	\$371,959.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$0.00	\$0.00
		Sub Total		\$5,260,003.00	\$1,487,835.00	\$6,747,838.00

Vendor # 177187

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$537,063.00	\$0.00	\$537,063.00
2020	102/500731	Contracts for Program Services	92057040	\$1,806,752.00	\$0.00	\$1,806,752.00
2021	102/500731	Contracts for Program Services	92057040	\$240,675.00	\$0.00	\$240,675.00
2021	102/500731	Contracts for Program Services	92057047	\$299,000.00	\$0.00	\$299,000.00
2021	102/500731	Contracts for Program Services	92057048	\$691,360.00	\$0.00	\$691,360.00
2022	102/500731	Contracts for Program Services	92057048	\$345,680.00	\$0.00	\$345,680.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$852,607.00	\$852,607.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$284,203.00	\$284,203.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$0.00	\$0.00
		Sub Total		\$3,920,330.00	\$1,136,810.00	\$5,057,140.00

Vendor # 177240

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$345,019.00	\$0.00	\$345,019.00
2021	102/500731	Contracts for Program Services	92057040	\$724,814.00	\$0.00	\$724,814.00
2021	102/500731	Contracts for Program Services	92057047	\$802,501.00	\$0.00	\$802,501.00
2021	102/500731	Contracts for Program Services	92057048	\$1,848,000.00	\$0.00	\$1,848,000.00
2022	102/500731	Contracts for Program Services	92057048	\$923,000.00	\$0.00	\$923,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$2,182,534.00	\$2,182,534.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$727,512.00	\$727,512.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$0.00	\$0.00
		Sub Total		\$4,641,134.00	\$2,910,046.00	\$7,551,180.00

Vendor # 177321

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$223,242.00	\$0.00	\$223,242.00
2021	102/500731	Contracts for Program Services	92057040	\$522,272.00	\$0.00	\$522,272.00
2021	102/500731	Contracts for Program Services	92057047	\$580,000.00	\$0.00	\$580,000.00
2021	102/500731	Contracts for Program Services	92057048	\$1,280,000.00	\$0.00	\$1,280,000.00
2022	102/500731	Contracts for Program Services	92057048	\$640,000.00	\$0.00	\$640,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,259,848.00	\$1,259,848.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$419,883.00	\$419,883.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$0.00	\$0.00
		Sub Total		\$3,245,514.00	\$1,679,531.00	\$4,925,045.00

Vendor # 355356

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
2022	074/500585	Contracts for Program Services	92057048	\$0.00	\$547,404.00	\$547,404.00
2023	074/500585	Contracts for Program Services	92057048	\$0.00	\$182,468.00	\$182,468.00
		Sub Total		\$415,000.00	\$729,872.00	\$1,144,872.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

SOR Total	\$36,139,458.00	\$11,040,103.00	\$47,179,561.00
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05-02-02-020510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SABG ADDITIONAL

100% Federal Funds

Vendor Name Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Concord Hospital, Inc.				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Wentworth Douglass				Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Concord Hospital, Inc. - Laconia				Vendor # 355356		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

SABG Total	\$0.00	\$149,985.00	\$149,985.00
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05-05-02-020510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

100% Other Funds

Vendor Name Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
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2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		<i>Sub Total</i>		\$25,000.00	\$0.00	\$25,000.00

Vendor Name: Concord				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$73,481.00	\$0.00	\$73,481.00
2022	102/500731	Contracts for Program Services	92058501	\$24,493.00	\$0.00	\$24,493.00
		<i>Sub Total</i>		\$97,974.00	\$0.00	\$97,974.00

Vendor Name: Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$68,612.00	\$0.00	\$68,612.00
2022	102/500731	Contracts for Program Services	92058501	\$22,870.00	\$0.00	\$22,870.00
		<i>Sub Total</i>		\$91,482.00	\$0.00	\$91,482.00

Vendor Name: Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		<i>Sub Total</i>		\$25,000.00	\$0.00	\$25,000.00

Vendor Name: LRGHealthcare				Vendor # 177161		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$110,222.00	\$0.00	\$110,222.00
2022	102/500731	Contracts for Program Services	92058501	\$38,740.00	\$0.00	\$38,740.00
		<i>Sub Total</i>		\$148,962.00	\$0.00	\$148,962.00

Vendor Name: Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$39,396.00	\$0.00	\$39,396.00
2022	102/500731	Contracts for Program Services	92058501	\$13,132.00	\$0.00	\$13,132.00
		<i>Sub Total</i>		\$52,528.00	\$0.00	\$52,528.00

Vendor Name: Wentworth Douglass				Vendor # 177167		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$141,652.00	\$0.00	\$141,652.00
2022	102/500731	Contracts for Program Services	92058501	\$47,217.00	\$0.00	\$47,217.00
		<i>Sub Total</i>		\$188,869.00	\$0.00	\$188,869.00

Vendor Name: Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$208,492.00	\$0.00	\$208,492.00
2022	102/500731	Contracts for Program Services	92058501	\$69,497.00	\$0.00	\$69,497.00
		<i>Sub Total</i>		\$277,989.00	\$0.00	\$277,989.00

Vendor Name: Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$70,643.00	\$0.00	\$70,643.00
2022	102/500731	Contracts for Program Services	92058501	\$23,547.00	\$0.00	\$23,547.00
		<i>Sub Total</i>		\$94,190.00	\$0.00	\$94,190.00

Vendor Name: Concord Hospital - Laconia				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$109,222.00	\$0.00	\$109,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
		<i>Sub Total</i>		\$145,962.00	\$0.00	\$145,962.00

GC Total				\$1,145,958.00	\$0.00	\$1,145,958.00
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05-85-82-920310-2569 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

100% Federal Funds

Vendor Name Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$16,000.00	\$0.00	\$16,000.00
		<i>Sub Total</i>		\$16,000.00	\$0.00	\$16,000.00

Vendor Name Granite Pathways Manchester				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$150,000.00	\$0.00	\$150,000.00
		<i>Sub Total</i>		\$150,000.00	\$0.00	\$150,000.00

Vendor Name Granite Pathways Nashua				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$150,000.00	\$0.00	\$150,000.00
		<i>Sub Total</i>		\$150,000.00	\$0.00	\$150,000.00

Vendor Name Littleton Regional Hospital				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$16,000.00	\$0.00	\$16,000.00
		<i>Sub Total</i>		\$16,000.00	\$0.00	\$16,000.00

STR Total	\$332,000.00	\$0.00	\$332,000.00
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GRAND TOTALS	\$37,617,414.00	\$11,190,088.00	\$48,807,502.00
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**State of New Hampshire
Department of Health and Human Services
Amendment #5**

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Mary Hitchcock Memorial Hospital ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 31, 2018 (Item #17A), as amended November 14, 2018 (Item #11), as amended on September 18, 2019 (Item #20), as amended June 24, 2020 (Item #31), as amended February 17, 2021, (Item #18), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Section 3, Renewal, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$6,817,031.
3. Modify Exhibit A – Amendment #4, Scope of Services, Section 12, SOR Grant Standards, Subsection 12.1., to read:
12.1. Reserved
4. Modify Exhibit A – Amendment #4, Scope of Services, Section 12, SOR Grant Standards, Subsection 12.11., to read:
12.11. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide marijuana or provide treatment using marijuana. The Contractor shall ensure:
12.11.1. Treatment in this context includes the treatment of opioid use disorder (OUD).
12.11.2. Grant funds are not provided to any individual who, or organization that, provides or permits marijuana use for the purposes of treating substance use or mental health disorders.
12.11.3. This marijuana restriction applies to all subcontracts and memorandums of understanding (MOU) that receive SOR funding.
5. Modify Exhibit A – Amendment #4, Scope of Services, Section 12, SOR Grant Standards, 12.12., to read:
12.12. The Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes:
12.12.1. Internal policies for the distribution of Fentanyl strips;
12.12.2. Distribution methods and frequency; and
12.12.3. Other key data as requested by the Department.

EM

6. Modify Exhibit A – Amendment #4, Scope of Services, Section 12, SOR Grant Standards, by adding Subsection 12.13., to read:

12.13. The Contractor shall provide a contingency management plan to the Department for approval prior to implementation of the contingency management plan. The Contractor shall ensure the contingency management plan includes:

12.13.1. Contingency management strategies to reward and incentivize individual treatment compliance;

12.13.2. Identified allowable contingency rewards, as approved by the Department, ensuring:

12.13.2.1. The maximum value per contingency does not exceed \$15; and

12.13.2.2. The maximum number of contingencies per year per individual does not exceed five (5); and

12.13.2.3. The maximum dollar value of all contingencies per individuals does not exceed \$75 per year; and

12.13.3. Other key data as requested by the Department.

7. Modify Exhibit A – Amendment #4, Scope of Services, Section 12, SOR Grant Standards, by adding Subsection 12.14., to read:

12.14. The Contractor shall refer to Exhibit B – Amendment #5 for grant terms and conditions including, but not limited to:

12.14.1. Invoicing.

12.14.2. Funding restrictions.

12.14.3. Billing

8. Modify Exhibit B, Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit B – Amendment #5, Methods and Conditions Precedent to Payment in order to update payment terms, billing standards and various references to budgets, which is attached hereto and incorporated by reference herein.
9. Add Exhibit B-13 Amendment #5, Overnight & Weekend Budget, which is attached hereto and incorporated by reference herein.
10. Add Exhibit B-14 Amendment #5, Overnight & Weekend Budget, which is attached hereto and incorporated by reference herein.
11. Add Exhibit B-15 Amendment #5, SOR II Budget, which is attached hereto and incorporated by reference herein.
12. Add Exhibit B-16 Amendment #5, SOR II Budget, which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire
Department of Health and Human Services

9/9/2021

Date

DocuSigned by:

Katja Fox

Name: Katja Fox

Title: Director

Mary Hitchcock Memorial Hospital

9/8/2021

Date

Edward Merrens

Name: Edward Merrens

Title: Chief Clinical Officer

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

OFFICE OF THE ATTORNEY GENERAL

9/10/2021
Date

DocuSigned by:
J. Christopher Marshall
OS8D45FE8004403
Name: Christopher Marshall
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #5

Methods and Conditions Precedent to Payment

1. This Agreement is funded by:
 - 1.1. 98.98% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326; and
 - 1.2. 0.24% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, CFDA #93.959, FAIN B08TI083509.
 - 1.3. 0.77% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds. (effective dates 9/30/2020-9/29/2021)
2. Governor Commission Funds
 - 2.1. The Contractor shall utilize funds in Exhibit B-9 Amendment #4 GovComm and Exhibit B-11 Amendment #3 GovComm for the purpose of providing services and supports to clients whose needs do not make them eligible to receive SOR-funded services and supports.
 - 2.2. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.
3. SABG FY21 COVID Emergency Funds
 - 3.1. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.
4. For the purposes of this Agreement:
 - 4.1. The Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR §200.330.
 - 4.2. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.87.
5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit B-1, Budget through Exhibit B-16 Amendment #5 SOR II Budget.

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #5

6. The Contractor shall seek payment for services, as follows:
 - 6.1. First, the Contractor shall charge the client's private insurance or other payor sources.
 - 6.2. Second, the Contractor shall charge Medicare.
 - 6.3. Third, the Contractor shall charge Medicaid enrolled individuals, as follows:
 - 6.3.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
 - 6.3.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
 - 6.4. Fourth, the Contractor shall charge the client in accordance with the Sliding Fee Scale Program.
 - 6.5. Lastly, if any portion of the amount specified in the Sliding Fee Scale remains unpaid, charge the Department for the unpaid balance.
7. The Contractor shall submit an invoice and supporting backup documentation in a form satisfactory to the State by the 25th working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment. Invoices shall be net any other revenue received towards the services billed in fulfillment of this agreement. The Contractor shall ensure:
 - 7.1. Backup documentation includes, but is not limited to:
 - 7.1.1. General Ledger showing revenue and expenses for the contract.
 - 7.1.2. Timesheets and/or time cards that support the hours employees worked for wages reported under this contract.
 - 7.1.2.1. Per 45 CFR Part 75.430(i)(1) Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed.
 - 7.1.2.2. Attestation and time tracking templates, which are available to the Department upon request.
 - 7.1.3. Invoices supporting expenses reported:
 - 7.1.3.1. Unallowable expenses include, but are not limited to:
 - 7.1.3.1.1. Amounts belonging to other programs.
 - 7.1.3.1.2. Amounts prior to effective date of contract.
 - 7.1.3.1.3. Construction or renovation expenses.
 - 7.1.3.1.4. Food or water for employees.

EDM

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #5

- 7.1.3.1.5. Directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana.
 - 7.1.3.1.6. Fines, fees, or penalties.
 - 7.1.3.1.7. Per SAMSHA requirements, meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed three dollars (\$3.00) per person for clients.
 - 7.1.3.1.8. Cell phones and cell phone minutes for clients.
 - 7.1.4. Receipts for expenses within the applicable state fiscal year.
 - 7.1.5. Cost center reports.
 - 7.1.6. Profit and loss report.
 - 7.1.7. Remittance Advices from the insurances billed. Remittance Advices do not need to be supplied with the invoice, but should be retained to be available upon request.
 - 7.1.8. Information requested by the Department verifying allocation or offset based on third party revenue received.
 - 7.1.9. Summaries of patient services revenue and operating revenue and other financial information as requested by the Department.
8. The Contractor is responsible for reviewing, understanding, and complying with further restrictions included in the Funding Opportunity Announcement (FOA).
9. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to DHHS.DBHInvoicesBDAS@dhhs.nh.gov, or invoices may be mailed to:
- SOR Financial Manager
Department of Health and Human Services
105 Pleasant Street
Concord, NH 03301
10. The Contractor agrees that billing submitted for review after 25 business days of the last day of the billing month may be subject to non-payment.
11. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
12. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
13. The Contractor must provide the services in Exhibit A – Amendment #4, Scope of Services, in compliance with funding requirements.

EOM

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #5

14. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit A – Amendment #4, Scope of Services, including failure to submit required monthly and/or quarterly reports.
15. Notwithstanding Paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
16. Audits
- 16.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:
- 16.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
- 16.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
- 16.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
- 16.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
- 16.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- 16.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
- 16.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

17. Maintenance of Fiscal Integrity

EDM

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #5

- 17.1. In order to enable the Department to evaluate the Contractor's fiscal integrity, the Contractor agrees to submit to the Department monthly, the Balance Sheet, Profit and Loss Statement (total organization and program-level), and Cash Flow Statement for the Contractor. Program-level Profit and Loss Statement shall include all revenue sources and all related expenditures for that program. The program-level Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. Outside of the program-level Profit and Loss Statement and budget to actual analysis, all other statements shall be reflective of the entire Partnership for Successful Living organization and shall be submitted on the same day the reports are submitted to the Board, but no later than the fourth Wednesday of the month. Additionally, the contractor will provide interim profit and loss statements for every program area, reported as of the 20th of the month, by the last day of every month.
- 17.2. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement.
- 17.3. The Contractor shall inform the Department by phone and by email within five business days when any Executive Management, Board Officers, or Program Managers for Department contracts submits a resignation or leaves for any other reason.

EDM

Exhibit B-13 Amendment 05 Overnight Weekend Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Mary Hitchcock Memorial Hospital

Project Title: AFTERHOURS - Access and Delivery Hub for Optimal Use Disorder Services (E3-2019-BDAS-06-ACCE 3-04-A05)

Budget Period: \$FY22 09/01/21-08/31/22 Overnight & Weekend Clinical NCE Budget

Line Item	Total Program Cost			Contractor Share / Match			Funded by DNH's contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 338,805.00	\$ 105,371.00	\$ 445,176.00	\$ -	\$ -	\$ -	\$ 338,805.00	\$ 105,371.00	\$ 445,176.00
2. Employee Benefits	\$ 105,292.00	\$ 32,838.00	\$ 137,820.00	\$ -	\$ -	\$ -	\$ 105,292.00	\$ 32,838.00	\$ 137,820.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repairs and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 1,000.00	\$ 310.00	\$ 1,310.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 310.00	\$ 1,310.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 378.00	\$ 117.00	\$ 495.00	\$ -	\$ -	\$ -	\$ 378.00	\$ 117.00	\$ 495.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 1,805.00	\$ 485.00	\$ 2,290.00	\$ -	\$ -	\$ -	\$ 1,805.00	\$ 485.00	\$ 2,290.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FltuFunds	\$ 67,500.00	\$ 20,925.00	\$ 88,425.00	\$ -	\$ -	\$ -	\$ 67,500.00	\$ 20,925.00	\$ 88,425.00
TOTAL	\$ 611,544.00	\$ 188,826.00	\$ 800,370.00	\$ -	\$ -	\$ -	\$ 611,544.00	\$ 188,826.00	\$ 800,370.00

Indirect As A Percent of Direct 31.0%

Exhibit B-14 Amendment #3 Overnight Weekend Budget

New Hampshire Department of Health and Human Services
 COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Mary Hitchcock Memorial Hospital

Project Title: AFTERHOURS - Access and Delivery Hub for Opioid Use Disorder Services (SS-2019-BDAS-04-ACCES-04-A05)

Budget Period: SFY23 07/01/2023-09/30/2023 Overnight & Weekend Clinical Telephone Services NCE

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHRIS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 113,308.00	\$ 35,128.00	\$ 148,437.00	\$ -	\$ -	\$ -	\$ 113,308.00	\$ 35,128.00	\$ 148,437.00
2. Employee Benefits	\$ 35,094.00	\$ 10,880.00	\$ 45,974.00	\$ -	\$ -	\$ -	\$ 35,094.00	\$ 10,880.00	\$ 45,974.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Appropriation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 300.00	\$ 83.00	\$ 383.00	\$ -	\$ -	\$ -	\$ 300.00	\$ 83.00	\$ 383.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 150.00	\$ 47.00	\$ 197.00	\$ -	\$ -	\$ -	\$ 150.00	\$ 47.00	\$ 197.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Bond Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Printing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 600.00	\$ 156.00	\$ 756.00	\$ -	\$ -	\$ -	\$ 600.00	\$ 156.00	\$ 756.00
12. Subcontract/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fee/Funds	\$ 22,500.00	\$ 8,975.00	\$ 31,475.00	\$ -	\$ -	\$ -	\$ 22,500.00	\$ 8,975.00	\$ 31,475.00
TOTAL	\$ 171,853.00	\$ 63,378.00	\$ 235,231.00	\$ -	\$ -	\$ -	\$ 171,853.00	\$ 63,378.00	\$ 235,231.00

Indirect As A Percent of Direct 31.6%

Exhibit B-15 Amendment #5 SOR II Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Mary Hitchcock Memorial Hospital

Project Title: DOORWAYS - Access and Delivery Hub for Optimal Use Oberlander Services (S3-2019-BDAS-05-ACCES-04-001)

Budget Period: SFY22 09/30/21-09/30/22

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHH's contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 178,888.00	\$ 55,455.00	\$ 234,341.00				\$ 178,888.00	\$ 55,455.00	\$ 234,341.00
2. Employee Benefits	\$ 63,273.00	\$ 18,514.00	\$ 81,787.00				\$ 63,273.00	\$ 18,514.00	\$ 81,787.00
3. Consultants									
4. Equipment:									
Rental									
Repair and Maintenance									
Purchase/Depreciation									
5. Supplies:									
Educational									
Lab									
Pharmacy									
Medical	\$ 8,000.00	\$ 1,800.00	\$ 9,800.00				\$ 8,000.00	\$ 1,800.00	\$ 9,800.00
Office	\$ 3,000.00	\$ 800.00	\$ 3,800.00				\$ 3,000.00	\$ 800.00	\$ 3,800.00
6. Travel	\$ 1,000.00	\$ 310.00	\$ 1,310.00				\$ 1,000.00	\$ 310.00	\$ 1,310.00
7. Occupancy									
8. Current Expenses									
Telephone									
Printing									
Supplies									
Utilities									
Audit and Legal									
Insurance									
Other Expenses									
9. Software									
10. Marketing/Communications	\$ 1,000.00	\$ 338.00	\$ 1,427.00				\$ 1,000.00	\$ 338.00	\$ 1,427.00
11. Staff Education and Training	\$ 8,000.00	\$ 1,800.00	\$ 9,800.00				\$ 8,000.00	\$ 1,800.00	\$ 9,800.00
12. Subcontract/Agreements									
13. Other (specify below mandatory):									
Fund/Grants	\$ 15,000.00	\$ 4,850.00	\$ 19,850.00				\$ 15,000.00	\$ 4,850.00	\$ 19,850.00
Receipt Vouchers	\$ 32,000.00	\$ 9,820.00	\$ 41,820.00				\$ 32,000.00	\$ 9,820.00	\$ 41,820.00
Materials	\$ 40,000.00	\$ 12,400.00	\$ 52,400.00				\$ 40,000.00	\$ 12,400.00	\$ 52,400.00
Support Char'ty/Unmet Needs	\$ 12,721.00	\$ 3,944.00	\$ 16,665.00				\$ 12,721.00	\$ 3,944.00	\$ 16,665.00
TOTAL	\$ 348,969.00	\$ 108,181.00	\$ 457,150.00				\$ 348,969.00	\$ 108,181.00	\$ 457,150.00

Indirect As A Percent of Direct 31.0%

Exhibit B-16 Amendment #5 SOR # Budget

New Hampshire Department of Health and Human Services
 COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Mary Hitchcock Memorial Hospital

Project Title: DOORWAYS - Access and Delivery Hub for Optimal Use Disorder Services (SS-2019-BDAS-05-ACCES-04-ABE)

Budget Period: SFY23 07/01/2023-06/30/2023

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 58,828.00	\$ 18,482.00	\$ 78,108.00	\$ -	\$ -	\$ -	\$ 58,828.00	\$ 18,482.00	\$ 78,108.00
2. Employee Benefits	\$ 17,758.00	\$ 5,505.00	\$ 23,263.00	\$ -	\$ -	\$ -	\$ 17,758.00	\$ 5,505.00	\$ 23,263.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ 2,000.00	\$ 620.00	\$ 2,620.00	\$ -	\$ -	\$ -	\$ 2,000.00	\$ 620.00	\$ 2,620.00
Office	\$ 1,000.00	\$ 310.00	\$ 1,310.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 310.00	\$ 1,310.00
6. Travel	\$ 500.00	\$ 155.00	\$ 655.00	\$ -	\$ -	\$ -	\$ 500.00	\$ 155.00	\$ 655.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 300.00	\$ 83.00	\$ 383.00	\$ -	\$ -	\$ -	\$ 300.00	\$ 83.00	\$ 383.00
11. Staff Education and Training	\$ 2,000.00	\$ 620.00	\$ 2,620.00	\$ -	\$ -	\$ -	\$ 2,000.00	\$ 620.00	\$ 2,620.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specify details in narrative):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Food/Coffee	\$ 8,000.00	\$ 1,550.00	\$ 9,550.00	\$ -	\$ -	\$ -	\$ 8,000.00	\$ 1,550.00	\$ 9,550.00
Meal/Coffee	\$ 13,200.00	\$ 4,082.00	\$ 17,282.00	\$ -	\$ -	\$ -	\$ 13,200.00	\$ 4,082.00	\$ 17,282.00
Receipt Vouchers	\$ 10,700.00	\$ 3,317.00	\$ 14,017.00	\$ -	\$ -	\$ -	\$ 10,700.00	\$ 3,317.00	\$ 14,017.00
Miscellaneous	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 112,884.00	\$ 34,744.89	\$ 148,278.89	\$ -	\$ -	\$ -	\$ 112,884.00	\$ 34,744.89	\$ 148,278.89

Indirect As A Percent of Direct 31.0%

FEB03'21 AM 10:27 RCUD

18 mac



Lori A. Silbiotte
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

January 29, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to **Retroactively** amend existing **Sole Source** contracts with the vendors listed in **bold** below to continue a statewide system of Doorways that provide access to substance use disorder treatment and recovery services and supports, by exercising renewal options by increasing the total price limitation by \$2,731,933 from \$34,024,519 to \$36,756,452 and by extending the completion dates from September 29, 2020 to September 29, 2021 effective retroactive to September 29, 2020 upon Governor and Council approval. 97.28% Federal and 2.72% Other Funds.

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

Vendor Name	Vendor Code	Area Served	Current Amount	Increase/ (Decrease)	New Amount	G&C Approval
Androscoggin Valley Hospital, Inc., Berlin, NH	177220-B002	Berlin	\$1,849,517	\$0	\$1,849,517	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 6/24/20 (Item #31)
Concord Hospital, Inc., Concord, NH	177653-B003	Concord	\$2,688,794	\$0	\$2,688,794	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 6/24/20 (Item #31)
Granite Pathways, Concord, NH	228900-B001	Concord	\$6,895,879	\$0	\$6,895,879	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Littleton Regional Hospital, Littleton, NH	177162-B011	Littleton	\$2,160,689	\$0	\$2,160,689	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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LRGHealthcare Laconia, NH	177161 -B006	Laconia	\$2,317,076	\$0	\$2,317,076	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Mary. Hitchcock Memorial Hospital, Lebanon, NH	177851 -B001	Lebanon	\$4,349,314	\$983,217	\$5,312,531	O: 10/31/18 Item #17A A1: 11/14/19 (Item #11) A2: 9/18/19, (Item #20) A3: 6/24/20 (Item #31)
The Cheshire Medical Center, Keene, NH	155405 -B001	Keene	\$3,083,740	\$0	\$3,083,740	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Wentworth- Douglass, Hospital, Dover, NH	177187 -B001	Dover	\$4,109,399	\$0	\$4,109,399	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Catholic Medical Center, Manchester, NH	177240 -B003	Greater Manchester	\$4,919,123	\$0	\$4,919,123	O: 3/11/20 (Item #9A)
Southern New Hampshire Health System, Inc., Nashua, NH	177321 -R004	Greater Nashua	\$1,670,988	\$1,768,716	\$3,339,704	O: 3/11/20 (Item #9A)
		Total	\$34,024,619	\$2,731,933	\$36,756,452	

Funds are available in the following accounts for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Years 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Retroactive** because sufficient funds in State Fiscal Year 2021 were not available in the operating budget considering the grant amount awarded, and due to delay by the Substance Abuse and Mental Health Services Administration in approving New Hampshire's requests for continued State Opioid Response Grant funding the efforts to add the state appropriations were deferred. This request is **Sole Source** because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labelled as sole source.

This request represents the remaining two (2) of nine (9) requests for Access and Delivery Hub for Opioid Use Disorder Services. The Department presented the first seven (7) requests Governor and Executive Council on February 3, 2021, Item #10.

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

The purpose of this request is to continue providing services through the Doorways by utilizing unexpended funds from the first round of State Opioid Response funding, adding funding from the second round of State Opioid Response, and adding funding to address the needs of individuals with substance use disorders not covered under State Opioid Response.

Approximately 1,000 individuals will be served from September 30, 2020 to September 29, 2021.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week, to ensure no one in New Hampshire has to travel more than 60 minutes to access services.

The Doorways' services provide resources to strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in New Hampshire; and promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants are also being seen and referred to the appropriate services by the Doorways.

The Department will monitor contracted services using the following methods:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Regular review and monitoring of Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language, Paragraph 3. Renewals, or Exhibit A, Revisions to Standard Contract Provisions, Subsection 1 – Revisions to Form P-37, General Provisions, in the case of Catholic Medical Center and Southern New Hampshire Health System, Inc., of the original contracts the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the two (2) years available.

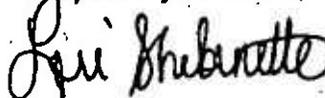
Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care that negatively impact recovery and increase the risk of relapse.

Areas served: Statewide.

Source of Funds: CFDA #93.788, FAIN #H79TI081685 and H79TI083326.

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF 1000 BEHAVIORAL HEALTH DIV OF BUREAU OF DRUG & ALCOHOL SERVICES, STATE DRUG RESPONSE GRANT 100% Federal Funds CPDA #03.700 FASH HY2000 1000 and HY20000000

Accountability Year: Fiscal Year 2022

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102900731	Contracts for Program Services	92057040	\$ 734,750.00		\$ 734,750.00
2020	102900731	Contracts for Program Services	92057040	\$ 652,985.00		\$ 652,985.00
2021	102900731	Contracts for Program Services	92057040	\$ 201,213.00		\$ 201,213.00
2021	102900731	Contracts for Program Services	92057047	\$ 181,000.00		\$ 181,000.00
2021	102900731	Contracts for Program Services	92057048	\$ 436,084.00		\$ 436,084.00
2022	102900731	Contracts for Program Services	92057048	\$ 218,333.00		\$ 218,333.00
		Sub Total		\$ 1,344,375.00		\$ 1,344,375.00

Contract

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2019	102900731	Contracts for Program Services	92057040	\$ 342,771.00		\$ 342,771.00
2020	102900731	Contracts for Program Services	92057040	\$ 1,175,131.00		\$ 1,175,131.00
2021	102900731	Contracts for Program Services	92057040	\$ 234,914.00		\$ 234,914.00
2021	102900731	Contracts for Program Services	92057047	\$ 166,000.00		\$ 166,000.00
2021	102900731	Contracts for Program Services	92057048	\$ 600,000.00		\$ 600,000.00
2022	102900731	Contracts for Program Services	92057048	\$ 200,000.00		\$ 200,000.00
		Sub Total		\$ 1,548,816.00		\$ 1,548,816.00

Position

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2019	102900731	Contracts for Program Services	92057040	\$ 411,287.00		\$ 411,287.00
2020	102900731	Contracts for Program Services	92057040	\$ 1,117,537.00		\$ 1,117,537.00
2021	102900731	Contracts for Program Services	92057040	\$ 200,003.00		\$ 200,003.00
2021	102900731	Contracts for Program Services	92057047	\$ 179,875.00		\$ 179,875.00
2021	102900731	Contracts for Program Services	92057048	\$ 537,884.00		\$ 537,884.00
2022	102900731	Contracts for Program Services	92057048	\$ 246,133.00		\$ 246,133.00
		Sub Total		\$ 2,642,829.00		\$ 2,642,829.00

Direct Program Materials

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2019	102900731	Contracts for Program Services	92057040	\$ 1,331,471.00		\$ 1,331,471.00
2020	102900731	Contracts for Program Services	92057040	\$ 1,249,899.00		\$ 1,249,899.00
2021	102900731	Contracts for Program Services	92057040	\$ -		\$ -
2021	102900731	Contracts for Program Services	92057040	\$ -		\$ -
2021	102900731	Contracts for Program Services	92057040	\$ -		\$ -
2022	102900731	Contracts for Program Services	92057040	\$ -		\$ -
		Sub Total		\$ 2,581,370.00		\$ 2,581,370.00

Direct Program Supplies

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2019	102900731	Contracts for Program Services	92057040	\$ 1,244,973.00		\$ 1,244,973.00
2020	102900731	Contracts for Program Services	92057040	\$ 1,863,738.00		\$ 1,863,738.00
2021	102900731	Contracts for Program Services	92057040	\$ -		\$ -
2021	102900731	Contracts for Program Services	92057040	\$ -		\$ -
2021	102900731	Contracts for Program Services	92057040	\$ -		\$ -
2022	102900731	Contracts for Program Services	92057040	\$ -		\$ -
		Sub Total		\$ 3,108,711.00		\$ 3,108,711.00

Lesson Material

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2019	102900731	Contracts for Program Services	92067040	\$ 236,135.00		\$ 236,135.00
2020	102900731	Contracts for Program Services	92067040	\$ 862,885.00		\$ 862,885.00
2021	102900731	Contracts for Program Services	92067040	\$ 202,720.00		\$ 202,720.00
2021	102900731	Contracts for Program Services	92067047	\$ 175,000.00		\$ 175,000.00
2021	102900734	Contracts for Program Services	92067048	\$ 421,333.00		\$ 421,333.00
2022	102900731	Contracts for Program Services	92067048	\$ 211,844.00		\$ 211,844.00
		Sub Total		\$ 2,110,027.00		\$ 2,110,027.00

Other Supplies

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2019	102900731	Contracts for Program Services	92067040	\$ 200,000.00		\$ 200,000.00
2020	102900731	Contracts for Program Services	92067040	\$ 642,114.00		\$ 642,114.00
2021	102900731	Contracts for Program Services	92067040	\$ 200,000.00		\$ 200,000.00
2021	102900731	Contracts for Program Services	92067047	\$ 178,000.00		\$ 178,000.00
2021	102900731	Contracts for Program Services	92067048	\$ 430,000.00		\$ 430,000.00
2022	102900731	Contracts for Program Services	92067048	\$ 715,000.00		\$ 715,000.00
		Sub Total		\$ 2,165,114.00		\$ 2,165,114.00

Other Materials

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2019	102900731	Contracts for Program Services	92067040	\$ 1,340,317.00	\$ (948,310.00)	\$ 392,007.00
2020	102900731	Contracts for Program Services	92067040	\$ 2,375,100.00		\$ 2,375,100.00
2021	102900731	Contracts for Program Services	92067040	\$ 343,954.00		\$ 343,954.00
2021	102900731	Contracts for Program Services	92067047	\$ -	\$ 430,000.00	\$ 430,000.00
2021	102900731	Contracts for Program Services	92067048	\$ -	\$ 917,223.00	\$ 917,223.00
2022	102900731	Contracts for Program Services	92067048	\$ -	\$ 473,844.00	\$ 473,844.00
		Sub Total		\$ 4,059,371.00	\$ 963,857.00	\$ 5,023,228.00

West-Whi Districts

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2016	102900731	Contracts for Program Services	92057040	\$ 537,063.00		\$ 537,063.00
2020	102900731	Contracts for Program Services	92057040	\$ 1,804,732.00		\$ 1,804,732.00
2021	102900731	Contracts for Program Services	92057040	\$ 346,675.00		\$ 346,675.00
2021	102900731	Contracts for Program Services	92057047	\$ 799,000.00		\$ 799,000.00
2021	102900731	Contracts for Program Services	92057046	\$ 891,380.00		\$ 891,380.00
2022	102900731	Contracts for Program Services	92057046	\$ 345,680.00		\$ 345,680.00
		Sub Total		\$ 2,826,130.00		\$ 2,826,130.00

Central Medical Center

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2016	102900731	Contracts for Program Services	92057040	\$		\$
2020	102900731	Contracts for Program Services	92057040	\$ 343,019.00		\$ 343,019.00
2021	102900731	Contracts for Program Services	92057040	\$ 734,614.00		\$ 734,614.00
2021	102900731	Contracts for Program Services	92057047	\$ 802,501.00		\$ 802,501.00
2021	102900731	Contracts for Program Services	92057046	\$ 1,844,000.00		\$ 1,844,000.00
2022	102900731	Contracts for Program Services	92057046	\$ 811,000.00		\$ 811,000.00
		Sub Total		\$ 4,641,134.00		\$ 4,641,134.00

Healthcare Net Networks Health Services, Inc.

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2016	102900731	Contracts for Program Services	92057040	\$		\$
2020	102900731	Contracts for Program Services	92057040	\$ 1,046,716.00	\$ 175,474.00	\$ 1,222,190.00
2021	102900731	Contracts for Program Services	92057040	\$ 373,772.00		\$ 373,772.00
2021	102900731	Contracts for Program Services	92057047	\$	\$ 580,000.00	\$ 580,000.00
2021	102900731	Contracts for Program Services	92057048	\$	\$ 1,280,000.00	\$ 1,280,000.00
2022	102900731	Contracts for Program Services	92057048	\$	\$ 640,000.00	\$ 640,000.00
		Sub Total		\$ 2,076,888.00	\$ 2,585,474.00	\$ 4,662,362.00
		Fiscal 2022		\$ 21,172,343.00	\$ 2,585,474.00	\$ 23,757,817.00

00-00-02-020010-33020000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHB: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

YV09 # 17720

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102900731	Contracts for Program Services	92054301	\$ 18,736.00		\$ 18,736.00
2022	102900731	Contracts for Program Services	92054301	\$ 6,730.00		\$ 6,730.00
		Sub Total		\$ 25,466.00		\$ 25,466.00

Contract

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102900731	Contracts for Program Services	92054301	\$ 73,481.00		\$ 73,481.00
2022	102900731	Contracts for Program Services	92054301	\$ 34,493.00		\$ 34,493.00
		Sub Total		\$ 107,974.00		\$ 107,974.00

Checks

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102900731	Contracts for Program Services	92054301	\$ 68,612.00		\$ 68,612.00
2022	102900731	Contracts for Program Services	92054301	\$ 22,870.00		\$ 22,870.00
		Sub Total		\$ 91,482.00		\$ 91,482.00

Utility Referral

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102900731	Contracts for Program Services	92054301	\$ 18,730.00		\$ 18,730.00
2022	102900731	Contracts for Program Services	92054301	\$ 6,730.00		\$ 6,730.00
		Sub Total		\$ 25,460.00		\$ 25,460.00

IT/Information

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102900731	Contracts for Program Services	92054301	\$ 146,772.00		\$ 146,772.00
2022	102900731	Contracts for Program Services	92054301	\$ 26,748.00		\$ 26,748.00
		Sub Total		\$ 173,520.00		\$ 173,520.00

Item Purchase

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102900731	Contracts for Program Services	92054301	\$	\$ 39,386.00	\$ 39,386.00
2022	102900731	Contracts for Program Services	92054301	\$	\$ 13,132.00	\$ 13,132.00
		Sub Total		\$	\$ 52,518.00	\$ 52,518.00

West-Whi Districts

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102900731	Contracts for Program Services	92054301	\$ 141,863.00		\$ 141,863.00
2022	102900731	Contracts for Program Services	92054301	\$ 47,717.00		\$ 47,717.00
		Sub Total		\$ 189,580.00		\$ 189,580.00

Central Medical Center

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102900731	Contracts for Program Services	92014301	\$ 206,492.00		\$ 206,492.00
2022	102900731	Contracts for Program Services	92014301	\$ 68,417.00		\$ 68,417.00
		Sub Total		\$ 274,909.00		\$ 274,909.00

Eastern New Hampshire Health Systems, Inc.

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102900731	Contracts for Program Services	92014301		\$ 70,443.00	\$ 70,443.00
2022	102900731	Contracts for Program Services	92014301		\$ 73,947.00	\$ 73,947.00
		Sub Total			\$ 144,390.00	\$ 144,390.00
		Total Gov Commission		\$ 113,712.00	\$ 144,390.00	\$ 258,104.00
		Total All		\$ 408,621.00	\$ 274,909.00	\$ 683,530.00

JUN 1 2020

31 MAC



Lord A. Shillineau
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dbhs.nh.gov

June 2, 2020

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing Sole Source contracts with the vendors listed below, except for Granite Pathways, that provide a statewide network of Doorways for substance use disorder treatment and recovery support services access, by adding budgets for State Fiscal Year 2021, with no change to the price limitation of \$23,606,657 and no change to the contract completion dates of September 29, 2020 effective upon Governor and Council approval.

The contracts were approved by the Governor and Executive Council as indicated in the table below.

Vendor Name	Vendor Code	Area Served	Current Amount	Increase/ (Decrease)	New Amount	G&C Approval
Androscoggin Valley Hospital, Inc., Berlin, NH	TBD	Berlin	\$1,670,051	\$0	\$1,670,051	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10)
Concord Hospital, Inc., Concord, NH	177653-B003	Concord	\$2,272,793	\$0	\$2,272,793	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10)
Granite Pathways, Concord, NH	228900-B001	N/A	\$6,895,879	\$0	\$6,895,879	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Littleton Regional Hospital, Littleton, NH	TBD	Littleton	\$1,713,805	\$0	\$1,713,805	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
LRGHealthcare, Laconia, NH	TBD	Laconia	\$1,987,873	\$0	\$1,987,873	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Mary Hitchcock Memorial Hospital, Lebanon, NH	177651-B001	Lebanon	\$4,349,314	\$0	\$4,349,314	O: 10/31/18 Item #17A A1: 11/14/18 (Item #11) A2; O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
The Cheshire Medical Center, Keene, NH	155405-B001	Keene	\$1,947,690	\$0	\$1,947,690	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Wentworth-Douglass Hospital, Dover, NH	TBD	Dover	\$2,769,452	\$0	\$2,769,452	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
		Total	\$23,606,657	\$0	\$23,606,657	

Funds are available in the following accounts for State Fiscal Year 2021 with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details

EXPLANATION

This request is Sole Source because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labelled as sole source. Upon the initial award of State Opioid Response funding from the federal Substance Abuse and Mental Health Services Administration, the Department restructured the State's service delivery system to provide individuals a more streamlined process to access substance use disorder and opioid use disorder services. The vendors above were identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the restructured system. As part of the ongoing improvement of the Doorway system, Granite Pathways has been replaced as the Doorway provider in Manchester (Catholic Medical Center) and Nashua (Southern New Hampshire Medical Center). This action was approved by Governor and Executive Council on March 11, 2020, item 9A.

The purpose of this request is add budgets to the contracts for State Fiscal Year 2021. In accordance with the terms of Exhibit B Method and Conditions Precedent to Payment, the budgets are to be submitted to Governor and Executive Council for approval no later than June 30, 2020. State Fiscal Year 2019 budgets are being reduced by a total amount of \$2,271,726 which is identified as unspent funding that is being carried forward to fund activities in the contract for State Fiscal Year 2021, specifically July 1, 2020 through September 29, 2020. The new Manchester and Nashua Doorway contracts already include budgets for July 1, 2020 through September 29, 2020.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Approximately 2,000 individuals will be served from July 1, 2020 to September 30, 2020.

These contractors provide a network of Doorways to ensure that every resident in NH has access to substance use disorder treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for substance use disorders, in order to ensure no one in NH has to travel more than sixty (60) minutes to access services. The Doorways increase and standardize services for individuals with opioid use disorders; strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in NH; and promote engagement in the recovery process. Because no one will be turned away from the Doorway, individuals outside of opioid use disorders are also being seen and referred to the appropriate services.

The Department has been monitoring the contracted services using the following performance measures:

- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow-ups through the Web Information Technology System (WITS) database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is not exercising its option to renew at this time.

Should the Governor and Council not authorize this request, the Department may not have the ability to ensure proper billing and proper use of funding by the vendors.

Area served: Statewide

Respectfully submitted,



Lori A. Shibanette
Commissioner

Financial Detail

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT					
100% Federal Funds CFDA #93.788 FAIN T1081685					
Activity Code: 92057040					
Androscoggin Valley					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 821,133.00	\$ (201,283.00)	\$ 619,850.00
2020	Contracts for Prog Svs	102-500731	\$ 848,918.00		\$ 848,918.00
2021	Contracts for Prog Svs	102-500731		\$ 201,283.00	\$ 201,283.00
Subtotal			\$ 1,670,051.00	\$ -	\$ 1,670,051.00
Concord					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 947,662.00	\$ (236,916.00)	\$ 710,746.00
2020	Contracts for Prog Svs	102-500731	\$ 1,325,131.00		\$ 1,325,131.00
2021	Contracts for Prog Svs	102-500731		\$ 236,916.00	\$ 236,916.00
Subtotal			\$ 2,272,793.00	\$ -	\$ 2,272,793.00
Cheshire					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,133.00	\$ (205,033.00)	\$ 615,100.00
2020	Contracts for Prog Svs	102-500731	\$ 1,127,557.00		\$ 1,127,557.00
2021	Contracts for Prog Svs	102-500731		\$ 205,033.00	\$ 205,033.00
Subtotal			\$ 1,947,690.00	\$ -	\$ 1,947,690.00
Mary Hitchcock					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,774,205.00	\$ (383,958.00)	\$ 1,390,247.00
2020	Contracts for Prog Svs	102-500731	\$ 2,575,109.00		\$ 2,575,109.00
2021	Contracts for Prog Svs	102-500731		\$ 383,958.00	\$ 383,958.00
Subtotal			\$ 4,349,314.00	\$ -	\$ 4,349,314.00
LRGHealthcare					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,000.00	\$ (205,000.00)	\$ 615,000.00
2020	Contracts for Prog Svs	102-500731	\$ 1,167,673.00		\$ 1,167,673.00
2021	Contracts for Prog Svs	102-500731		\$ 205,000.00	\$ 205,000.00
Subtotal			\$ 1,987,673.00	\$ -	\$ 1,987,673.00

Financial Detail

Granite Pathways Manchester					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,331,471.00		\$ 1,331,471.00
2020	Contracts for Prog Svs	102-500731	\$ 2,349,699.00		\$ 2,349,699.00
2021	Contracts for Prog Svs	102-500731			\$
Subtotal			\$ 3,681,170.00	\$	\$ 3,681,170.00
Granite Pathways Nashua					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,348,973.00		\$ 1,348,973.00
2020	Contracts for Prog Svs	102-500731	\$ 1,885,736.00		\$ 1,885,736.00
2021	Contracts for Prog Svs	102-500731			\$
Subtotal			\$ 3,214,709.00	\$	\$ 3,214,709.00
Provider name here					
Littleton Regional					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 831,000.00	\$ (203,750.00)	\$ 627,250.00
2020	Contracts for Prog Svs	102-500731	\$ 882,805.00		\$ 882,805.00
2021	Contracts for Prog Svs	102-500731		\$ 203,750.00	\$ 203,750.00
Subtotal			\$ 1,713,805.00	\$	\$ 1,713,805.00
Wentworth Douglass					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 962,700.00	\$ (240,675.00)	\$ 722,025.00
2020	Contracts for Prog Svs	102-500731	\$ 1,808,752.00		\$ 1,808,752.00
2021	Contracts for Prog Svs	102-500731		\$ 240,675.00	\$ 240,675.00
Subtotal			\$ 2,769,452.00	\$	\$ 2,769,452.00
Subtotal			\$ 23,606,657.00	\$	\$ 23,606,657.00



Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6110 1-800-852-3345 Ext. 6738
Fax: 603-271-6105 TDD Access: 1-800-735-1964
www.dhhs.nh.gov

September 5, 2019

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing sole source agreements with the six (6) vendors listed in bold below, to implement and operationalize a statewide network of Doorways for substance use disorder treatment and recovery support services access, by increasing the total price limitation by \$3,962,024 from \$19,644,633 to \$23,606,657, with no change to the completion date of September 29, 2020, effective upon Governor and Executive Council approval. 100% Federal Funds.

These agreements were originally approved by the Governor and Executive Council on October 31, 2018 (Item #17A), Mary Hitchcock Memorial Hospital amended on November 14, 2018 (Item #11), Androscoggin Valley Hospital, Inc and Concord Hospital Inc. amended on August 28, 2019 (Item #10).

Vendor Name	Vendor ID	Vendor Address	Current Budget	Increase/ (Decrease)	Updated Budget
Androscoggin Valley Hospital, Inc.	177220-B002	59 Page Hill Rd. Berlin, NH 03570	\$1,670,051	\$0	\$1,670,051
Concord Hospital, Inc.	177653-B003	250 Pleasant St. Concord, NH, 03301	\$2,272,793	\$0	\$2,272,793
Granite Pathways	228900-B001	10 Ferry St, Ste. 308, Concord, NH, 03301	\$5,008,703	\$1,887,176	\$6,895,879
Littleton Regional Hospital	177162-B011	600 St. Johnsbury Road, Littleton, NH 03561	\$1,572,101	\$141,704	\$1,713,805
LRGHealthcare	177161-B006	80 Highland St. Laconia, NH 03246	\$1,593,000	\$394,673	\$1,987,673
Mary Hitchcock Memorial Hospital	177160-B001	One Medical Center Drive Lebanon, NH 03756	\$4,043,958	\$305,356	\$4,349,314
The Cheshire Medical Center	155405-B001	580 Court St. Keene, NH 03431	\$1,593,611	\$354,079	\$1,947,690

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Wentworth-Douglass Hospital	177187-B001	789 Central Ave. Dover, NH 03820	\$1,890,416	\$879,036	\$2,769,452
		Total	\$19,644,633	\$3,962,024	\$23,606,657

Funds to support this request are anticipated to be available in the following accounts for State Fiscal Years 2020 and 2021 upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified.

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

State Fiscal Year	Class/ Account	Class Title	Job Number	Current Funding	Increase/ (Decrease)	Updated Funding
2019	102-500731	Contracts for Prog Svc	92057040	\$9,325,277	\$0	\$9,325,277
2020	102-500731	Contracts for Prog Svc	92057040	\$9,987,356	\$3,962,024	\$14,880,912
2021	102-500731	Contracts for Prog Svc	92057040	\$0	\$0	\$0
			<i>Sub-Total</i>	<i>\$19,312,633</i>	<i>\$3,962,024</i>	<i>\$23,274,657</i>

05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

State Fiscal Year	Class/ Account	Class Title	Job Number	Current Funding	Increase/ (Decrease)	Updated Funding
2019	102-500731	Contracts for Prog Svc	92052561	\$332,000	\$0	\$332,000
2020	102-500731	Contracts for Prog Svc	92052561	\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	92052561	\$0	\$0	\$0
			<i>Sub-Total</i>	<i>\$332,000</i>	<i>\$0</i>	<i>\$332,000</i>
			Grand Total	\$19,644,633	\$3,962,024	\$23,606,657

EXPLANATION

This request is sole source because upon the initial award of State Opioid Response (SOR) funding from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Department restructured the State's service delivery system to provide individuals a more streamlined process to access substance use disorder (SUD) and Opioid Use Disorder (OUD) services. The vendors above were identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the restructured system.

The purpose of this request is to add funding for Naloxone kits to distribute to individuals and community partners; additional flexible funds to address barriers to care such as transportation and childcare; and respite shelter vouchers to assist in accessing short-term, temporary housing. This action will align evidence-based methods to expand treatment, recovery, and prevention services to individuals

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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with OUD in NH. During the first six (6) months of implementation, the Department identified these factors as inhibitors to the long-term success of the program. The outcomes from this amendment align with the original contract to connect individuals with needed services to lower the deaths from OUD in NH and increase the use of Medication Assisted Treatment.

Approximately 9,700 individuals are expected to be served from August 1, 2019 through June 30, 2020. During the first six (6) months of service, the vendors completed 1,571 clinical evaluations, conducted 2,219 treatment referrals, and served 3,239 individuals.

This request represents six (6) of the eight (8) amendments being brought forward for Governor and Executive Council approval. The Governor and Executive Council approved two (2) of the amendments on August 28, 2019 (Item #10).

These contracts will allow the Doorways to continue to ensure that every resident in NH has access to SUD treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for SUD, in order to ensure no one in NH has to travel more than sixty (60) minutes to access services. The Doorways increase and standardize services for individuals with OUD; strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in NH; and promote engagement in the recovery process. Because no one will be turned away from the Doorway, individuals outside of OUD are also being seen and referred to the appropriate services.

The Department will monitor the effectiveness and the delivery of services required under this agreement using the following performance measures:

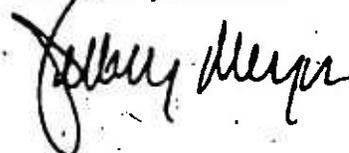
- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow ups through the Web Information Technology System (WITS) database.

Should Governor and Executive Council not authorize this request, individuals seeking help for OUD in NH may experience difficulty navigating a complex system, may not receive the supports and clinical services they need, and may experience delays in receiving care.

Area served: Statewide

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration, CFDA # 93.788, FAIN #H79T1081685 and FAIN #T1080246.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner

Financial Detail

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT					
100% Federal Funds					
Activity Code: 92057040					
Androscoggin Valley Hospital, Inc					
Vendor # 177220-B002					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 605,133.00		\$ 605,133.00
2020	Contracts for Prog Svcs	102-500731	\$ 848,918.00	\$ -	\$ 848,918.00
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,654,051.00	\$ -	\$ 1,654,051.00
Concord Hospital, Inc					
Vendor # 177653-B003					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 947,662.00		\$ 947,662.00
2020	Contracts for Prog Svcs	102-500731	\$ 1,325,131.00	\$ -	\$ 1,325,131.00
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 2,272,793.00	\$ -	\$ 2,272,793.00
Granite Pathways					
Vendor # 228900-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 2,380,444.00		\$ 2,380,444.00
2020	Contracts for Prog Svcs	102-500731	\$ 2,328,258.00	\$ 1,887,176.00	\$ 4,215,435.00
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 4,708,703.00	\$ 1,887,176.00	\$ 6,595,879.00
Littleton Regional Hospital					
Vendor # 177162-B011					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 815,000.00		\$ 815,000.00
2020	Contracts for Prog Svcs	102-500731	\$ 741,101.00	\$ 141,704.00	\$ 882,805.00
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,556,101.00	\$ 141,704.00	\$ 1,697,805.00
LRGHealthcare					
Vendor # 177161-B008					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 820,000.00		\$ 820,000.00
2020	Contracts for Prog Svcs	102-500731	\$ 773,000.00	\$ 394,673.00	\$ 1,167,673.00
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,593,000.00	\$ 394,673.00	\$ 1,987,673.00

Financial Detail

Mary Hitchcock Memorial Hospital					
Vendor # 177160-B016					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,774,205.00	\$ -	\$ 1,774,205.00
2020	Contracts for Prog Svs	102-500731	\$ 2,269,753.00	\$ 305,358.00	\$ 2,575,109.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 4,043,958.00	\$ 305,358.00	\$ 4,349,314.00
The Cheeshire Medical Center					
Vendor # 155405-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,133.00	\$ -	\$ 820,133.00
2020	Contracts for Prog Svs	102-500731	\$ 773,478.00	\$ 354,079.00	\$ 1,127,557.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,593,611.00	\$ 354,079.00	\$ 1,947,690.00
Wentworth-Douglas Hospital					
Vendor # 177187-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 982,700.00	\$ -	\$ 982,700.00
2020	Contracts for Prog Svs	102-500731	\$ 927,716.00	\$ 879,036.00	\$ 1,806,752.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,890,416.00	\$ 879,036.00	\$ 2,769,452.00
SUB TOTAL			\$ 19,312,633.00	\$ 3,962,024.00	\$ 23,274,657.00

05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF. HHS: BEHAVIORAL HEALTH DIV OF. BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT					
100% Federal Funds					
Activity Code: 92052581					
Androscoggin Valley Hospital, Inc					
Vendor # 177220-B002					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00	\$ -	\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 16,000.00	\$ -	\$ 16,000.00
Concord Hospital, Inc					
Vendor # 177653-B003					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ -	\$ -	\$ -

Financial Detail

Granite Pathways					
Vendor # 228900-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 300,000.00		\$ 300,000.00
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ 300,000.00	\$ -	\$ 300,000.00
Littleton Regional Hospital					
Vendor # 177162-B011					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00		\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ 16,000.00	\$ -	\$ 16,000.00
LRGHealthcare					
Vendor # 177161-B008					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -
Mary Hitchcock Memorial Hospital					
Vendor # 177160-B016					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -
The Cheshire Medical Center					
Vendor # 155405-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -
Wentworth-Douglas Hospital					
Vendor # 177167-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -
SUB TOTAL			\$ 332,000.00	\$ -	\$ 332,000.00
TOTAL			\$ 19,644,633.00	\$ 3,962,024.00	\$ 23,606,657.00

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Jeffrey A. Meyers
Commissioner

Keljo S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF DRUG AND ALCOHOL SERVICES

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6110 1-800-852-3345 Ext. 6738
Fax: 603-271-6105 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

October 30, 2018

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, Bureau of Drug and Alcohol Services, to amend a retroactive, sole source agreement with Mary Hitchcock Memorial Hospital, one (1) of the eight (8) vendors listed below, by increasing the Price Limitation from \$16,606,487 by \$2,500,170 to an amount not to exceed \$19,106,657, to develop, implement and operationalize statewide clinical telephone overnight, weekend, and holiday coverage for Regional Hubs for opioid use disorder treatment and recovery support services, retroactive to October 31, 2018, through an unchanged completion date of September 29, 2020. The original contracts were approved by the Governor and Executive Council on October 31, 2018 (Item #17A). Federal Funds 100%.

Vendor Name	Vendor ID	Vendor Address	Current Budgets	Increase/ (Decrease)	Updated Budgets
Androscoggin Valley Hospital, Inc.	TBD	59 Page Hill Rd. Berlin, NH 03570	\$1,559,611	\$0	\$1,559,611
Concord Hospital, Inc.	177653-8003	250 Pleasant St. Concord, NH, 03301	\$1,845,257	\$0	\$1,845,257
Granite Pathways	228900-8001	10 Ferry St. Ste. 308, Concord, NH, 03301	\$5,008,703	\$0	\$5,008,703
Littleton Regional Hospital	TBD	600 St. Johnsbury Road, Littleton, NH 03561	\$1,572,101	\$0	\$1,572,101
LRGHealthcare	TBD	80 Highland St. Laconia, NH 003246	\$1,593,000	\$0	\$1,593,000
Mary Hitchcock Memorial Hospital	177651-8001	One Medical Center Drive Lebanon, NH 03756	\$1,543,788	\$2,500,170	\$4,043,958
The Cheshire Medical Center	155405-8001	580 Court St. Keene, NH 03431	\$1,593,611	\$0	\$1,593,611
Wentworth-Douglass Hospital	TBD	789 Central Ave. Dover, NH 03820	\$1,890,416	\$0	\$1,890,416
		Total	\$16,606,487	\$2,500,170	\$19,106,657

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Funds are available in the following accounts for State Fiscal Year (SFY) 2019, and are anticipated to be available in SFY 2020 and SFY 2021, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from the Governor and Executive Council.

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

SFY	Class/ Account	Class Title	Job Number	Current Funding	Increase/ (Decrease)	Updated Funding
2019	102-500731	Contracts for Prog Svc	92057040	\$8,281,704	\$1,043,573	\$9,325,277
2020	102-500731	Contracts for Prog Svc	92057040	\$7,992,783	\$1,456,597	\$9,449,380
2021	102-500731	Contracts for Prog Svc	92057040	\$0	\$0	\$0
			Sub-Total	\$18,274,487	\$2,500,170	\$18,774,657

05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

SFY	Class/ Account	Class Title	Job Number	Current Funding	Increase/ (Decrease)	Updated Funding
2019	102-500731	Contracts for Prog Svc	92052561	\$332,000	\$0	\$332,000
2020	102-500731	Contracts for Prog Svc	92052561	\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	92052561	\$0	\$0	\$0
			Sub-Total	\$332,000	\$0	\$332,000
			Grand Total	\$16,606,487	\$2,500,170	\$19,106,657

EXPLANATION

This request is sole source because Mary Hitchcock Memorial Hospital came to an agreement with the other Regional Hubs for opioid use disorder (OUD) services (hereafter referred to as "Hubs") for the creation and use of shared overnight, weekend, and holiday clinical telephone coverage that leverages Mary Hitchcock Memorial Hospital's experience with similar after-hours telephone coverage. This agreement ensures that all nine (9) Hub locations have a standard process and protocol for management of Hub services. This eliminates variances in client experience based on their region, which is a core goal of the Hubs.

This request is retroactive because Mary Hitchcock Memorial Hospital is required to ensure that the clinical telephone coverage service begins by January 1, 2019 and this requires a rapid recruitment and hiring process to ensure that all staff are hired and trained to begin delivering services by that time.

His Excellency, Governor Christopher T. Sununu
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The purpose of this amendment is for the provision of overnight, weekend, and holiday telephone coverage for the nine (9) Opioid Use Disorder (OUD) Access and Delivery Regional Hubs. The Contractor will ensure that licensed clinicians are available when the Regional Hubs are closed so that residents are always provided with OUD services as needed.

The Hubs ensure that every resident in NH has access to OUD treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for OUD. The Hubs are situated to ensure that no one in NH has to travel more than sixty (60) minutes to access their Hub and initiate services. The vendors are responsible for providing screening, evaluation, closed loop referrals, and care coordination for clients along the continuum of care.

The Hubs receive referrals for OUD services through a new contract with the crisis call center (2-1-1 NH) operated by Granite United Way and through existing referral networks. Consumers and providers are also able to directly contact their local Hub for services. The Hubs refer clients to services for all American Society of Addiction Medicine (ASAM) levels of care. This approach eliminates consumer confusion caused by multiple access points to services and ensures that individuals who present for help with OUD are receiving assistance immediately.

The Hubs also have a flexible needs fund for providers to access for OUD clients in need of financial assistance for services and items such as transportation, childcare, or medication co-pays not otherwise covered by another payer.

As referenced in Exhibit C-1 of this contract, the Department has the option to extend contracted services for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. This contract will not be extended through this amendment. The Contractor will ensure coverage for the Hub regions for off hours requests from residents with OUD.

Notwithstanding any other provision of the contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 and SFY 2022-2023 biennia.

Should the Governor and Executive Council not authorize this request, individuals seeking help for OUD in NH during non-business day hours may not receive the help they need in a timely manner. This may increase the likelihood that individuals have delayed access to care for critical OUD services.

Area served: Statewide

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration. CFDA # 93.788, FAIN #TI081685

His Excellency, Governor Christopher T. Sununu
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Page 4 of 4

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

Respectfully submitted,



Katja S. Fox
Director



Approved by
Jeffrey A. Meyers
Commissioner

Financial Detail

03-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, KHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT					
100% Federal Funds					
Activity Code: 92057040					
Androscoggin Valley Hospital, Inc Vendor # TBD					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 805,133.00		\$ 805,133.00
2020	Contracts for Prog Svs	102-500731	\$ 738,478.00		\$ 738,478.00
2021	Contracts for Prog Svs	102-500731	\$		\$
Subtotal			\$ 1,543,611.00	\$	\$ 1,543,611.00
Concord Hospital, Inc Vendor # 177853-8003					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 847,582.00		\$ 847,582.00
2020	Contracts for Prog Svs	102-500731	\$ 897,595.00		\$ 897,595.00
2021	Contracts for Prog Svs	102-500731	\$		\$
Subtotal			\$ 1,845,287.00	\$	\$ 1,845,287.00
Granite Pathways Vendor # 228900-8001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 2,380,444.00		\$ 2,380,444.00
2020	Contracts for Prog Svs	102-500731	\$ 2,328,259.00		\$ 2,328,259.00
2021	Contracts for Prog Svs	102-500731	\$		\$
Subtotal			\$ 4,708,703.00	\$	\$ 4,708,703.00
Ottawa Regional Hospital Vendor # TBD					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 815,000.00		\$ 815,000.00
2020	Contracts for Prog Svs	102-500731	\$ 741,101.00		\$ 741,101.00
2021	Contracts for Prog Svs	102-500731	\$		\$
Subtotal			\$ 1,556,101.00	\$	\$ 1,556,101.00
LRU Healthcare Vendor # TBD					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,000.00		\$ 820,000.00
2020	Contracts for Prog Svs	102-500731	\$ 773,000.00		\$ 773,000.00
2021	Contracts for Prog Svs	102-500731	\$		\$
Subtotal			\$ 1,593,000.00	\$	\$ 1,593,000.00

Financial Detail

Mary Hitchcock Memorial Hospital					
Vendor # 177851-8001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 730,832.00	\$ 1,043,973.00	\$ 1,774,205.00
2020	Contracts for Prog Svs	102-500731	\$ 813,156.00	\$ 1,456,597.00	\$ 2,269,753.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,543,988.00	\$ 2,500,570.00	\$ 4,043,958.00
The Chesire Medical Center					
Vendor # 133405-8001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,133.00		\$ 820,133.00
2020	Contracts for Prog Svs	102-500731	\$ 773,478.00		\$ 773,478.00
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ 1,593,611.00	\$ -	\$ 1,593,611.00
Wentworth-Douglas Hospital					
Vendor # 157797					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 982,700.00		\$ 982,700.00
2020	Contracts for Prog Svs	102-500731	\$ 927,716.00		\$ 927,716.00
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ 1,890,416.00	\$ -	\$ 1,890,416.00
SUB TOTAL			\$ 18,274,487.00	\$ 2,500,570.00	\$ 18,774,857.00

05-05-92-920510-2559 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT					
100% Federal Funds					
Activity Code: 92052501					
Androscogin Valley Hospital, Inc					
Vendor # TBD					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 18,000.00		\$ 18,000.00
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ 18,000.00	\$ -	\$ 18,000.00
Concord Hospital, Inc					
Vendor # 177853-8003					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -

Financial Detail

Granite Pathways					
Vendor # 228900-8001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 300,000.00		\$ 300,000.00
2020	Contracts for Prog Svs	102-500731	\$		\$
2021	Contracts for Prog Svs	102-500731	\$		\$
Subtotal			\$ 300,000.00	\$	\$ 300,000.00
Littleton Regional Hospital					
Vendor # TBD					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 18,000.00		\$ 18,000.00
2020	Contracts for Prog Svs	102-500731	\$		\$
2021	Contracts for Prog Svs	102-500731	\$		\$
Subtotal			\$ 18,000.00	\$	\$ 18,000.00
LRGHealthcare					
Vendor # TBD					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$		\$
2020	Contracts for Prog Svs	102-500731	\$		\$
2021	Contracts for Prog Svs	102-500731	\$		\$
Subtotal			\$	\$	\$
Mary Hitchcock Memorial Hospital					
Vendor # 177631-8001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$		\$
2020	Contracts for Prog Svs	102-500731	\$		\$
2021	Contracts for Prog Svs	102-500731	\$		\$
Subtotal			\$	\$	\$
The Cheshire Medical Center					
Vendor # 155405-8001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$		\$
2020	Contracts for Prog Svs	102-500731	\$		\$
2021	Contracts for Prog Svs	102-500731	\$		\$
Subtotal			\$	\$	\$
Wentworth-Douglas Hospital					
Vendor # 157797					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$		\$
2020	Contracts for Prog Svs	102-500731	\$		\$
2021	Contracts for Prog Svs	102-500731	\$		\$
Subtotal			\$	\$	\$
SUB TOTAL			\$ 332,000.00	\$	\$ 332,000.00

TOTAL			\$ 18,608,487.00	\$ 2,600,170.00	\$ 19,108,657.00
Summary by Vendor			Total Amount	Total Amount	Total Amount
Adrossoggin Valley Hospital, Inc			\$ 1,559,611.00	\$	\$ 1,559,611.00
Concord Hospital, Inc			\$ 1,843,287.00	\$	\$ 1,843,287.00
Granite Pathways			\$ 5,008,703.00	\$	\$ 5,008,703.00
Littleton Regional Hospital			\$ 1,572,101.00	\$	\$ 1,572,101.00
LRGHealthcare			\$ 1,593,000.00	\$	\$ 1,593,000.00
Mary Hitchcock Memorial Hospital			\$ 1,843,768.00	\$ 2,500,170.00	\$ 4,043,938.00
The Cheshire Medical Center			\$ 1,593,611.00	\$	\$ 1,593,611.00
Wentworth-Douglas Hospital			\$ 1,890,416.00	\$	\$ 1,890,416.00
Total			\$ 18,608,487.00	\$ 2,600,170.00	\$ 19,108,657.00

Financial Detail

Summary by Vendor	SFY 19		SFY 19		SFY 19	
	Total Amount		Total Amount		Total Amount	
Adroscoggin Valley Hospital, Inc	\$ 821,133.00	\$		\$	\$ 821,133.00	
Concord Hospital, Inc	\$ 847,882.00	\$		\$	\$ 847,882.00	
Granite Pathways	\$ 2,880,444.00	\$		\$	\$ 2,880,444.00	
Urtiston Regional Hospital	\$ 831,000.00	\$		\$	\$ 831,000.00	
LRGHealthcare	\$ 820,000.00	\$		\$	\$ 820,000.00	
Mary Hitchcock Memorial Hospital	\$ 730,832.00	\$	1,043,573.00	\$	\$ 1,774,205.00	
The Cheshire Medical Center	\$ 820,133.00	\$		\$	\$ 820,133.00	
Wentworth-Douglas Hospital	\$ 882,700.00	\$		\$	\$ 882,700.00	
Total	\$ 8,613,704.00	\$	\$ 1,043,573.00	\$	\$ 9,657,277.00	

Summary by Vendor	SFY 20		SFY 20		SFY 20	
	Total Amount		Total Amount		Total Amount	
Adroscoggin Valley Hospital, Inc	\$ 738,478.00	\$		\$	\$ 738,478.00	
Concord Hospital, Inc	\$ 897,895.00	\$		\$	\$ 897,895.00	
Granite Pathways	\$ 2,328,259.00	\$		\$	\$ 2,328,259.00	
Urtiston Regional Hospital	\$ 741,101.00	\$		\$	\$ 741,101.00	
LRGHealthcare	\$ 773,000.00	\$		\$	\$ 773,000.00	
Mary Hitchcock Memorial Hospital	\$ 813,186.00	\$	1,458,597.00	\$	\$ 2,289,783.00	
The Cheshire Medical Center	\$ 773,478.00	\$		\$	\$ 773,478.00	
Wentworth-Douglas Hospital	\$ 927,718.00	\$		\$	\$ 927,718.00	
Total	\$ 7,882,783.00	\$	\$ 1,458,597.00	\$	\$ 9,448,380.00	

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Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF DRUG AND ALCOHOL SERVICES

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6110 1-800-852-3345 Ext. 6738
Fax: 603-271-6105 TDD Access: 1-800-735-2964
www.dbhs.nh.gov

October 17, 2018

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, Bureau of Drug and Alcohol Services, to enter into sole source agreements with the eight (8) vendors listed below, in an amount not to exceed \$16,606,487, to develop, implement and operationalize a statewide network of Regional Hubs for opioid use disorder treatment and recovery support services, effective upon date of Governor and Council approval, through September 29, 2020. Federal Funds 100%.

Vendor Name	Vendor ID	Vendor Address	Amount
Androscoggin Valley Hospital, Inc.	TBD	59 Page Hill Rd. Berlin, NH 03570	\$1,559,611
Concord Hospital, Inc.	177853-B003	250 Pleasant St. Concord, NH, 03301	\$1,845,257
Granite Pathways	228900-B001	10 Ferry St, Ste. 308, Concord, NH, 03301	\$5,008,703
Littleton Regional Hospital	TBD	600 St. Johnsbury Road Littleton, NH 03561	\$1,572,101
LRGHealthcare	TBD	80 Highland St. Laconia, NH 003246	\$1,593,000
Mary Hitchcock Memorial Hospital	177851-B001	One Medical Center Drive Lebanon, NH 03756	\$1,543,788
The Cheshire Medical Center	155405-B001	580 Court St. Keene, NH 03431	\$1,593,611
Wentworth-Douglass Hospital	TBD	789 Central Ave. Dover, NH 03820	\$1,890,418
		Total	\$16,606,487

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Funds are available in the following account(s) for State Fiscal Year (SFY) 2019, and are anticipated to be available in SFY 2020 and SFY 2021, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from the Governor and Executive Council.

**05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HMS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID
RESPONSE GRANT**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2019	102-500731	Contracts for Prog Svc	92057040	\$8,281,704
SFY 2020	102-500731	Contracts for Prog Svc	92057040	\$7,992,783
SFY 2021	102-500731	Contracts for Prog Svc	92057040	\$0
			Sub-Total	\$16,274,487

**05-95-92-920510-2669 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HMS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR
GRANT**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2019	102-500731	Contracts for Prog Svc	92052561	\$332,000
SFY 2020	102-500731	Contracts for Prog Svc	92052561	\$0
SFY 2021	102-500731	Contracts for Prog Svc	92052561	\$0
			Sub-Total	\$332,000
			Grand Total	\$16,606,487

EXPLANATION

This request is sole source because the Department is seeking to restructure its service delivery system in order for individuals to have more rapid access to opioid use disorder (OUD) services. The vendors above have been identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the service restructure. Presently, the Department funds a separate contract with Granite Pathways through December 31, 2018 for Regional Access Points, which provide screening and referral services to individuals seeking help with substance use disorders. The Department is seeking to re-align this service into a streamlined and standardized approach as part of the State Opioid Response (SOR) grant, as awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). With this funding opportunity, New Hampshire will use evidence-based methods to expand treatment, recovery, and prevention services to individuals with OUD in NH. The establishment of nine (9) Regional Hubs (hereafter referred to as Hubs) is critical to the Department's plan.

The Hubs will ensure that every resident in NH has access to SUD treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for substance use disorders. The statewide telephone coverage will be accomplished

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 4

evaluations for substance use disorders. The statewide telephone coverage will be accomplished through a collaborative effort among all of the Hubs for overnight and weekend access to a clinician, which will be presented to the Governor and Executive Council at the November meeting. The Hubs will be situated to ensure that no one in NH has to travel more than sixty (60) minutes to access their Hub and initiate services. The vendors will be responsible for providing screening, evaluation, closed loop referrals, and care coordination for clients along the continuum of care.

In the cities of Manchester and Nashua, given the maturity of the Safe Stations programs as access points in those regions, Granite Pathways, the existing Regional Access Point contractor, was selected to operate the Hubs in those areas to ensure alignment with models consistent with ongoing Safe Station's operations. To maintain fidelity to existing Safe Stations operations, Granite Pathways will have extended hours of on-site coverage from 8am-11pm on weekdays and 11am-11pm on weekends.

The Hubs will receive referrals for OUD services through a new contract with the crisis call center (2-1-1 NH) operated by Granite United Way and through existing referral networks. Consumers and providers will also be able to directly contact their local Hub for services. The Hubs will refer clients to services for all American Society of Addiction Medicine (ASAM) levels of care. This approach eliminates consumer confusion caused by multiple access points to services and ensures that individuals who present for help with OUD are receiving assistance immediately.

Funds for each Hub were determined based on a variety of factors, including historical client data from Medicaid claims and State-funded treatment services based on client address, naloxone administration and distribution data, and hospital admissions for overdose events. Funds in these agreements will be used to establish the necessary infrastructure for Statewide Hub access and to pay for naloxone purchase and distribution. The vendors will also have a flexible needs fund for providers to access for OUD clients in need of financial assistance for services and items such as transportation, childcare, or medication co-pays not otherwise covered by another payer.

Unique to this service redesign is a robust level of client-specific data that will be available. The SOR grant requires that all individual served receive a comprehensive assessment at several time intervals, specifically at intake, three (3) months, six (6) months and upon discharge. Through care coordination efforts, the Regional Hubs will be responsible for gathering data on items including, but not limited to recovery status, criminal justice involvement, employment, and housing needs at the time intervals listed above. This data will enable the Department to measure short and long-term outcomes associated with SOR-funded initiatives and to determine which programs are generating the best results for the clients served.

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

Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 and SFY 2022-2023 biennia.

Should Governor and Executive Council not authorize this request, individuals seeking help for OUD in NH may experience difficulty navigating a complex system, may not receive the supports and clinical services they need, and may experience delays in receiving care.

Area served: Statewide

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration. CFDA # 93.788, FAIN #H79T1081685 and FAIN #T1080246.

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

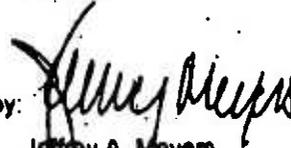
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Katja S. Fox
Director

Approved by:



Jeffrey A. Meyers
Commissioner

Financial Detail

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

100% Federal Funds

Activity Code: 92057040

Androscoggin Valley Hospital, Inc			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 805,133.00
2020	Contracts for Prog Svs	102-500731	\$ 738,478.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,543,611.00
Concord Hospital, Inc			
Vendor # 177653-B003			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 947,662.00
2020	Contracts for Prog Svs	102-500731	\$ 897,595.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,845,257.00
Granite Pathways			
Vendor # 228900-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 2,380,444.00
2020	Contracts for Prog Svs	102-500731	\$ 2,328,259.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 4,708,703.00
Littleton Regional Hospital			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 815,000.00
2020	Contracts for Prog Svs	102-500731	\$ 741,101.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,556,101.00
LRGHealthcare			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,000.00
2020	Contracts for Prog Svs	102-500731	\$ 773,000.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,593,000.00

Financial Detail

Mary Hitchcock Memorial Hospital			
Vendor # 177651-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 730,632.00
2020	Contracts for Prog Svs	102-500731	\$ 813,156.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,543,788.00
The Cheshire Medical Center			
Vendor # 155405-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,133.00
2020	Contracts for Prog Svs	102-500731	\$ 773,478.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,593,611.00
Wentworth-Douglas Hospital			
Vendor # 157797			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 962,700.00
2020	Contracts for Prog Svs	102-500731	\$ 927,716.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,890,416.00
SUB TOTAL			\$ 16,274,487.00

05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

100% Federal Funds

Activity Code: 92052561

Androscoggin Valley Hospital, Inc			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 16,000.00
Concord Hospital, Inc			
Vendor # 177653-B003			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -

Financial Detail

Granite Pathways			
Vendor # 228900-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 300,000.00
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 300,000.00
Littleton Regional Hospital			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 16,000.00
LRGHealthcare			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -
Mary Hitchcock Memorial Hospital			
Vendor # 177651-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -
The Cheshire Medical Center			
Vendor # 155405-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -
Wentworth-Douglas Hospital			
Vendor # 157797			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -
SUB TOTAL			\$ 332,000.00

TOTAL:			\$ 16,606,487.00
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**State of New Hampshire
Department of Health and Human Services
Amendment #3**

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Southern New Hampshire Health System, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 11, 2020 (Item #9A), as amended February 17, 2021 (Item #18), and most recently amended on October 13, 2021 (Item #39), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2023
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$6,803,930
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
Robert W. Moore, Director.
4. Modify Exhibit B – Amendment #1, Scope of Services, Section 10. Contract Management, by adding Subsection 10.4. to read:
10.4. The Contractor shall participate in meetings with Department leadership and State Opioid Response (SOR) staff on a quarterly basis, or as otherwise requested by the Department, to discuss program sustainability and ongoing access to vulnerable populations.
5. Modify Exhibit B – Amendment #1, Scope of Services, Section 11, State Opioid Response (SOR) Grant Standards, by modifying Subsection 11.13 added via Amendment #2, Item #8, to Subsection 11.14, to read:
11.14. The Contractor shall refer to Exhibit C – Amendment #2 for grant terms and conditions including, but not limited to:
11.14.1. Invoicing.
11.14.2. Funding restrictions.
11.14.3. Billing.
6. Modify Exhibit B – Amendment #1, Scope of Services, Section 11. SOR Grant Standards, by adding Subsection 11.15. to read:
11.15. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve Government Performance and Results Act (GPRA) collection.

7. Modify Exhibit C – Amendment #2, Methods and Conditions Precedent to Payment, Section 1, to read:

1. This Agreement is funded by:

- 1.1. 97.07% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326; and as awarded on 09/23/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI085759.
- 1.2. 0.83% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds as awarded on 03/11/2021 by the U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, CFDA #93.959, FAIN B08TI083509.
- 1.3. 0.72% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG, as awarded on 02/10/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, FAIN TI084659.
- 1.4. 1.38% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds, effective from 9/30/2020 through 9/29/2021.

8. Modify Exhibit C – Amendment #2, Methods and Conditions Precedent to Payment, Section 2. Governor Commission Funds, to read:

2. RESERVED

9. Modify Exhibit C – Amendment #2, Methods and Conditions Precedent to Payment, Section 3. SABG FY21 COVID Emergency Funds, to read:

3. RESERVED

10. Modify Exhibit C – Amendment #2, Methods and Conditions Precedent to Payment, Section 5, to read:

5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit C-1, Budget through Exhibit C-11 – Amendment #3 – SOR II Budget.

11. Modify Exhibit C – Amendment #2, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1, Paragraph 7.1.3, Subparagraph 7.1.3.1, Part 7.1.3.1.4. to read:

7.1.3.1.4. Food or water.

12. Modify Exhibit C – Amendment #2, Methods and Conditions Precedent to Payment, Section 7, Subsection 7., Paragraph 7.1.3, Subparagraph 7.1.3.1, Part 7.1.3.1.7. to read:

7.1.3.1.7. RESERVED

13. Add Exhibit C-10 – Amendment #3 – SOR II Budget, which is attached hereto and incorporated by reference herein.

14. Add Exhibit C-11 – Amendment #3 – SOR II Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to September 29, 2022, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

11/7/2022

Date

DocuSigned by:
Katja S. Fox
ED0005E04CE3443
Name: Katja S. Fox
Title: Director

Southern New Hampshire Health System, Inc.

11/7/2022

Date

DocuSigned by:
Paul Trainor
A6C6BC34BE63428
Name: Paul Trainor
Title: Sr. VP Finance/CFO

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

OFFICE OF THE ATTORNEY GENERAL

11/8/2022

Date

DocuSigned by:
Robyn Guarino
748734844941480
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services			
Complete one budget form for each budget period.			
Contractor Name:		Southern New Hampshire Health System, Inc.	
Budget Request for:		Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services	
Budget Period:		FY23 - (September 30, 2022 - June 30, 2023)	
Indirect Cost Rate (if applicable):		4.00%	
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$344,441	\$91,004	\$435,445
2. Fringe Benefits	\$97,662	\$0	\$97,662
3. Consultants	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0
5.(a) Supplies - Educational	\$3,600	\$0	\$3,600
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0
5.(d) Supplies - Medical	\$5,400	\$0	\$5,400
5.(e) Supplies Office	\$9,000	\$0	\$9,000
6. Travel	\$4,302	\$0	\$4,302
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$3,600	\$0	\$3,600
8. (b) Other - Education and Training	\$4,860	\$0	\$4,860
8. (c) Other - Other (please specify)			
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 3/14/23</i>	\$39,824	\$0	\$39,824
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23</i>	\$26,550	\$0	\$26,550
<i>Other (please specify) Naloxone</i>	\$225,000	\$0	\$225,000
<i>Other (please specify) Flex Funds/Respite Vouchers</i>	\$214,569	\$0	\$214,569
<i>Other (please specify)</i>	\$0	\$0	\$0
9. Subcontracts	\$297,000	\$0	\$297,000
Total Direct Costs	\$1,275,808	\$91,004	\$1,366,812
Total Indirect Costs	\$50,214	\$0	\$50,214
TOTAL	\$1,326,022	\$91,004	\$1,417,026

Contractor Initials

PT

Date 11/7/2022

New Hampshire Department of Health and Human Services			
Complete one budget form for each budget period.			
Contractor Name:		Southern New Hampshire Health System, Inc.	
Budget Request for:		Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services	
Budget Period:		FY24 - (July 1, 2023 - September 29, 2023)	
Indirect Cost Rate (if applicable):		4.00%	
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$125,897	\$30,335	\$156,232
2. Fringe Benefits	\$35,694	\$0	\$35,694
3. Consultants	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0
5.(a) Supplies - Educational	\$1,200	\$0	\$1,200
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0
5.(d) Supplies - Medical	\$1,800	\$0	\$1,800
5.(e) Supplies Office	\$3,000	\$0	\$3,000
6. Travel	\$1,434	\$0	\$1,434
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$1,200	\$0	\$1,200
8. (b) Other - Education and Training	\$1,620	\$0	\$1,620
8. (c) Other - Other (please specify)			
Other (please specify) Naloxone	\$66,000	\$0	\$66,000
Other (please specify) Flex Funds/Respite Vouchers	\$66,355	\$0	\$66,355
Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23	\$22,125	\$0	\$22,125
Other (please specify)	\$0	\$0	\$0
9. Subcontracts	\$99,000	\$0	\$99,000
Total Direct Costs	\$425,325	\$30,335	\$455,660
Total Indirect Costs	\$16,683	\$0	\$16,683
TOTAL	\$442,008	\$30,335	\$472,343

Contractor Initials

PT

Date 11/7/2022

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 08, 1998. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 291619

Certificate Number: 0005872364



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 19th day of September A.D. 2022.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Timothy Sullivan, Esq., hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Southern New Hampshire Health System, Inc.
2. The following is a true copy of a vote taken at a meeting of the Board of Trustees, duly called and held on November 4, 2022 at which a quorum of the Trustees was present and voting.

VOTED: That Colin McHugh, President and Paul Trainor, SVP/Chief Financial Officer, are duly authorized on behalf of Southern New Hampshire Health System, Inc., to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

Dated: 11/4/22



Signature of Elected Officer
Name: Timothy Sullivan, Esq.
Title: Chair, Board of Trustees



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/24/2022

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

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

PRODUCER Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center	
	PHONE (A/C No. Ext): 1-877-945-7378	FAX (A/C No.): 1-888-467-2378
E-MAIL ADDRESS: certificates@willis.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ProMutual Group		B9486
INSURED Southern New Hampshire Health System, Inc. 8 Prospect Street P.O Box 2014 Nashua, NH 03061		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** W25156587 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			002NH000015848	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Evidence of Coverage Foundation Medical Partners is a Subsidiary of Southern New Hampshire Health System

CERTIFICATE HOLDER Department of Health and Human Services Contracts and Procurement Unit 129 Pleasant Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/03/2022

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

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

PRODUCER Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191, USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C No.): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com														
INSURED Southern New Hampshire Health System, Inc. 8 Prospect Street Nashua, NH 03061	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Sentry Insurance Company</td> <td style="text-align: center;">24988</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Sentry Insurance Company	24988	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Sentry Insurance Company	24988														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES CERTIFICATE NUMBER: W26599998 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	90-15563-001	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Evidence of Coverage

 Foundation Medical Partners is a Subsidiary of Southern New Hampshire Health System.

CERTIFICATE HOLDER Department of Health and Human Services Contracts and Procurement Unit 129 Pleasant Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE:
--	---

Southern New Hampshire Health

Mission

Why We Exist

Vision

Our Aspiration

Values

The Essence of Who We Are

Work as One, Speak Up, Raise the Bar, Own It and Innovate Now.

Mission

Southern New Hampshire Health is dedicated to providing exceptional care that improves the health and well-being of individuals and the communities we serve.

Vision

Southern New Hampshire Health, a member of SolutionHealth, is a premier integrated health care delivery system focused on value innovation and providing superior patient experience through highly engaged dedicated care teams leveraging the latest technology.

Values: Patient Centered

Respect

We respect YOU. We listen to how YOU feel and understand YOUR concerns. We respect one another as colleagues, caregivers and people.

Accountability

We come together collectively and look beyond the individual. We are stewards of our resources to optimize your health and wellbeing, mind, body and spirit.

Compassion

We care for your family like our own. We truly embody, caring people, inspiring health and wellness.

Commitment

We are committed to excellence in everything we do. We are true partners in health, upholding the highest standards of safety, quality, and deliver exceptional experience and empower healthier lifestyles throughout our community.

KEY RESULTS FRAMEWORK

Optimize What We Do Today...Innovate For The Future

Value



- Enhanced Margin
- New Models of Care, including Behavioral Health care

Quality



- CMS 4 Stars
- ACO Quality Performance

Growth



- Ambulatory Encounters
- Surgical Volume
- Local Care

Engagement



- EpicOne
- Employee, Provider and Patient Satisfaction
- Workforce Development



Cultural Beliefs

WORK AS ONE: I share my talents and strengths to advance OUR mission.

SPEAK UP: I communicate openly, candidly, and with respect for the viewpoint of others.

RAISE THE BAR: I continuously improve to achieve the highest quality in all I do.

OWN IT: I take accountability to connect everything I do to deliver OUR results.

INNOVATE NOW: I inspire and embrace innovation to transform lives.

**BAKER
NEWMAN
NOYES**

**Southern New Hampshire
Health System, Inc.**

**Consolidated Financial Statements
and Other Financial Information**

*Years Ended June 30, 2021 and 2020
With Independent Auditors' Report*

Baker Newman & Noyes LLC

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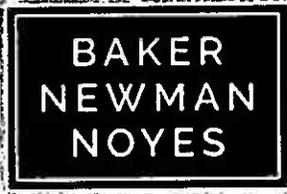
SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

**CONSOLIDATED FINANCIAL STATEMENTS
AND OTHER FINANCIAL INFORMATION**

Years Ended June 30, 2021 and 2020

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Southern New Hampshire Health System, Inc.

We have audited the accompanying consolidated financial statements of Southern New Hampshire Health System, Inc. (the System), which comprise the consolidated balance sheets as of June 30, 2021 and 2020, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

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

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

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

Board of Trustees
Southern New Hampshire Health System, Inc.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the System as of June 30, 2021 and 2020, and the results of its operations and changes in its net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Baku Newman & Noyes LLC

Manchester, New Hampshire
October 26, 2021

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

CONSOLIDATED BALANCE SHEETS

June 30, 2021 and 2020

ASSETS

	<u>2021</u>	<u>2020</u>
Current assets:		
Cash and cash equivalents	\$ 34,873,221	\$ 58,239,550
Accounts receivable (notes 2 and 4)	42,129,125	32,484,462
Inventories	6,352,395	5,348,797
Amounts due from SolutionHealth, Inc.	30,040	-
Prepaid expenses and other current assets	2,790,930	4,470,298
Funds held by trustee (notes 5, 8 and 13)	<u>2,228,625</u>	<u>11,064,985</u>
Total current assets	88,404,336	111,608,092
Investments (notes 5 and 13)	126,820,516	106,838,297
Assets whose use is limited (notes 5 and 13):		
Employee benefit plans and other (note 2)	46,543,165	36,458,736
Board designated and donor-restricted	<u>140,891,184</u>	<u>107,270,588</u>
	187,434,349	143,729,324
Property, plant and equipment, net (notes 7, 8 and 11)	146,327,068	138,281,794
Other assets (note 2)	<u>8,629,672</u>	<u>10,555,869</u>
Total assets	<u>\$557,615,941</u>	<u>\$511,013,376</u>

LIABILITIES AND NET ASSETS

	<u>2021</u>	<u>2020</u>
Current liabilities:		
Accounts payable and other accrued expenses	\$ 22,428,197	\$ 29,969,556
Accrued compensation and related taxes	27,474,331	27,697,987
Accrued interest payable	561,360	577,560
Amounts due to SolutionHealth, Inc.	9,694,455	3,861,614
Amounts payable to third-party payors (note 3)	40,392,629	43,696,667
Current portion of long-term debt	<u>6,431,108</u>	<u>5,959,062</u>
Total current liabilities	106,982,080	111,762,446
Other liabilities (notes 2 and 9)	69,550,665	70,135,711
Long-term debt, less current portion and net of unamortized financing costs (note 8)	74,859,604	80,048,619
Net assets:		
Without donor restrictions	300,599,149	244,899,034
With donor restrictions (note 6)	<u>5,624,443</u>	<u>4,167,566</u>
	306,223,592	249,066,600
Total liabilities and net assets	<u>\$557,615,941</u>	<u>\$511,013,376</u>

See accompanying notes.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

Years Ended June 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Operating revenue:		
Patient service revenue (note 3)	\$ 346,753,018	\$321,261,773
Disproportionate share hospital revenue (note 14)	9,756,241	10,507,021
Interest and dividends (note 5)	2,133,438	2,898,799
Other revenue (notes 2 and 3)	<u>23,188,225</u>	<u>18,355,740</u>
Total operating revenue	381,830,922	353,023,333
Operating expenses (note 10):		
Salaries and wages	199,416,181	203,964,832
Employee benefits (notes 2 and 9)	32,356,812	38,698,341
Supplies and other expenses (note 11)	128,885,069	95,044,505
Depreciation	15,234,285	13,479,896
New Hampshire Medicaid enhancement tax (note 14)	11,993,182	13,353,132
Interest (note 8)	<u>2,296,634</u>	<u>2,338,390</u>
Total operating expenses	<u>390,182,163</u>	<u>366,879,096</u>
Loss from operations	(8,351,241)	(13,855,763)
Nonoperating gains (losses):		
Investment income (loss) (note 5)	50,576,024	(66,043)
Contributions, nonoperating revenues and other net losses	(496,101)	(208,886)
Net periodic pension gain (note 9)	<u>998,533</u>	<u>1,038,792</u>
Total nonoperating gains, net	<u>51,078,456</u>	<u>763,863</u>
Excess (deficiency) of revenues and nonoperating gains over expenses	42,727,215	(13,091,900)
Transfers to SolutionHealth, Inc.	(2,850,301)	(955,356)
Pension adjustment (note 9)	<u>15,823,201</u>	<u>(13,892,250)</u>
Increase (decrease) in net assets without donor restrictions	55,700,115	(27,939,506)
Contributions of net assets with donor restrictions	1,474,838	1,746,394
Net assets released from restriction for operations	<u>(17,961)</u>	<u>(170,583)</u>
Increase in net assets with donor restrictions	<u>1,456,877</u>	<u>1,575,811</u>
Increase (decrease) in net assets	57,156,992	(26,363,695)
Net assets at beginning of year	<u>249,066,600</u>	<u>275,430,295</u>
Net assets at end of year	<u>\$ 306,223,592</u>	<u>\$249,066,600</u>

See accompanying notes.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended June 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Operating activities and net gains and losses:		
Increase (decrease) in net assets	\$ 57,156,992	\$(26,363,695)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities and net (gains) losses:		
Gain on bargain purchase	(237,029)	-
Net (gains) losses on investments	(48,316,093)	3,215,831
Depreciation	15,234,285	13,479,896
Restricted gifts and bequests	(1,474,838)	(1,746,394)
Transfer to SolutionHealth, Inc.	2,850,301	955,356
Pension adjustment	(15,823,201)	13,892,250
Bond premium and issuance cost amortization	(302,004)	(309,876)
Changes in cash from certain working capital and other items:		
Accounts receivable	(9,143,195)	5,083,585
Inventories, prepaid expense and other assets	2,023,629	(959,801)
Amounts due to/from SolutionHealth, Inc.	5,802,801	3,861,614
Accounts payable, other accrued expenses and other liabilities	(3,133,404)	7,462,468
Accrued compensation and related taxes	(223,656)	(390,123)
Amounts payable to third-party payors	<u>(3,304,038)</u>	<u>27,319,217</u>
Net cash provided by operating activities and net (gains) losses	1,110,550	45,500,328
Investing activities:		
Business acquisition, net of cash consideration paid	475,801	-
Purchases of property, plant and equipment	(21,097,792)	(24,668,177)
Decrease (increase) in funds held by trustee	8,836,360	(8,871,971)
Net purchase of investments	<u>(5,286,722)</u>	<u>(6,456,200)</u>
Net cash used by investing activities	(17,072,353)	(39,996,348)
Financing activities:		
Payment of long-term debt	(6,029,063)	(5,467,467)
Proceeds from the issuance of long-term debt, net of issuance costs	-	24,812,271
Transfer to SolutionHealth, Inc.	(2,850,301)	(955,356)
Restricted gifts and bequests	<u>1,474,838</u>	<u>1,746,394</u>
Net cash (used) provided by financing activities	<u>(7,404,526)</u>	<u>20,135,842</u>
(Decrease) increase in cash and cash equivalents	(23,366,329)	25,639,822
Cash and cash equivalents at beginning of year	<u>58,239,550</u>	<u>32,599,728</u>
Cash and cash equivalents at end of year	<u>\$ 34,873,221</u>	<u>\$ 58,239,550</u>
Supplemental disclosure for noncash transaction:		
Equipment financed through a capital lease	<u>\$ 1,614,098</u>	<u>\$ -</u>

See accompanying notes.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020

1. Organization

Southern New Hampshire Health System, Inc. is a not-for-profit entity organized under New Hampshire law to support Southern New Hampshire Medical Center and Affiliate (the Medical Center) and Foundation Medical Partners, Inc. (the Foundation), collectively referred to as "the System". Both the Medical Center and the Foundation are not-for-profit entities, established to provide medical services to the people of the greater Nashua area.

In December 2019, Board of Trustees of the System voted to establish the Legacy Trust of Southern New Hampshire Health, Inc. (the Legacy Trust). The Legacy Trust is organized as a New Hampshire nonprofit corporation. The Legacy Trust was established in order to support the current, ongoing and future resource needs of the System. There were no operations related to the Legacy Trust during the years ended June 30, 2021 and 2020.

On January 1, 2021, the Medical Center entered into an agreement with Mary Hitchcock Memorial Hospital to purchase their outstanding membership interest in the Surgery Center of Greater Nashua (the Surgery Center) for a total of \$500,000. At June 30, 2021, the Surgery Center is a wholly-owned subsidiary of the Medical Center. See also note 16.

The sole corporate member of the System is SolutionHealth, Inc. SolutionHealth, Inc. performs certain administrative services on behalf of the System such as marketing, human resource functions, information technology services, finance and accounting, and materials management. These services are allocated and billed to the System on a monthly basis. For the year ended June 30, 2021, allocated amounts totaled \$37,560,032 which were comprised of \$11,734,232 in salaries, wages and employee benefits and \$25,825,800 in nonsalaries expense. For the year ended June 30, 2020, allocated amounts totaled \$7,953,909 which were comprised of \$5,015,968 in salaries, wages and employee benefits, and \$2,937,941 in nonsalaries expense. The increase from prior year represents additional shared services transferred from the System to SolutionHealth, Inc.

2. Significant Accounting Policies

Principles of Consolidation

These consolidated financial statements include the accounts of the System, which has no separate assets, liabilities, or operations other than its interests in the Medical Center and Foundation which fully eliminate in consolidation. All other significant intercompany accounts and transactions have been eliminated in consolidation.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020

2. Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities, at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Estimates are used in the areas of accounts receivable, insurance costs, employee benefit plans, third-party payor settlements and contingencies. It is reasonably possible that actual results could differ from those estimates.

Net Assets With Donor Restrictions

Gifts are reported as restricted support if they are received with donor stipulations that limit the use of donated assets. When a donor restriction expires (when a stipulated time restriction ends or purpose restriction is accomplished), restricted net assets are reclassified as net assets without donor restriction and reported in the statement of operations as either net assets released from restrictions (for noncapital related items) or as net assets released from restrictions used for capital purchases (capital related items). Some restricted net assets have been restricted by donors to be maintained by the System in perpetuity.

Except for contributions related to capital purchases, donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

Performance Indicator

For purposes of display, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as operating revenue and expenses. Peripheral transactions are reported as nonoperating gains or losses.

The consolidated statements of operations and changes in net assets includes excess (deficiency) of revenues and nonoperating gains over expenses. Changes in net assets without donor restrictions which are excluded from excess (deficiency) of revenues and nonoperating gains over expenses, consistent with industry practice, include pension adjustments, and transfers to affiliates.

Income Taxes

The System, Medical Center, Surgery Center, Legacy Trust and Foundation are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code, and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Management evaluated the System's tax positions and concluded the System has maintained its tax-exempt status, does not have any significant unrelated business income and has taken no uncertain tax positions that require adjustment to the consolidated financial statements.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended June 30, 2021 and 2020

2. Significant Accounting Policies (Continued)**Patient Service Revenue**

Revenues generally relate to contracts with patients in which the System's performance obligations are to provide health care services to patients. Revenues are recorded during the period obligations to provide health care services are satisfied. Performance obligations for inpatient services are generally satisfied over a period of days. Performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationships with patients, in most cases, also involve a third-party payor (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges) and the transaction prices for the services provided are dependent upon the terms provided by Medicare and Medicaid or negotiated with managed care health plans and commercial insurance companies, the third-party payors. The payment arrangements with third-party payors for the services provided to related patients typically specify payments at amounts less than standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge, per identified service or per covered member. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the revenue recognition process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals.

The collection of outstanding receivables for Medicare, Medicaid, managed care payers, other third-party payors and patients is the System's primary source of cash and is critical to its operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the aging of those accounts. Accounts are written off when all reasonable internal and external collection efforts have been performed. The estimates for implicit price concessions are based upon management's assessment of historical write-offs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical write-offs and collections at facilities that represent a majority of hospital revenues and accounts receivable (the "hindsight analysis") as a primary source of information in estimating the collectability of our accounts receivable. Management performs the hindsight analysis regularly, utilizing rolling twelve-months accounts receivable collection and write-off data. Management believes its regular updates to the estimated implicit price concession amounts provides reasonable estimates of revenues and valuations of accounts receivable. These routine, regular changes in estimates have not resulted in material adjustments to the valuations of accounts receivable or period-to-period comparisons of operations. At June 30, 2021 and 2020, estimated implicit price concessions of \$19,752,279 and \$13,142,587, respectively, had been recorded as reductions to accounts receivable balances to enable the System to record revenues and accounts receivable at the estimated amounts expected to collected.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020

2. Significant Accounting Policies (Continued)

Charity Care

The System has a formal charity care policy under which patient care is provided without charge or at amounts less than its established rates to patients who meet certain criteria. The System does not pursue collection of amounts determined to qualify as charity care and, therefore, they are not reported as revenue. The System determines the costs associated with providing charity care by calculating a ratio of cost to gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care.

Cash and Cash Equivalents

Cash and cash equivalents include short-term investments and secured repurchase agreements which have an original maturity of three months or less when purchased.

The System maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The System has not experienced any losses on such accounts.

Accounts Receivable

Under the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers*, when an unconditional right to payment exists, subject only to the passage of time, the right is treated as a receivable. Patient accounts receivable for which the unconditional right to payment exists are receivables if the right to consideration is unconditional and only the passage of time is required before payment of that consideration is due. Estimated uncollectible amounts are generally considered implicit price concessions that are a direct reduction to accounts receivable rather than allowance for doubtful accounts.

Inventories

Inventories of supplies and pharmaceuticals are carried at the lower of cost (determined by a weighted average method) or net realizable value.

Funds Held by Trustee

Funds held by trustee are recorded at fair value and are comprised of short-term investments.

Investments and Investment Income

Investments are measured at fair value in the balance sheets. Interest and dividend income on unlimited use investments and operating cash is reported within operating revenues. Investment income or loss on assets whose use is limited (including gains and losses on investments, and interest and dividends) is included in the excess (deficiency) of revenues and nonoperating gains over expenses as the System has elected to reflect changes in the fair value of investments and assets whose use is limited, including both increases and decreases in value in nonoperating gains or losses unless the income or loss is restricted by donor or law, in which case it is reported as an increase or decrease in net assets with donor restrictions.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020.

2. Significant Accounting Policies (Continued)

Endowment, Investment and Spending Policies

In accordance with the *Uniform Prudent Management of Institutional Funds Act (UPMIFA)*, the System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (a) the duration and preservation of the fund; (b) the purpose of the organization and the donor-restricted endowment fund; (c) general economic conditions; (d) the possible effect of inflation and deflation; (e) the expected total return from income and the appreciation of investments; (f) other resources of the organization; and (g) the investment policies of the organization.

The goal of the board designated funds is to support the System's future capital expenditures and other major program needs, and to generally increase the financial strength of the System. In addition to occasional capital expenditures, board designated funds are invested in a prudent manner with regard to preserving principal while providing reasonable returns.

The goal of the endowment funds is to provide a source of financial support to the System's patient care activities. The System appropriates all earnings from the endowment funds to offset the costs of patient care activities according to the intent of the donor. The endowment funds are invested in a prudent manner with regard to preserving principal while providing reasonable returns.

To satisfy its long-term rate-of-return objectives, the System relies on a total return strategy in which investment returns are achieved through both capital appreciation and current yield. The System targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term objective within prudent risk constraints.

Property, Plant and Equipment

The investments in property, plant and equipment assets are stated at cost less accumulated depreciation. The System's policy is to capitalize expenditures for major improvements and charge maintenance and repairs currently for expenditures which do not extend the lives of the related assets. The provision for depreciation has been computed using the straight-line method at rates intended to amortize the cost of related assets over their estimated useful lives, which have generally been determined by reference to the recommendations of the American Hospital Association.

Unamortized Financing Costs

Expenses incurred in obtaining long-term financing are being amortized to interest expense using the straight-line method, which approximates the effective interest method, over the repayment period of the related debt obligation. Unamortized financing costs are presented as a reduction of long-term debt on the accompanying consolidated balance sheets.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020.

2. Significant Accounting Policies (Continued)

Retirement and Deferred Compensation Plans

The Medical Center has a noncontributory defined benefit pension plan that prior to October 8, 2011 covered all qualified employees. The benefits were based on years of service and the employee's average monthly earnings during the period of employment. The Medical Center's policy is to contribute to the plan an amount which meets the funding standards required under the *Employee Retirement Income Security Act of 1974* (ERISA). See note 9.

The System also sponsors retirement savings plans (a 401(a) plan and a 403(b) plan) available to employees depending upon certain service requirements. Eligible employees can contribute up to 100% of their total salary to the plans, subject to Internal Revenue Service limitations. The System provides a tiered matching contribution up to the first 6% of the employee contribution. The System also has a discretionary employer core contribution with the level to be reviewed annually. Contributions to these plans made by the System and recorded as expense for the years ended June 30, 2021 and 2020 were \$6,682,360 and \$8,108,054, respectively.

The System sponsors deferred compensation plans for certain qualifying employees. The amounts ultimately due to the employees are to be paid upon the employees attaining certain criteria, including age. At June 30, 2021 and 2020, approximately \$46,543,000 and \$36,220,000, respectively, is reflected in both assets whose use is limited and in other long-term liabilities related to such agreements.

Employee Fringe Benefits

The System has an "earned time" plan. Under this plan, each employee "earns" paid leave for each period worked. These hours of paid leave may be used for vacations, holidays or illnesses. Hours earned but not used are vested with the employee, subject to certain limits, and are paid to the employee upon termination. The System accrues a liability for such paid leave as it is earned.

Professional and General Liability Contingencies

The System has been and is insured against professional and general liability contingencies under claims-made insurance policies. A claims-made policy provides specific coverage for claims made during the policy period. The System has established a reserve to cover professional liability exposure that may not be covered by prior or current insurance policies. The possibility exists, as a normal risk of doing business, that professional and general liability claims in excess of insurance coverage may be asserted against the System.

At June 30, 2021 and 2020, the System recorded a liability of approximately \$7,699,000 and \$5,632,000, respectively, related to estimated professional liability losses. At June 30, 2021 and 2020, the System also recorded a receivable of \$4,383,000 and \$3,373,000, respectively, related to estimated recoveries under insurance coverage for recoveries of the potential losses. These amounts are included in other liabilities and other assets, respectively, on the consolidated balance sheets.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020

2. Significant Accounting Policies (Continued)

Fair Value of Financial Instruments

The fair value of financial instruments is determined by reference to various market data and other valuation techniques as appropriate. Financial instruments consist of cash and cash equivalents, investments, accounts receivable, assets whose use is limited, accounts payable and estimated third-party payor settlements.

The fair value of all financial instruments approximates their relative book value as these financial instruments have short-term maturities or are recorded at fair value. See Note 13.

Risks and Uncertainties

On March 11, 2020, the World Health Organization declared the outbreak of coronavirus (COVID-19) a pandemic. The COVID-19 pandemic has significantly affected employees, patients, systems, communities and business operations, as well as the U.S. economy and financial markets. While some restrictions have been eased across the U.S. and the State of New Hampshire has lifted limitations on non-emergent procedures, some restrictions remain in place. Consolidated patient volumes and revenues experienced gradual improvement beginning in the latter part of April 2020, and continuing through fiscal year 2021, however uncertainty still exists as the future is unpredictable. The System's pandemic response plan has multiple facets and continues to evolve as the pandemic unfolds. The System has taken precautionary steps to enhance its operational and financial flexibility, and react to the risks the COVID-19 pandemic presents in its operations.

In both 2021 and 2020, the federal government and certain state governments provided financial assistance to healthcare systems as a result of the COVID-19 pandemic. During the fourth quarter of fiscal 2020, the System received approximately \$27.3 million of accelerated Medicare payments and \$6,563,387 in general Provider Relief Fund distributions, as provided for under the *Coronavirus Aid Relief, and Economic Security Act (CARES Act)*. In fiscal 2021, the System received an additional \$216,302 of accelerated Medicare payments and \$4,052,988 in general Provider Relief Fund distributions.

Distributions from the Provider Relief Fund are not subject to repayment, provided the System is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for healthcare-related expenses or lost revenue attributable to COVID-19. Such payments are accounted for as government grants, and are recognized on a systematic and rational basis as other income once there is reasonable assurance that the applicable terms and conditions required to retain the funds will be met. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and the impact of the pandemic on operating results through June 30, 2021 and 2020, the System recognized \$4,052,988 and \$6,563,387, respectively, related to these general distribution funds, and these payments are recorded within other revenue in the consolidated statements of operations and changes in net assets for the years ended June 30, 2021 and 2020.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020

2. Significant Accounting Policies (Continued)

The CARES Act also provides for a deferral of payments of the employer portion of payroll tax incurred during the pandemic, allowing half of such payroll taxes to be deferred until December 2021 and the remaining half until December 2022. At June 30, 2021 and 2020, the System had deferred balances totaling \$5.8 million and \$1.9 million of payroll taxes recorded under the caption "other liabilities" in its consolidated balance sheet, respectively.

During fiscal year 2021, the System received grants totaling approximately \$6.7 million from the Governor's Office of Emergency Relief and Recovery (GOFERR). These payments are accounted for as government grants and are not subject to repayment, provided the System is able to comply with the conditions of the funding, including demonstrating that the distributions received have been used for healthcare-related expenses or lost revenue attributable to COVID-19. The System believes it met the terms and conditions of these grants in the fiscal year ended June 30, 2021 and these grants are recorded within other revenue in the consolidated statements of operations and changes in net assets for the year ended June 30, 2021.

The System will continue to monitor compliance with the terms and conditions of the Provider Relief Fund, GOFERR grants, and other potential assistance programs and available grants, and the impact of the pandemic on revenues and expenses. If the System is unable to attest to or comply with current or future terms and conditions, the System's ability to retain some or all of the distributions received may be impacted.

Reclassifications

Certain 2020 amounts have been reclassified to permit comparison with the 2021 consolidated financial statements presentation format.

Subsequent Events

Events occurring after the consolidated balance sheet date are evaluated by management to determine whether such events should be recognized or disclosed in the consolidated financial statements. Management has evaluated subsequent events through October 26, 2021, which is the date the consolidated financial statements were available to be issued.

Recent Accounting Pronouncements

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement* (ASU 2018-13). The amendments in this ASU modify the disclosure requirements for fair value measurements for Level 3 assets and liabilities, and eliminate the requirement to disclose transfers between Levels 1 and 2 of the fair value hierarchy, among other modifications. ASU 2018-13 was effective for the System on July 1, 2020. The adoption of this ASU did not have a significant impact on the System's consolidated financial statements.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020

2. Significant Accounting Policies (Continued)**Prospective Accounting Pronouncements**

In September 2020, the FASB issued ASU No. 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. ASU 2020-07 enhances the presentation of disclosure requirements for contributed nonfinancial assets. ASU 2020-07 requires entities to present contributed nonfinancial assets as a separate line item in the statement of operations and disclose the amount of contributed nonfinancial assets recognized within the statement of operations by category that depicts the type of contributed nonfinancial assets, as well as a description of any donor-imposed restrictions associated with the contributed nonfinancial assets and the valuation techniques used to arrive at a fair value measure at initial recognition. ASU 2020-07 is effective for the System beginning July 1, 2021. The System is currently evaluating the impact of the pending adoption of ASU 2020-07 on its consolidated financial statements, however, does not anticipate it will result in a significant change.

In February 2016, the FASB issued ASU No. 2016-02 *Leases (Topic 842)* (ASU 2016-02). Under ASU 2016-02, at the commencement of a long-term lease, lessees will recognize a liability equivalent to the discounted payments due under the lease agreement, as well as an offsetting right-of-use asset. ASU 2016-02 is effective for the System on July 1, 2022, with early adoption permitted. Lessees (for capital and operating leases) must apply a modified retrospective transition approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the consolidated financial statements. The modified retrospective approach would not require any transition accounting for leases that expired before the earliest comparative period presented. Lessees may not apply a full retrospective transition approach. The System is currently evaluating the impact of the pending adoption of ASU 2016-02 on the consolidated financial statements.

In March 2020, the FASB issued ASU 2020-04, *Reference Rate Reform (Topic 848): Facilitation of the Effects of Reference Rate Reform on Financial Reporting*, which provides companies and organizations with optional expedients and exceptions to ease the potential accounting burden associated with transitioning away from reference rates that are expected to be discontinued. The optional expedients may be applied to contracts, hedging relationships and other transactions that reference LIBOR or another reference rate expected to be discontinued because of the reference rate reform. The amendments in this update are effective for all entities as of March 12, 2020 and may be adopted using a prospective approach through December 31, 2022. Management is currently evaluating the impact of the guidance and may apply elections as applicable as additional changes in the market occur during the LIBOR transition period.

3. Patient Service Revenues

An estimated breakdown of patient service revenue recognized from these major payor sources, is as follows for the years ended June 30:

	<u>2021</u>	<u>2020</u>
Private payors (includes coinsurance and deductibles)	\$225,228,114	\$213,386,491
Medicaid	16,323,754	12,874,067
Medicare	103,380,015	93,181,302
Self-pay	<u>1,821,135</u>	<u>1,819,913</u>
	<u>\$346,753,018</u>	<u>\$321,261,773</u>

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended June 30, 2021 and 2020

3. Patient Service Revenues (Continued)

The System maintains contracts with the Social Security Administration (Medicare) and the State of New Hampshire Department of Health and Human Services (Medicaid). The System is paid a prospectively determined fixed price for each Medicare and Medicaid inpatient acute care service depending on the type of illness or the patient diagnostic related group classification. Medicare's payment methodology for outpatient services is based upon a prospective standard rate for procedures performed or services rendered. Capital costs and certain Medicaid outpatient services are also reimbursed on a prospectively determined fixed price. The System receives payment for other Medicare and Medicaid inpatient and outpatient services on a reasonable cost basis which are settled with retroactive adjustments upon completion and audit of related cost finding reports. The percentage of patient service revenue earned from the Medicare and Medicaid programs was 30% and 5%, respectively, for the year ended June 30, 2021 and 28% and 4%, respectively, for the year ended June 30, 2020.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The System believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoings. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. There is at least a reasonable possibility that recorded amounts could change by a material amount in the near term. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known. Such differences increased patient service revenue by approximately \$1,022,000 for the year ended June 30, 2021 and increased patient service revenue by approximately \$498,000 for the year ended June 30, 2020.

During the fourth quarter of fiscal 2020, the System requested accelerated Medicare payments as provided for in the CARES Act, which allows for eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. Recoupment will be made by applying claims for services provided to Medicare beneficiaries to the advance payment balance. One year from the date of receipt of the advance payments (beginning April 2021), 25% of the amounts advanced will be recouped in the first eleven months. An additional 25% of the amounts advanced will be recouped in the next six months with the entire amount repayable in 29 months. Any outstanding balance after 29 months is repayable at a 4% interest rate. During the years ended June 30, 2021 and 2020, the System received approximately \$216,000 and \$27.3 million, respectively, from these accelerated Medicare payment requests. No recoupments were made during the year ended June 30, 2020. Recoupments totaling approximately \$3.6 million were made during the year ended June 30, 2021, resulting in a remaining liability totaling approximately \$23.9 million. Amounts are recorded under the caption "amounts payable to third-party payors" in the accompanying consolidated balance sheets at June 30, 2021 and 2020.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended June 30, 2021 and 2020

3. Patient Service Revenues (Continued)

The System also maintains contracts with Anthem Health Plans of New Hampshire, managed care providers and various other payors which reimburse the System for services based on charges with varying discount levels.

The System does not pursue collection of amounts determined to qualify as charity care, therefore, they are not reported as revenues.

4. Concentration of Credit Risk

The System grants credit without collateral to its patients, most of whom are local area residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows at June 30:

	<u>2021</u>	<u>2020</u>
Medicare	33%	33%
Medicaid	12	11
Private payors	44	43
Self-pay	<u>11</u>	<u>13</u>
	<u>100%</u>	<u>100%</u>

5. Investments and Assets Whose Use is Limited

Investments and assets whose use is limited, which are recorded at fair value are reported in the accompanying consolidated balance sheets as follows at June 30:

	<u>2021</u>	<u>2020</u>
Funds held by trustee	\$ 2,228,625	\$ 11,064,985
Investments	126,820,516	106,838,297
Employee benefit plans and other	46,543,165	36,458,736
Board designated and donor-restricted	<u>140,891,184</u>	<u>107,270,588</u>
	<u>\$316,483,490</u>	<u>\$261,632,606</u>

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended June 30, 2021 and 2020

5. Investments and Assets Whose Use is Limited (Continued)

The composition of the fair value of investments and assets whose use is limited is set forth in the following table at June 30:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 8,929,046	\$ 29,834,626
Fixed income securities	92,916,590	66,933,048
Marketable equity securities	164,933,181	126,013,789
Real estate investment trust	1,564,214	1,157,345
Other	1,597,294	1,235,062
Employee benefit plans	<u>46,543,165</u>	<u>36,458,736</u>
	<u>\$316,483,490</u>	<u>\$261,632,606</u>

See Note 13 for additional information with respect to fair values.

Investments, board designated and donor-restricted investments are comprised of the following at June 30:

	<u>2021</u>	<u>2020</u>
Investments	\$126,820,516	\$106,838,297
Board designated for capital, working capital and community service	135,266,741	103,103,022
Donor-restricted	<u>5,624,443</u>	<u>4,167,566</u>
	<u>\$267,711,700</u>	<u>\$214,108,885</u>

Unrestricted investment income and gains (losses) on investments are summarized as follows at June 30:

	<u>2021</u>	<u>2020</u>
Operating interest and dividend income	\$ 2,133,438	\$ 2,898,799
Other interest and dividend income	2,259,931	3,149,788
Net gains (losses) on investments	<u>48,316,093</u>	<u>(3,215,831)</u>
Nonoperating investment gain (loss)	<u>50,576,024</u>	<u>(66,043)</u>
Total investment return	<u>\$52,709,462</u>	<u>\$ 2,832,756</u>

All board designated and donor-restricted investment income and gains (losses) including unrealized gains (losses) are included as part of nonoperating gains (losses), net in the accompanying consolidated statements of operations and changes in net assets.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended June 30, 2021 and 2020

6. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30:

	<u>2021</u>	<u>2020</u>
Purpose restriction:		
Equipment and capital improvements	\$1,491,520	\$ 85,000
Education and scholarships	135,632	143,800
Designated for certain communities	131,594	73,069
Clark Fund – endoscopy and education	<u>1,500,184</u>	<u>1,500,184</u>
	3,258,930	1,802,053
Perpetual in nature:		
Investments, gains and income from which is donor restricted	<u>2,365,513</u>	<u>2,365,513</u>
Total net assets with donor restrictions	<u>\$5,624,443</u>	<u>\$4,167,566</u>

Net assets with donor restrictions are managed in accordance with donor intent and are invested in various portfolios.

7. Property, Plant and Equipment

A summary of property, plant and equipment follows at June 30:

	<u>2021</u>	<u>2020</u>
Land and land improvements	\$ 20,791,385	\$ 20,421,614
Buildings and fixed equipment	189,817,802	187,275,157
Major movable equipment and software	157,133,318	117,771,716
Construction and information technology projects in progress	<u>6,606,696</u>	<u>22,479,121</u>
	374,349,201	347,947,608
Less accumulated depreciation	<u>(228,022,133)</u>	<u>(209,665,814)</u>
	<u>\$ 146,327,068</u>	<u>\$ 138,281,794</u>

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended June 30, 2021 and 2020

8. Long-Term Debt

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

	<u>2021</u>	<u>2020</u>
New Hampshire Health and Education Facilities Authority (the Authority):		
Series 2016 Revenue Bonds with interest ranging from 3.0% to 5.0% per year. Principal and sinking fund installments are required in amounts ranging from \$2,220,000 to \$4,270,000 through October 1, 2037	\$53,045,000	\$55,205,000
Unamortized original issue premium	3,282,969	3,630,833
Tax-exempt equipment lease financing with a fixed interest rate of 1.29% with required monthly principal payments ranging from \$127,464 to \$130,651 through June 7, 2023	3,097,231	4,616,168
2019 tax-exempt equipment lease financing with a fixed interest rate of 1.92% with required monthly principal payments ranging from \$191,992 to \$224,198 through August 30, 2029	20,352,919	22,633,035
Equipment lease financing with required monthly principal payments of \$5,833 through December 2026	280,000	350,000
Equipment lease financing with required monthly payments of \$34,428 commencing in July 2021 and expiring in July 2025	<u>1,614,098</u>	<u>—</u>
	81,672,217	86,435,036
Less unamortized financing costs	(381,505)	(427,355)
Less current portion	<u>(6,431,108)</u>	<u>(5,959,062)</u>
	<u>\$74,859,604</u>	<u>\$80,048,619</u>

The Obligated Group for the Series 2016 bonds is comprised of the System and the Medical Center. However, the System has no revenues, expenses or net assets independent of the Medical Center or the Foundation.

No debt service reserve funds are required under the Series 2016 bonds so long as the Medical Center meets certain debt covenants. The funds held by the trustee are comprised of the following at June 30:

	<u>2021</u>	<u>2020</u>
Debt service principal fund – Series 2016	\$1,659,310	\$ 1,626,930
Debt service interest fund – Series 2016	569,315	591,308
2019 equipment lease financing fund	<u>—</u>	<u>8,846,747</u>
Total funds held by trustees	<u>\$2,228,625</u>	<u>\$11,064,985</u>

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended June 30, 2021 and 2020

8. Long-Term Debt (Continued)

The Medical Center's revenue bond agreements with the Authority grant the Authority a security interest in the Medical Center's gross receipts. In addition, under the terms of the master indentures, the Medical Center is required to meet certain covenant requirements. At June 30, 2021, the Medical Center was in compliance with these requirements.

Aggregate annual principal payments required under the bonds and equipment financing agreement for each of the five years ending June 30, 2026 are approximately \$6,431,000, \$6,689,000, \$5,277,000, \$5,462,000 and \$5,227,000, respectively.

In June 2016, the Medical Center entered into a seven year \$10,500,000 tax-exempt equipment lease financing with the Authority and Bank of America. The agreement grants Bank of America security interest in the equipment financed with the proceeds for the duration of the lease.

In 2019, the System entered into a ten year \$24,500,000 equipment lease financing with Bank of America to update an electronic medical record system and acquire various other medical equipment. Certain proceeds of the financing were held by a trustee, under the terms of an escrow agreement which allowed for withdrawals only for approved purchases. Total amounts withdrawn in fiscal year 2021 total \$8,846,747. The project was completed in December 2020.

Interest paid on long-term debt totaled \$2,838,961 and \$2,797,613 for the years ended June 30, 2021 and 2020, respectively. Interest totaling approximately \$178,000 and \$133,000 was capitalized during the years ended June 30, 2021 and 2020, respectively.

The System entered into a revolving line of credit agreement with a bank on May 1, 2020 for \$25,000,000. The line of credit is available through April 20, 2022, with the option to renew. The line of credit agreement bears interest at LIBOR plus 0.75%. An unused line of credit fee is equal to 0.15% per year. At June 30, 2021 and 2020, there were no borrowings outstanding under this agreement.

9. Pension Plan

The following table presents a reconciliation of the beginning and ending balances of the Medical Center's defined benefit pension plan projected benefit obligation and the fair value of plan assets, and funded status of the plan at June 30:

	<u>2021</u>	<u>2020</u>
Changes in benefit obligations:		
Projected benefit obligation, beginning of year	\$(97,931,850)	\$(85,802,345)
Interest cost	(2,645,851)	(3,158,199)
Benefits paid	3,102,312	2,870,982
Actuarial gain (loss)	<u>2,451,090</u>	<u>(11,842,288)</u>
Projected benefit obligations, end of year	<u>\$(95,024,299)</u>	<u>\$(97,931,850)</u>

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020

9. Pension Plan (Continued)

	<u>2021</u>	<u>2020</u>
Changes in plan assets:		
Fair value of plan assets, beginning of year	\$ 71,592,775	\$ 72,316,548
Actual return on plan assets	17,016,495	2,147,659
Expenses	—	(450)
Benefits paid	<u>(3,102,312)</u>	<u>(2,870,982)</u>
Fair value of plan assets, end of year	<u>\$ 85,506,958</u>	<u>\$ 71,592,775</u>
Funded status of the plan	<u>\$ (9,517,341)</u>	<u>\$ (26,339,075)</u>
Net accrued liability	<u>\$ (9,517,341)</u>	<u>\$ (26,339,075)</u>

Amounts recognized as pension adjustments in net assets without donor restrictions consist of the following at June 30:

	<u>2021</u>	<u>2020</u>
Net actuarial loss	<u>\$33,410,263</u>	<u>\$49,233,464</u>

The accumulated benefit obligation as of the plan's measurement date of June 30, 2021 and 2020, was \$95,024,299 and \$97,931,850, respectively.

The weighted-average assumptions used to determine the pension benefit obligation are as follows at June 30:

	<u>2021</u>	<u>2020</u>
Discount rate	2.88%	2.75%

Pension Plan Asset Fair Value Measurements

The fair values of the System's pension plan assets as of June 30, 2021 and 2020, by asset category, are as follows (see note 13 for level definitions):

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
2021				
Money market	\$ —	\$ 1,622,850	\$ —	\$ 1,622,850
International equity	—	6,392,003	—	6,392,003
Large cap equity	—	29,250,278	—	29,250,278
Mid cap equity	—	6,284,799	—	6,284,799
Small cap equity	—	5,151,229	—	5,151,229
Bond funds	—	36,805,799	—	36,805,799
	<u>\$ —</u>	<u>\$85,506,958</u>	<u>\$ —</u>	<u>\$85,506,958</u>

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020

9. Pension Plan (Continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
2020				
Money market	\$ -	\$ 1,725,162	\$ -	\$ 1,725,162
International equity	-	4,729,474	-	4,729,474
Large cap equity	-	23,185,276	-	23,185,276
Mid cap equity	-	4,397,401	-	4,397,401
Small cap equity	-	3,550,705	-	3,550,705
Bond funds	-	34,004,757	-	34,004,757
	<u>\$ -</u>	<u>\$71,592,775</u>	<u>\$ -</u>	<u>\$71,592,775</u>

Net periodic pension gain includes the following components for the years ended June 30:

	<u>2021</u>	<u>2020</u>
Interest cost on projected benefit obligation	\$ 2,645,851	\$ 3,158,199
Expected return on plan assets	(5,067,187)	(5,128,132)
Recognized loss	<u>1,422,803</u>	<u>931,141</u>
Total gain	<u>\$ (998,533)</u>	<u>\$ (1,038,792)</u>

The weighted-average assumptions used to determine net periodic benefit cost are as follows for the years ended June 30:

	<u>2021</u>	<u>2020</u>
Discount rate	2.75%	3.75%
Expected long-term rate of return on plan assets	7.25%	7.25%

Other changes in plan assets and benefit obligations recognized in adjustments to net assets without donor restrictions are as follows for the years ended June 30:

	<u>2021</u>	<u>2020</u>
Net (gain) loss	<u>\$(15,823,201)</u>	<u>\$13,892,250</u>
Total recognized adjustment to net assets without donor restrictions	<u>\$(15,823,201)</u>	<u>\$13,892,250</u>

The estimated net loss for the defined benefit pension plan that will be amortized from net assets without donor restrictions into net periodic benefit cost over the next fiscal year is \$899,460.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020

9. Pension Plan (Continued)Plan Amendments

On August 15, 2011, the Board of Directors of the System resolved to freeze the defined benefit pension plan effective October 8, 2011. Any employee who was a participant of the plan on that date will continue as a participant. No other person will become a participant after that date. Benefits to participants also stopped accruing on October 8, 2011. This amendment impacted the present value of accumulated plan benefits by eliminating the increase due to annual benefit accruals. Also effective October 8, 2011, the System provides qualifying employees with an additional 2% contribution under its existing defined contribution plan to supplement their retirement benefits.

Plan Assets

The primary investment objective of the Medical Center's retirement plan is to provide pension benefits for its members and their beneficiaries by ensuring a sufficient pool of assets to meet the plan's current and future benefit obligations. These funds are managed as permanent funds with disciplined longer-term investment objectives and strategies designed to meet cash flow requirements of the plan. Funds are managed in accordance with ERISA and all other regulatory requirements.

Management of the assets is designed to maximize total return while preserving the capital values of the fund, protecting the fund from inflation, and providing liquidity as needed for plan benefits. The objective is to provide a rate of return that meets inflation, plus 5.5%, over a long-term horizon.

The Plan aims to diversify its holdings among sectors, industries and companies. No more than 10% of the plan's portfolio, excluding U.S. Government obligations and cash, may be held in an individual company's stock or bonds.

A periodic review is performed of the pension plan's investment in various asset classes. The current asset allocation target is 50% to 70% equities, 30% to 50% fixed income, and 0% to 5% cash and other.

The Medical Center's pension plan weighted-average asset allocation by asset category is as follows at June 30:

	<u>2021</u>	<u>2020</u>
Marketable equity securities	55%	50%
U.S. Government obligations and corporate bonds	<u>45</u>	<u>50</u>
	<u>100%</u>	<u>100%</u>

Contributions

The Medical Center does not have a minimum required contribution for 2022 and does not expect to voluntarily contribute to its pension plan in 2022.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020

9. **Pension Plan (Continued)****Estimated Future Benefit Payments**

The following benefit payments are expected to be paid as follows for the years ended June 30:

2022	\$ 3,752,268
2023	3,823,318
2024	4,038,190
2025	4,245,448
2026	4,474,059
Years 2027 – 2031	24,409,143

10. **Functional Expenses**

The Medical Center and the Foundation provide general health care services to residents within their geographic location. Expenses related to providing these services are as follows for years ended June 30:

	<u>Health Services</u>	<u>General and Administrative</u>	<u>Total</u>
<u>2021</u>			
Salaries and wages	\$176,102,284	\$ 23,313,897	\$199,416,181
Employee benefits	28,475,016	3,881,796	32,356,812
Supplies and other	88,142,971	40,742,098	128,885,069
Interest	1,707,548	589,086	2,296,634
Provider tax	11,993,182	-	11,993,182
Depreciation	<u>11,358,089</u>	<u>3,876,196</u>	<u>15,234,285</u>
	<u>\$317,779,090</u>	<u>\$ 72,403,073</u>	<u>\$390,182,163</u>
<u>2020</u>			
Salaries and wages	\$175,822,074	\$ 28,142,758	\$203,964,832
Employee benefits	33,205,543	5,492,798	38,698,341
Supplies and other	74,506,259	20,538,246	95,044,505
Interest	1,958,033	380,357	2,338,390
Provider tax	13,353,132	-	13,353,132
Depreciation	<u>10,022,303</u>	<u>3,457,593</u>	<u>13,479,896</u>
	<u>\$308,867,344</u>	<u>\$ 58,011,752</u>	<u>\$366,879,096</u>

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended June 30, 2021 and 2020

10. Functional Expenses (Continued)

The financial statements report certain expense categories that are attributable to more than one healthcare service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, such as, depreciation and interest, are allocated to a function based on square footage. Supporting activities that are not directly identifiable with one or more healthcare programs are classified as general and administrative. If it is impossible or impractical to make a direct identification, allocation of the expenses were made according to management's estimates. Employee benefits were allocated in accordance with the ratio of salaries and wages of the functional classes. Specifically identifiable costs are assigned to the function to which they are identified.

11. Leases

The System leases equipment as well as office and storage space for operations under various noncancelable lease agreements. These leases are treated as operating leases and expire at various dates through 2029. Rental expense on all operating leases for the years ended June 30, 2021 and 2020 was \$2,146,770 and \$1,888,081, respectively.

Future minimum lease payments required under operating leases as of June 30, 2021 are as follows:

Year ending June 30:	
2022	\$2,112,146
2023	1,821,816
2024	1,354,072
2025	985,590
2026	825,197
Thereafter	<u>1,386,134</u>
Total future minimum lease payments	<u>\$8,484,955</u>

12. Community Benefits (Unaudited)

In accordance with its mission, the System provides substantial benefits to the southern New Hampshire region. The following community benefits were provided by the System for the years ended June 30:

	Community Benefit Costs	Offsetting Revenues	Net Community Benefit Expense
2021			
Charity care (see note 3)	\$ 2,921,538	\$ —	\$ 2,921,538
Uncompensated care	3,529,818	—	3,529,818
Subsidized care	197,567,150	129,987,985	67,579,165
Cash and in-kind contributions	<u>3,977,955</u>	<u>146,350</u>	<u>3,831,605</u>
Total	<u>\$207,996,461</u>	<u>\$130,134,335</u>	<u>\$77,862,126</u>

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020

12. Community Benefits (Unaudited)

	<u>Community Benefit Costs</u>	<u>Offsetting Revenues</u>	<u>Net Community Benefit Expense</u>
2020			
Charity care (see note 3)	\$ 4,004,431	\$ —	\$ 4,004,431
Uncompensated care	4,171,580	—	4,171,580
Subsidized care	187,891,047	121,965,164	65,925,883
Cash and in-kind contributions	<u>6,470,064</u>	<u>294,249</u>	<u>6,175,815</u>
Total	<u>\$202,537,122</u>	<u>\$122,259,413</u>	<u>\$80,277,709</u>

Charity care: The System provides care to patients who meet certain criteria under its board established charity care policy without charge or at amounts less than its established rates. The System does not pursue collection of amounts determined to qualify as charity care, therefore, they are not reported as revenues. The estimated costs of caring for charity care patients for the years ended June 30, 2021 and 2020 were approximately \$3.0 million and \$4.0 million, respectively.

Uncompensated care: The System provides care to patients without insurance, regardless of their ability to pay. Though the System attempts to assist all patients enrolling in available public assistance programs or qualification under its charity care policy, many patients either fail to comply with administrative requirements, or do not qualify. In these instances, the System attempts to collect for these services. However, the overwhelming majority of these accounts are ultimately uncollectible.

Subsidized care: The System provides services to patients enrolled in public service programs, i.e., Medicare and Medicaid, at rates substantially below cost.

Cash and in-kind contributions: The System supports various community initiatives including healthcare outreach, research and education. Other cash and in-kind contributions can be found in the community benefits report posted on the System's website.

13. Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the System uses various methods including market, income and cost approaches. Based on these approaches, the System often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and/or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The System utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the System is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020

13. Fair Value Measurements (Continued)

Level 1 – Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Level 1 also includes U.S. Treasury and federal agency securities and federal agency mortgage-backed securities, which are traded by dealers or brokers in active markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

Level 2 – Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.

Level 3 – Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

In determining the appropriate levels, the System performs a detailed analysis of the assets and liabilities. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

For the years ended June 30, 2021 and 2020, the application of valuation techniques applied to similar assets and liabilities has been consistent. The following is a description of the valuation methodologies used:

Marketable Equity Securities

Marketable equity securities are valued based on stated market prices and at the net asset value of shares held by the System at year end, which results in classification as Level 1 or Level 2 within the fair value hierarchy.

Fixed Income Securities

The fair value for debt instruments is determined by using broker or dealer quotations, external pricing providers, or alternative pricing sources with reasonable levels of price transparency. The System holds U.S. governmental and federal agency debt instruments, municipal bonds, corporate bonds, and foreign bonds which are classified as Level 1 or Level 2 within the fair value hierarchy.

Employee Benefit Plans

Underlying plan investments within these funds are stated at quoted market prices. These investments are generally classified as Level 1 within the fair value hierarchy.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020

13. Fair Value Measurements (Continued)Fair Value on a Recurring Basis

The following presents the balances of assets (funds held by trustee, investments and assets whose use is limited) measured at fair value on a recurring basis at June 30:

	Total	Level 1	Level 2	Level 3
2021				
Cash and cash equivalents	\$ 8,929,046	\$ 8,929,046	\$ -	\$ -
Marketable equity securities:				
Large cap	124,195,076	75,114,914	49,080,162	-
Mid cap	8,968,916	148,797	8,820,119	-
Small cap	11,205,076	4,884,070	6,321,006	-
International	20,564,113	15,548,835	5,015,278	-
Fixed income securities:				
U.S. Government obligations	31,691,428	31,691,428	-	-
Corporate bonds	57,178,178	57,178,178	-	-
Foreign bonds	4,046,984	4,046,984	-	-
Other investments	3,161,508	1,991,706	1,169,802	-
Employee benefit plans	<u>46,543,165</u>	<u>46,543,165</u>	<u>-</u>	<u>-</u>
	<u>\$316,483,490</u>	<u>\$246,077,123</u>	<u>\$70,406,367</u>	<u>\$ -</u>
2020				
Cash and cash equivalents	\$ 29,834,626	\$ 29,834,626	\$ -	\$ -
Marketable equity securities:				
Large cap	99,004,736	64,983,949	34,020,787	-
Mid cap	7,310,957	92,126	7,218,831	-
Small cap	7,026,046	3,118,695	3,907,351	-
International	12,672,050	8,962,725	3,709,325	-
Fixed income securities:				
U.S. Government obligations	13,627,217	13,627,217	-	-
Corporate bonds	50,425,312	50,425,312	-	-
Foreign bonds	2,880,519	2,880,519	-	-
Other investments	2,392,407	1,589,327	803,080	-
Employee benefit plans	<u>36,458,736</u>	<u>36,458,736</u>	<u>-</u>	<u>-</u>
	<u>\$261,632,606</u>	<u>\$211,973,232</u>	<u>\$49,659,374</u>	<u>\$ -</u>

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. As such, it is reasonably possible that changes in the fair value of investments will occur in the near term and that such changes could materially affect the amounts reported in the consolidated balance sheets and statements of operations.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020

13. Fair Value Measurements (Continued)

Investment Strategies

Marketable Equity Securities

The primary purpose of equity investments is to provide appreciation of principal and growth of income with the recognition that this requires the assumption of greater market volatility and risk of loss. The total equity portion of the portfolio will be broadly diversified according to economic sector, industry, number of holdings and other characteristics including style and capitalization. The System may employ multiple equity investment managers, each of whom may have distinct investment styles. Accordingly, while each manager's portfolio may not be fully diversified, it is expected that the combined equity portfolio will be broadly diversified.

Fixed Income Securities (Debt Instruments)

The primary purpose of fixed income investments is to provide a highly predictable and dependable source of income, preserve capital, and reduce the volatility of the total portfolio and hedge against the risk of deflation or protracted economic contraction.

Fair Value of Other Financial Instruments

The following methods and assumptions were used by the System in estimating the "fair value" of other financial instruments in the accompanying consolidated financial statements and notes thereto:

Cash and cash equivalents: The carrying amounts reported in the accompanying consolidated balance sheets for these financial instruments approximate their fair values.

Accounts receivable and accounts payable: The carrying amounts reported in the accompanying consolidated balance sheets approximate their respective fair values due to the short maturities of these instruments.

Long-term debt: The fair value of the notes payable and long-term debt, as disclosed in Note 8, was calculated based upon discounted cash flows through maturity based on market rates currently available for borrowing with similar maturities.

14. Medicaid Enhancement Tax and Medicaid Disproportionate Share

Under the State of New Hampshire's (the State) tax code, the State imposes a Medicaid Enhancement Tax (MET) equal to 5.4% of the Medical Center's net patient service revenues in State fiscal years 2021 and 2020, with certain exclusions. The amount of the tax provided by for the Medical Center for the years ended June 30, 2021 and 2020 was \$11,993,182 and \$13,353,132, respectively.

The State provides disproportionate share payments (DSH) to hospitals based on a set percentage of uncompensated care provided. The Medical Center received DSH interim funding of \$10,991,899 and \$11,998,144 during the years ended June 30, 2021 and 2020, respectively. Reserves on these receipts were established for \$1,648,785 and \$1,799,722 at the years ended June 30, 2021 and 2020, respectively, as these payments are subject to the State DSH annual audit and potential redistributions.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended June 30, 2021 and 2020

15. Financial Assets and Liquidity Resources

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs not financed with debt, consisted of the following as of June 30, 2021:

Cash and cash equivalents	\$34,873,221
Accounts receivable	42,129,125
Funds held by trustee	<u>2,228,625</u>
	<u>\$79,230,971</u>

To manage liquidity, the System maintains sufficient cash and cash equivalent balances to support daily operations throughout the year. Cash and cash equivalents include bank deposits, money market funds, and other similar vehicles that generate a return on cash and provide daily liquidity to the System. In addition, the System has board-designated and long-term investments without donor restrictions that can be utilized to help fund both operational needs and/or capital projects. As of June 30, 2021, the balances in board-designated and long-term investments were \$135,266,741 and \$126,820,516, respectively.

16. Business Acquisition

The Medical Center previously held a partial ownership interest in the Surgery Center with Mary Hitchcock Memorial Hospital. The Surgery Center's primary purpose is to deliver ambulatory surgery and related health care services to patients in the greater Nashua, New Hampshire area. On January 1, 2021, the Medical Center entered into an agreement with Mary Hitchcock Memorial Hospital to purchase their outstanding membership interest for a total of \$500,000.

This purchase price was allocated to tangible assets acquired and liabilities assumed based on their estimated fair values at the acquisition date, as summarized below:

Assets acquired:	
Cash	\$ 975,801
Accounts receivable and other assets	505,086
Inventory	158,027
Property and equipment	<u>567,669</u>
	2,206,583
Liabilities assumed:	
Accounts payable and accrued liabilities	<u>(729,571)</u>
Fair value of net assets acquired	1,477,012
Total cash consideration paid	500,000
Investment in the Surgery Center at December 31, 2020	<u>(739,983)</u>
Gain on bargain purchase	<u>\$ 237,029</u>

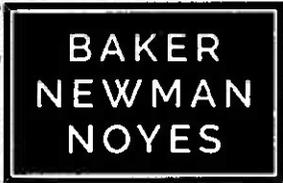
SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2021 and 2020

16. Business Acquisition (Continued)

The Surgery Center's results from the acquisition date through June 30, 2021 are included in the consolidated financial statements as a wholly-owned subsidiary of the Medical Center. The amounts of revenue and net income of the Surgery Center included in the System's consolidated statement of operations for the year ended June 30, 2021 are approximately \$1,732,000 and \$27,000, respectively



Baker Newman & Noyes LLC
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800.244.7444 | www.bnncpa.com

**INDEPENDENT AUDITORS' REPORT
ON OTHER FINANCIAL INFORMATION**

Board of Trustees
Southern New Hampshire Health System, Inc.

We have audited the consolidated financial statements of Southern New Hampshire Health System, Inc. (the System) as of and for the years ended June 30, 2021 and 2020, and have issued our report thereon, which contains an unmodified opinion on those consolidated financial statements. See pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information is presented for purposes of additional analysis rather than to present the financial position, results of operations and cash flows of the individual entities and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Baker Newman & Noyes LLC

Manchester, New Hampshire
October 26, 2021

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

CONSOLIDATING BALANCE SHEETS

June 30, 2021 and 2020

ASSETS

	2021				2020			
	Consolidated	Elimination Entries	Southern New Hampshire Medical Center and Affiliate	Foundation Medical Partners, Inc.	Consolidated	Elimination Entries	Southern New Hampshire Medical Center	Foundation Medical Partners, Inc.
Current assets:								
Cash and cash equivalents	\$ 34,873,221	\$ -	\$ 34,873,221	\$ -	\$ 58,239,550	\$ -	\$ 58,239,550	\$ -
Accounts receivable	42,129,125	-	30,347,389	11,781,736	32,484,462	-	23,346,056	9,138,406
Inventories	6,352,395	-	5,229,853	1,122,542	5,348,797	-	4,389,498	959,299
Amounts due from SolutionHealth, Inc.	30,040	-	30,040	-	-	-	-	-
Prepaid expenses and other current assets	2,790,930	(362,575)	1,643,254	1,510,251	4,470,298	(289,636)	3,079,713	1,680,221
Funds held by trustee	<u>2,228,625</u>	<u>-</u>	<u>2,228,625</u>	<u>-</u>	<u>11,064,985</u>	<u>-</u>	<u>11,064,985</u>	<u>-</u>
Total current assets	88,404,336	(362,575)	74,352,382	14,414,529	111,608,092	(289,636)	100,119,802	11,777,926
Investments	126,820,516	-	126,820,516	-	106,838,297	-	106,838,297	-
Assets whose use is limited:								
Employee benefit plans and other	46,543,165	-	5,921,295	40,621,870	36,458,736	-	5,095,285	31,363,451
Board designated and donor-restricted	<u>140,891,184</u>	<u>-</u>	<u>140,891,184</u>	<u>-</u>	<u>107,270,588</u>	<u>-</u>	<u>107,270,588</u>	<u>-</u>
	187,434,349	-	146,812,479	40,621,870	143,729,324	-	112,365,873	31,363,451
Property, plant and equipment, net	146,327,068	(79,783)	139,544,763	6,862,088	138,281,794	(88,648)	130,873,541	7,496,901
Other assets	<u>8,629,672</u>	<u>(3,693,898)</u>	<u>12,278,043</u>	<u>45,527</u>	<u>10,555,869</u>	<u>(4,016,382)</u>	<u>14,527,147</u>	<u>45,104</u>
Total assets	<u>\$ 557,615,941</u>	<u>\$ (4,136,256)</u>	<u>\$ 499,808,183</u>	<u>\$ 61,944,014</u>	<u>\$ 511,013,376</u>	<u>\$ (4,394,666)</u>	<u>\$ 464,724,660</u>	<u>\$ 50,683,382</u>

LIABILITIES AND NET ASSETS

	2021				2020			
	Consolidated	Elimination Entries	Southern New Hampshire Medical Center and Affiliate	Foundation Medical Partners, Inc.	Consolidated	Elimination Entries	Southern New Hampshire Medical Center	Foundation Medical Partners, Inc.
Current liabilities:								
Accounts payable and other accrued expenses	\$ 22,428,197	\$ (53,233)	\$ 16,129,240	\$ 6,352,190	\$ 29,969,556	\$ —	\$ 22,062,774	\$ 7,906,782
Accrued compensation and related taxes	27,474,331	—	14,290,267	13,184,064	27,697,987	—	16,496,409	11,201,578
Accrued interest payable	561,360	—	561,360	—	577,560	—	577,560	—
Amounts due to SolutionHealth, Inc.	9,694,455	—	9,694,455	—	3,861,614	—	3,861,614	—
Amounts payable to third-party payors	40,392,629	—	36,442,391	3,950,238	43,696,667	—	38,696,667	5,000,000
Current portion of long-term debt	6,431,108	—	6,431,108	—	5,959,062	—	5,959,062	—
Total current liabilities	106,982,080	(53,233)	83,548,821	23,486,492	111,762,446	—	87,654,086	24,108,360
Other liabilities	69,550,665	(4,083,023)	25,246,478	48,387,210	70,135,711	(4,394,666)	36,725,217	37,805,160
Long-term debt, less current portion and net of unamortized financing costs	74,859,604	—	74,859,604	—	80,048,619	—	80,048,619	—
Net assets:								
Without donor restrictions	300,599,149	—	310,528,837	(9,929,688)	244,899,034	—	256,129,172	(11,230,138)
With donor restrictions	5,624,443	—	5,624,443	—	4,167,566	—	4,167,566	—
	<u>306,223,592</u>	<u>—</u>	<u>316,153,280</u>	<u>(9,929,688)</u>	<u>249,066,600</u>	<u>—</u>	<u>260,296,738</u>	<u>(11,230,138)</u>
Total liabilities and net assets	\$ 557,615,941	\$ (4,136,256)	\$ 499,808,183	\$ 61,944,014	\$ 511,013,376	\$ (4,394,666)	\$ 464,724,660	\$ 50,683,382

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

CONSOLIDATING STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

Years Ended June 30, 2021 and 2020

	2021				2020			
	Consolidated	Elimination Entries	Southern New Hampshire Medical Center and Affiliate	Foundation Medical Partners, Inc.	Consolidated	Elimination Entries	Southern New Hampshire Medical Center	Foundation Medical Partners, Inc.
Operating revenue:								
Patient service revenue	\$ 346,753,018	\$ (3,821,723)	\$ 242,861,952	\$ 107,712,789	\$ 321,261,773	\$ (3,351,537)	\$ 223,650,232	\$ 100,963,078
Disproportionate share hospital revenue	9,756,241	-	9,756,241	-	10,507,021	-	10,507,021	-
Interest and dividends	2,133,438	-	2,133,438	-	2,898,799	-	2,898,799	-
Other operating revenue	<u>23,188,225</u>	<u>(12,125,168)</u>	<u>16,838,564</u>	<u>18,474,829</u>	<u>18,355,740</u>	<u>(12,106,428)</u>	<u>14,407,164</u>	<u>16,055,004</u>
Total operating revenue	381,830,922	(15,946,891)	271,590,195	126,187,618	353,023,333	(15,457,965)	251,463,216	117,018,082
Operating expenses:								
Salaries and wages	199,416,181	(76,820)	100,879,954	98,613,047	203,964,832	(1,091,780)	102,288,823	102,767,789
Employee benefits	32,356,812	(3,861,323)	18,704,644	17,513,491	38,698,341	(3,351,537)	22,076,828	19,973,050
Supplies and other expenses	128,885,069	(11,735,236)	100,346,825	40,273,480	95,044,505	(10,719,503)	70,752,578	35,011,430
Depreciation	15,234,285	-	13,961,432	1,272,853	13,479,896	-	12,046,783	1,433,113
New Hampshire Medicaid enhancement tax	11,993,182	-	11,993,182	-	13,353,132	-	13,353,132	-
Interest	<u>2,296,634</u>	<u>(273,512)</u>	<u>2,293,350</u>	<u>276,796</u>	<u>2,338,390</u>	<u>(295,145)</u>	<u>2,338,987</u>	<u>294,548</u>
Total operating expenses	<u>390,182,163</u>	<u>(15,946,891)</u>	<u>248,179,387</u>	<u>157,949,667</u>	<u>366,879,096</u>	<u>(15,457,965)</u>	<u>222,857,131</u>	<u>159,479,930</u>
(Loss) income from operations	(8,351,241)	-	23,410,808	(31,762,049)	(13,855,763)	-	28,606,085	(42,461,848)
Nonoperating gains (losses):								
Investment income (loss)	50,576,024	-	50,576,024	-	(66,043)	-	(66,043)	-
Contributions and nonoperating revenues and other net losses	(496,101)	-	(496,101)	-	(208,886)	-	(208,886)	-
Net periodic pension gain	<u>998,533</u>	<u>-</u>	<u>998,533</u>	<u>-</u>	<u>1,038,792</u>	<u>-</u>	<u>1,038,792</u>	<u>-</u>
Nonoperating gains, net	<u>51,078,456</u>	<u>-</u>	<u>51,078,456</u>	<u>-</u>	<u>763,863</u>	<u>-</u>	<u>763,863</u>	<u>-</u>
Excess (deficiency) of revenues and nonoperating gains (losses) over expenses	42,727,215	-	74,489,264	(31,762,049)	(13,091,900)	-	29,369,948	(42,461,848)

	2021				2020			
	Consolidated	Elimination Entries	Southern New Hampshire Medical Center and Affiliate	Foundation Medical Partners, Inc.	Consolidated	Elimination Entries	Southern New Hampshire Medical Center	Foundation Medical Partners, Inc.
Transfers from (to) affiliates	\$ -	\$ -	\$ (33,062,499)	\$ 33,062,499	\$ -	\$ -	\$ (31,974,783)	\$ 31,974,783
Transfers to SolutionHealth, Inc.	(2,850,301)	-	(2,850,301)	-	(955,356)	-	(955,356)	-
Pension adjustment	<u>15,823,201</u>	-	<u>15,823,201</u>	-	<u>(13,892,250)</u>	-	<u>(13,892,250)</u>	-
Increase (decrease) in net assets without donor restrictions	55,700,115	-	54,399,665	1,300,450	(27,939,506)	-	(17,452,441)	(10,487,065)
Contributions of net assets with donor restrictions	1,474,838	-	1,474,838	-	1,746,394	-	1,746,394	-
Net assets released from restriction for operations	<u>(17,961)</u>	-	<u>(17,961)</u>	-	<u>(170,583)</u>	-	<u>(170,583)</u>	-
Increase in net assets with donor restrictions	<u>1,456,877</u>	-	<u>1,456,877</u>	-	<u>1,575,811</u>	-	<u>1,575,811</u>	-
Increase (decrease) in net assets	57,156,992	-	55,856,542	1,300,450	(26,363,695)	-	(15,876,630)	(10,487,065)
Net assets at beginning of year	<u>249,066,600</u>	-	<u>260,296,738</u>	<u>(11,230,138)</u>	<u>275,430,295</u>	-	<u>276,173,368</u>	<u>(743,073)</u>
Net assets at end of year	<u>\$ 306,223,592</u>	\$ -	<u>\$ 316,153,280</u>	<u>\$ (9,929,688)</u>	<u>\$ 249,066,600</u>	\$ -	<u>\$ 260,296,738</u>	<u>\$ (11,230,138)</u>

2022 SNHHS / SNHMC / FMP Board Membership

BOARD MEMBERSHIP

SNHHS Board Membership

Melliya Annamalai, PhD
 Bobbie D. Bagley, MS, MPH, RN, CPH
 Sister Paula Marie Buley
 Craig Fitzgerald
 Helen Honorow, Esq.
 Mary Jordan
 Bradley Kreick [EO, non-voting]

The Honorable Joseph N. Laplante
 Karen Maynard, MD
 Colin McHugh [EO]
 Brian McLaughlin
 Marc Sadowsky, MD
 Timothy Sullivan, Esq.
 Eitan Zeira

Officers:

Board Chair: Timothy Sullivan, Esq.
 Board Vice-Chair: Bobbie D. Bagley, MS, MPH, RN, CPH
 President: Colin McHugh
 Treasurer: Paul L. Trainor
 Secretary: Colin McHugh

SNHMC Board Membership

Melliya Annamalai, PhD
 Bobbie D. Bagley, MS, MPH, RN, CPH
 Sister Paula Marie Buley
 Craig Fitzgerald
 Helen Honorow, Esq.
 Mary Jordan
 Bradley Kreick [EO, non-voting]

The Honorable Joseph N. Laplante
 Karen Maynard, MD
 Colin McHugh [EO]
 Brian McLaughlin
 Marc Sadowsky, MD
 Timothy Sullivan, Esq.
 Salvatore Vella, Jr., DO [EO]
 Eitan Zeira

Officers:

Board Chair: Timothy Sullivan, Esq.
 Board Vice-Chair: Bobbie D. Bagley, MS, MPH, RN, CPH
 President: Colin McHugh
 Treasurer: Paul L. Trainor
 Secretary: Colin McHugh

FMP Board Membership

Melliya Annamalai, PhD
 Bobbie D. Bagley, MS, MPH, RN, CPH
 Sister Paula Marie Buley
 Craig Fitzgerald
 Helen Honorow, Esq.
 Mary Jordan
 Bradley Kreick [EO, non-voting]

The Honorable Joseph N. Laplante
 Karen Maynard, MD
 Colin McHugh [EO]
 Brian McLaughlin
 Timothy Sullivan, Esq.
 Marc Sadowsky, MD
 James Watkins [EO] (Interim)
 Eitan Zeira

Officers:

Board Chair: Timothy Sullivan, Esq.
 Board Vice-Chair: Bobbie D. Bagley, MS, MPH, RN, CPH
 President, Foundation: James Watkins (Interim)
 President, SNHHS: Colin McHugh
 Treasurer: Paul L. Trainor
 Secretary: James Watkins (Interim)

JOHN E. FRIBERG, JR.

EDUCATION:

BOSTON COLLEGE LAW SCHOOL, Newton, MA
Juris Doctor, *cum laude*, May 1995

COLGATE UNIVERSITY, Hamilton, NY
Bachelor of Arts, *magna cum laude*, May 1992
Phi Beta Kappa

WORK EXPERIENCE:

SOLUTIONHEALTH Manchester, NH
Chief Legal Officer, General Counsel 2019 to Present

Chief Legal Officer of newly-created regional health system, as parent entity to Elliot Health System and Southern New Hampshire Health, with approximately 7,000 employees and approximately \$1B in net revenue. Responsible system-wide for: Legal, Risk Management, Claims Management, Compliance and Privacy. Responsible for Board-level Claims, Compliance and Governance Committees for parent and subsidiary organizations. Direct report to system CEO.

ELLIOT HEALTH SYSTEM Manchester, NH
Senior Vice President, General Counsel 2007 to 2019

Senior leader to health system with approximately 4,200 employees and over \$550 million in net revenue. Responsible for: Legal, Risk Management, Compliance, Privacy, Claims Management, Insurance, Security, Safety, Emergency Management, Accreditation, and Investigational Clinical Research. Responsible for Board-level Claims, Compliance, Governance and Government Relations Committees. Direct report to CEO.

Served as Acting CEO during absence of Chief Executive Officer, with regular responsibility as 24/7 Administrator on Call and Incident Commander under FEMA Incident Command System emergency management structure.

Additional Responsibilities:

2018-2019: Merged organization into newly created regional system parent entity SolutionHealth. Responsible for Legal (shared with Southern NH Health System GC), as well as Claims Management and Human Resources across full system, with dual reporting to system CEO and Elliot Hospital President.

2017-2019: Additional responsibilities overseeing VP Philanthropy, VP Human Resources, VP Marketing, and Public Relations.

2016-2017: Additional responsibilities as Acting Co-Chief Executive Officer (shared with Chief Medical Officer), singularly responsible for all non-clinical functions throughout entire organization, reporting directly to Executive Committee of the Board of Directors. Overseeing SVP Chief Financial Officer, VP Philanthropy, VP Human Resources, VP Marketing and Public Relations, VP Planning and Strategic Development, and VP Revenue Cycle.

2015-2016: Additional responsibilities overseeing VP Marketing and Public Relations.

2011-2013: Additional responsibilities as SVP of Operations, managing Laboratory, Pharmacy, Imaging, Respiratory, Pulmonary, EEG, Sleep Lab and Clinic, Physical Therapy, Occupational Therapy, Speech Therapy, Occupational/Employee Health, Wellness Programs, Home Medical Equipment, Endoscopy Center, Ambulatory Surgery Center, Ambulatory Care Centers, Facilities, and Food Service and Nutrition.

2008: Additional responsibilities as Acting VP Human Resources.

NIXON PEABODY LLP

Partner (2004-2007)

Associate (2000-2004)

Litigation and Labor & Employment Departments

Boston, MA and
Manchester, NH
2000-2007

Partner in national law firm of over 600 attorneys. Responsible for client counseling and litigation matters, with focus on various commercial, insurance regulatory/coverage and labor & employment disputes throughout the country. Handled all aspects of cases from inception through trials and appeals, including role as lead counsel in defense of national class actions.

DEVINE, MILLIMET & BRANCH, P.A.

Associate

Litigation and Labor & Employment Departments

Manchester, NH
1998 to 2000
1995 to 1997

Associate in law firm of approximately 80 attorneys. Responsible for client counseling and litigation matters, with focus on various commercial and labor & employment disputes.

CENTRAL INTELLIGENCE AGENCY

Clandestine Services Trainee, Directorate of Operations

Washington, DC
1997 to 1998

Undercover operations officer trainee in Directorate of Operations (Clandestine Service), collecting intelligence and executing covert action. Paramilitary, intelligence and counter-intelligence training. Serving as Operations Center Watch Analyst, produced intelligence for Presidential Daily Briefing (PDB) and National Intelligence Daily (NID). Top Secret/Sensitive Compartmented Information clearances.

OTHER ACTIVITIES:

Admitted to practice law in New Hampshire and Massachusetts

Member of American Health Lawyers Association

NH Justice of the Peace

Appointed Member of NH State Disaster Medical Advisory Committee (SDMAC) (for COVID-19 Crisis Standards of Care development and implementation)

Appointed Member of NH State Triage Committee (STC) (for COVID-19 state-wide triage oversight)

Member of Board of Directors of Business and Industry Association (BIA) (NH Statewide Chamber of Commerce)

Member of Board of Directors of New Hampshire Historical Society

Prior Activities:

Founder, Officer and Member of Board of Directors for Resident's Environmental Action Committee for Health

Member of Board of Directors and Officer for NH Network of Child Advocacy Centers (Child Abuse Community Agency)

Member of Board of Advisors for The Way Home (Affordable Housing and Homelessness Community Agency)

Member of Board of Directors for The Way Home

Alumni Interviewer for St. Paul's School Advanced Studies Program

Professor at St. Anselm College (Instructor in Economics Department, teaching Business Law)

Faculty Member for Elliot University (Internal Leadership and Management Development Program)

Instructor/Lecturer for EMT Training Program for New England EMS Institute

Legal Advisor to Board for Directors of National Ski Patrol New Hampshire Region

EMT (Nationally Registered and NH State Licensed)

Outdoor Emergency Care Technician (National Ski Patrol)

Ski Patroller, Mount Sunapee

Member of Board of Directors for American Heart Association's NH Affiliate

Judith A. Graham

Objective: Senior administrative position with a medical group that will utilize my medical management experience to plan, develop and administer programs to increase efficiency, productivity, and revenues.

Employment

PRACTICE MANAGER February, 2017 - present Foundation Medical Partners, Nashua, NH

Reporting to the Associate Vice-President of Operations, responsibilities include managing all operational activities of the Doorway of Greater Nashua, the Center for Recovery Management, Foundation Collaborative Care, and Foundation Counseling and Wellness.

February, 2017- March 2019 - Managed the OB/GYN Hospital Medical Program and New England Gynecology in addition to assuming Behavioral Health responsibilities September, 2018.

Current duties include:

- Responsible for daily practice operations.
- Managing all clerical, clinical, and provider staff which includes hiring, orienting, evaluating, scheduling, and performing disciplinary action when needed.
- Ensuring the Doorway of Greater Nashua's compliance with the standards of the State Opioid Response Contract.
- Ensuring practice's comply with substance use disorder confidentiality regulations of 42 CFR Part 2, and HIPPA as applicable.
- Promoting a high level of customer service to ensure patient satisfaction.
- Preparing and maintaining practice budgets.
- Collaborating with the Doorway Director and community partners to build relationships, and ensuring patients receive needed services.
- Participating in regular meetings with representatives from the Doorways and the DHHS.
- Preparing monthly/quarterly reports and weekly surveys for the DHHS. This includes detailed recordkeeping of financial reports, invoices, and receipts.
- Collaborating with legal and community partners to prepare MOU'S.
- Processing and managing provider reimbursement of CME, cell phone, and patient transportation requests.
- Working with staff members to ensure accuracy of demographic and insurance information to minimize claim issues, which includes assisting patients with presumptive eligibility.

SITE MANAGER April, 2014 to February, 2017 Foundation Medical Partners, Nashua, NH

Reporting to the Associate Vice-President of Operations, responsibilities included managing all operational activities of Pepperell Family Practice's Primary Care, and Immediate Care Walk-In Care programs.

Judith A. Graham Page 2

Duties included:

- Acted as the Administrator of Pepperell Family Practice a licensed clinic under the Massachusetts Department of Public Health.
- Managed all clerical, clinical, and provider staff which included hiring, orienting, evaluating, scheduling, reviewing, and performing disciplinary action when needed.
- Promoted a high level of customer service to ensure patient satisfaction.
- Prepared and maintained practice budgets.
- Ensured all staff and providers followed HIPAA compliance guidelines.
- Collaborated with both the Risk Management and Quality Departments at Southern New Hampshire Health to form a Patient Care Assessment Committee which included preparing reports for the Mass Board of Registration in Medicine.
- Worked with the Administration of Foundation Medical Partners on project management, policy development, and growth opportunities.
- Performed community outreach by working with the Pepperell Business Association, and participated in events to promote the practice.

**PRACTICE MANAGER November, 2008- April, 2014
Foundation Medical Partners, Nashua, NH.**

Reporting to the Associate Vice-President of Operations, responsibilities included managing all operational activities of Immediate Care of Southern New Hampshire Walk-in programs, and Foundation Health Services, the Student Health Center at Daniel Webster College.

Duties included:

- Acted as the Administrator of Immediate Care of Southern New Hampshire's Nashua, Hudson, and South Nashua facilities. Responsibilities included ensuring compliance with all New Hampshire Department of Health and Human Service's guidelines for walk-in licensure.
- Worked with the Administration of Foundation Medical Partners to expand the growth of the Immediate Care Walk-in program into Merrimack and Pelham, New Hampshire.
- Managed all clerical, clinical, and provider staff which includes hiring, orienting, evaluating, scheduling, and performing disciplinary action when needed.
- Promoted a high level of customer service to ensure patient satisfaction.
- Prepared and maintained practice budgets.
- Ensured all staff and providers followed HIPAA compliance guidelines.
- Audited, prepared, and submitted all practice billings which included working with the Central Business Office on patient billing issues.
- Developed administrative and clinical practice protocols.
- Ensured all Quality Assurance protocols and procedures were followed by departmental staff.
- Acted on the Safety Committee of Daniel Webster College.

**Education BACHELOR OF SCIENCE DEGREE - Management- 1984,
University of Massachusetts, North Dartmouth, MA**

References Available upon request

KRISTIN MAKARA, MSW, LICSW, MLADC

EDUCATION

University of New Hampshire, Durham, New Hampshire

MSW Expected May 9th, 2015

Courses include: Human Behavior and the Social Environment I, II, & III; Practice in Groups, Individual, & Advanced Generalist; Race, Culture and Oppression; Social Welfare Policy I & II; Social Work and the Law; Field Internship I & II; Program and Practice Evaluation; and Assessment of Addiction

University of New Hampshire, Manchester, New Hampshire

BA, Psychology, May 2013

Applicable courses: Theories of Personality, Abnormal Behavior, Behavior Analysis, Research Methods in Psychology, Sensation and Perception, Introduction to Language and Social Interaction, Cross-cultural Communications, Non-Psychotic Adult Development

University of Phoenix

Fall 2008 - Spring 2011

Successfully completed introductory classes in psychology, as well as several group projects in communications with classmates online.

EMPLOYMENT

Director: Doorway of Greater Nashua, Foundation Medical Partners

May 2020 – Present

- Complete Level of Care Assessments utilizing ASAM criteria and psychosocial assessments for individuals seeking substance use treatment
- Provide support and crisis intervention to those struggling with SUD
- Oversee clinical work and audit charts of all Doorway patients
- Compile SOR Grant data requirements and submit to DHHS
- Establish working relationships with community partners for improved patient care on the continuum of needs

Private Practice Clinician – Self Employed

Mindful Solutions Counseling and Consulting, LLC

October 2017-Present

Independent clinician working with individual clients including children, adolescents, adults; as well as family and couples.

Clinician

MLADC/Clinician: Center for Recovery Management, Foundation Medical Partners

September 2019 – May 2020

- Completed evaluation and screening for medication treatment

- Completed psychosocial assessment
- Care planning and coordination with multi-disciplinary team within the Center and with community providers
- Individual and family therapy

Family Centered Counseling of New England

July 2015-June 2017

Provided outpatient therapy to clients encompassing a wide range of issues, utilizing evidence-based practice tailored to individual and family needs.

Social Worker: Southern New Hampshire Medical Center-Behavioral Health Unit

June 2015-September 2019

Acute Inpatient Behavioral Health Unit

- Completed psychosocial assessments
- Assessed support needs upon discharge. Contacted outpatient providers and family supports to gather collateral information to assist with treatment planning
- Facilitated coping skills group educating Mindfulness techniques
- Facilitated family meetings
- Complete insurance pre-certification for admission, and concurrent utilization clinical reviews
- Gathered collateral information from appropriate resources
- Collaborated with medical providers of the unit team to provide best informed practice

Social Work Intern: Southern New Hampshire Medical Center-Behavioral Health Unit

Field Placement, September 2014-May 2015

Same duties and experience as previous afore-mentioned position.

Social Work Intern: Villa Crest Nursing and Retirement Home, Manchester, New Hampshire

Field Placement, September 2013 - May 2014

Rehabilitation, Long-term Nursing Care, & Assisted Living

- Assisted rehabilitation patients with discharge planning by referring to appropriate community resources
- Successfully assisted long-term residents with social concerns or issues such as: required changes from Medicare to Medicaid
- Completed initial and quarterly, mood and memory assessments and utilized them to improve or adjust current circumstances
- Worked with residents on end-of-life care, including palliative planning and durable power of attorney
- Worked collaboratively with medical professionals to ensure that all residents' needs are being met on all levels of care.

Psychology Intern: YWCA, Manchester, New Hampshire

Undergraduate Placement, September 2012-December 2012

Domestic Violence Advocate

- Successfully completed 130 hours assisting domestic violence victims in office, emergency rooms, and at courthouses
- Assisted in assessing needed referrals to community resources for individual needs
- Sympathetic listening skills in extremely sensitive crisis situations
- Incorporated interpersonal skills when communicating with other professionals in a variety of settings, including doctors, nurses, and other health and legal professionals
- Practiced and advocated for human rights regardless of race, culture, gender, and ethnicity

Independent Study: Pathways at Elliot, Manchester, New Hampshire

Undergraduate Study, January 2013-April 2013

Inpatient Behavioral Health Unit

- Acquired hands-on experience in an inpatient psychiatric unit
- Completing study on treatment options available to patients, and elaborated on which programs work best for specific mental and behavioral health disorders.

STATE OF NH LICENSES

LICSW – September 2017

MLADC – October 2018

AFFILIATIONS

National Association of Social Workers

UNH Graduate Students of Social Work

NHADADCA Member

NADAAC Member

INTERESTS

Hiking, reading, swimming, camping, cooking

COLIN T. MCHUGH, MBA, MA

HEALTHCARE EXECUTIVE

Accomplished healthcare leader with 25+ years of experience in high-impact roles for leading organizations, including a Top 100 integrated healthcare delivery network and a top-ranked national health plan. Strong executive functioning skills with track record of success leading organizations and teams in times of major transitions, including two successful interim CEO assignments. Proven leadership skills anchored in high-integrity and emotional intelligence. Committed to development of an organizational vision and strategy, high-functioning teams, servant leadership, and authentic communication. Seeking permanent President/CEO leadership opportunity in a mission-driven health system committed to its people and the local community with an eye toward the future.

**Executive Leadership • Strategic Planning & Execution • Value-Based Care Delivery
Team Building • Financial & Contract Negotiations • Healthcare Economics • Facilitation
Quality Improvement & Lean • Relationship Management • Communication**

SELECTED ACHIEVEMENTS

- Led \$375M health system as Interim President through 2020 COVID-19 pandemic response, \$40M system-wide Epic implementation, and overall clinical service delivery in collaboration with leadership team.
- Led 250-employee healthcare professional services company as Interim President & CEO through corporate restructuring, sale of multi-million dollar medical transcription business to for-profit technology company, securing job placements for 95+% of workforce, and delivering positive return to hospital owners/shareholders.
- Successfully and consistently led multiple high stakes contract negotiations for inpatient, outpatient, and physician services worth \$300-\$350M annually and directed medical/pharmacy expense budgets reaching \$1.6B annually.
- Spearheaded development and negotiation of Maine's first comprehensive Accountable Care Organization (ACO) risk arrangement following introduction of Affordable Care Act (ACA) and delivery system reform agenda.
- Directed implementation of multi-million dollar value-based primary care initiative targeting cost, quality, and utilization improvements across statewide primary care network.
- Led statewide legislative work group established by the 126th Maine State Legislature to evaluate the state's All Payer Claims Database and successfully set a policy framework for future access to health care data.

PROFESSIONAL EXPERIENCE

SolutionHealth, Bedford, NH: 2019-Present

Senior Vice President & Chief Value Officer (October 2019-Present)

Interim President, Southern NH Health System (April 2020- November 2020)

Top population health and value-based care executive for regional health system with \$1B in annual revenue and 150K covered lives in southern New Hampshire. Serve as executive leader of SolutionHealth ACO. Provide strategic oversight of value-based care delivery, managed care contracting, ambulatory care coordination, digital health services, behavioral health service line, post-acute care, and advanced primary care.

- Oversaw development of SolutionHealth ACO operating model and management structure, including development of strategic goals, workgroup formation, and health plan engagement.
- Spearheaded development of healthcare analytics and population health data management strategy including software vendor selection, EHR integration, platform implementation, and cost/quality/utilization reporting.
- Directed negotiation of fee-for-service and value-based contracting terms with market's three largest commercial payers, including achieving targeted rates of reimbursement increases and performance risk terms.
- Led \$375M local health system through COVID-19 response, \$40M system-wide Epic implementation, health plan divestiture (Tufts Freedom Health Plan), successful DNV survey, Nashua "Doorway" SUD program expansion, and operating and capital budget development in collaboration with local leadership team.
- Advised and facilitated multiple physician/administrative stakeholder groups in the development of multi-year strategic plans for digital health services, post-acute care, and advanced primary care.

COLIN T. MCHUGH • PAGE 2**MaineHealth, Portland, ME: 2014-2019****Senior Vice President, Network Development & Contracting (May 2014- September 2019)****Executive Director, Maine Heart Center (May 2014- September 2019)****Interim President & CEO, Synernet, Inc. (May 2016- December 2017)**

Top network development and contracting executive for one of the nation's leading integrated health care delivery networks with \$3B in annual revenue and 250K covered lives in Maine and New Hampshire. Member of senior executive team collectively responsible for driving large-scale development and implementation of shared services, multiple clinical service lines, and addition of three local health systems. Selected by MaineHealth CEO and Board of Directors to serve as Interim President & CEO of multi-million dollar corporate subsidiary as well as several other high-profile assignments.

- Developed and led enterprise-wide contracting function spanning eight local health systems and all clinical services, including facilitating internal alignment across executive leadership teams and key business areas resulting in achieving targeted increases in commercial payments and anchoring three high-value provider networks in the market.
- Led ACO contracting committee comprised of physician/administrative leaders responsible for strategy, evaluation, and approval of risk contracts resulting in 100% increase in attributed lives under value-based agreements.
- Developed and executed large scale re-contracting effort for multi-million dollar behavioral health service line achieving 30-75% rate increases from commercial payers and expansion of covered services.
- Spearheaded Maine Medical Center's successful acquisition of distressed 121-bed skilled nursing/long-term care facility (St. Joseph's Rehabilitation and Residence) and named vice-chair of newly formed board.
- Led \$55M corporate subsidiary non-profit organization (Maine Heart Center) comprised of five local health systems, including representative board, focused on designing and administering advanced payment models for cardiac care with commercial payers and large employers and developed new team responsible for supporting MaineHealth Cardiovascular Service Line quality improvement initiatives and data analytics needs.
- Directed Maine Medical Center's 3-year participation in CMS' Bundled Payments for Care Improvement (BPCI) initiative for coronary bypass surgery resulting in reduced readmissions through the development of a "heart partner" skilled nursing facility network.
- Executed a \$3M turnaround and restructuring of for-profit health care services company (Synernet, Inc.) resulting in \$2M final shareholder return and negotiated the transition of 95+% of impacted employees, six professional service lines, and 400 customers to partner organizations.
- Directed the sale of 175-employee medical transcription company including negotiation of asset purchase agreement with \$1.5B publicly traded company (Nuance Communications) and placement of impacted staff.

Anthem Blue Cross and Blue Shield, South Portland, ME**Vice President, Provider Engagement and Contracting (2010-2014)**

Top provider executive responsible for Maine market and ~\$1.6B health care budget. Responsible for provider contract negotiations, cost/utilization trends, payment innovation, consumer transparency initiatives, and overall provider network strategy. Served as market executive responsible for integrating medical/pharmacy cost and utilization performance, actuarial forecasting, and healthcare analytics.

- Directed provider network activities spanning 41 hospitals, 12,000 practitioners, and 4 PHO/IPAs.
- Spearheaded the development of Maine's first comprehensive ACO risk arrangement with market's largest health system including cost and quality targets, reporting/data sharing, and financial settlements.
- Executed Affordable Care Act (ACA) Exchange provider network strategy and secured regulatory approval of narrow hospital and physician network resulting in ~10% premium reduction.
- Led statewide implementation of value-based primary care program including payments for care coordination and improvements in total cost of care and quality performance (Enhanced Personal Health Care or "EPHC").
- Expanded hospital quality improvement program resulting in 500% increase in number of hospitals linking reimbursement to quality performance (QHIP).
- Successfully facilitated statewide legislative work group established by the 126th Maine State Legislature to evaluate the state's All Payer Claims Database (APCD) and set a policy framework for access to health care data.

COLIN T. MCHUGH • PAGE 3

Anthem Blue Cross and Blue Shield (WellPoint, Inc.), Indianapolis, IN

Strategic Planning Director, Comprehensive Health Solutions Corporate Division (2006-2010)

National strategy executive in *Forbes* 50 company responsible for developing health care cost and quality improvement initiatives spanning 30M members in 14 commercial markets in collaboration with clinical and actuarial leadership. Served at the corporate-level in a lead cost of care management role linking improvement initiatives to financial reporting and actuarial trend forecasting.

- Designed organization's first enterprise-wide integrated finance and actuarial reporting initiative and implemented business operating model responsible for driving medical and pharmacy cost containment activities reaching \$750M in annual cost of care savings.
- Directed national NICU utilization management vendor strategy and program implementation across 14 commercial markets resulting in ~\$1M reduced administrative expense, medical cost savings through improvements in NICU length of stay, and subsequent health services vendor acquisition (Carenex).

Anthem Blue Cross and Blue Shield, Manchester, NH

Executive Director, Health Care Management Division (2004-2006)

Top provider executive responsible for New Hampshire market and ~\$1B health care budget. Responsible for managed care contracting, risk arrangements, reimbursement analytics, and quality programs.

- Directed network activities spanning 38 hospitals, 1500 physician practices, 9 PHO/IPAs, and 26 outpatient surgery centers, including implementation of hospital quality incentive program (QHIP) and launch of advanced imaging utilization management initiative (AIM).
- Served as interim executive leader for the Northeast Region providing oversight of reimbursement policy, provider audit, ancillary contracting, and contract management business units and successfully transitioned staff and related functions into national operating model.

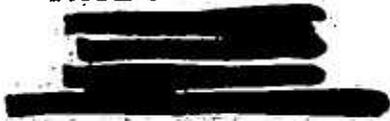
EDUCATION

- University of New Hampshire, Master of Business Administration (M.B.A., 2007)
- The University of Connecticut, Master of Arts (M.A., 1995)
Concentration: Health Sciences
- Plymouth State University, Bachelor of Science (B.S., 1993)
Phi Kappa Phi National Honor Society
- Six Sigma Green Belt (2010)

BOARD/COMMUNITY INVOLVEMENT

- Southern NH Health System Legacy Trust, Board Member (2021-Present)
- Maine Health Data Organization, Board Member (2017-2019)
- MaineHealth Care at Home, Executive Representative (2016-2019)
- St. Joseph's Rehabilitation & Residence, Vice Chair, Board Member, (2017-2019)
- Portland Community Chamber of Commerce, Board Member (2016-2019)

PAUL L. TRAINOR



Education: Bentley College, Waltham, MA
BS Degree – Accounting

New England College, Henniker, NH
Masters in Management – Healthcare Administration

Experience: Southern NH Health System, Nashua, NH
Senior Vice President/Chief Financial Officer, July 2016 – Present

- Effectively plans, monitors and controls the financial resources of SNHHS
- Develops budgets approved by the Board, reports out quarterly to the Board, and achieves financial targets
- Provides leadership in strategic cost transformation to ensure long-term sustainability
- Provides leadership in revenue strategies that include both SNHHS and SolutionHealth
- Ensures compliance with state and federal laws as well as accounting principles

Southern NH Medical Center, Nashua, NH
Controller, August 2007 – June 2016

- Provide leadership role on behalf of Finance to help meet organization's financial goals
- Prepare financial reporting package and presentation for CFO and Finance Committee
- Manage Finance, Accounting, Accounts Payable and Payroll Departments
- Preparation of the annual operating and capital budgets
- Oversee all external financial reporting, audits and taxes
- Ensure adequacy of organization's reserves
- Establish accounting policies and procedures

Catholic Medical Center, Manchester, NH
Director of Accounting, April 2002 – August 2007

- Prepare financial reporting package and presentation for CFO and Finance Committee
- Ensure financials are prepared in accordance to Generally Accepted Accounting Principles
- Manage Accounting Supervisor, Senior Accountants, Financial Analyst, and Accounts Payable
- Responsible for all external financial reporting (990, Bondholder filings, rating agencies)
- Manage dashboard reporting to directors and senior management
- Preparation of the annual operating and capital budgets
- Analyze adequacy of organization's reserves
- Establish accounting policies and procedures

Anthem BCBS, Manchester, NH
Senior Reimbursement Analyst, May 2001 – April 2002

- Model proposed reimbursement terms for provider contracting
- Met with providers to negotiate new terms for reimbursement
- Model contract terms for forecasting
- Various data mining projects

Catholic Medical Center, Manchester, NH
Accounting Manager, November 1998 – May 2001
Senior Accountant, April 1997 – November 1998
Financial Analyst, May 1994 – April 1997

- Responsible for month-end close and the preparation of Financial Reporting Package for the health system

- Manage staff of 9, which include GL, Fixed Assets, Accounts Payable, Physician Practice and Cashier Staff
- Responsible for the coordination of the year-end audit and workpaper preparation
- Responsible for the preparation of the 990 tax return
- Analyze investment returns and coordinate the changing of investment managers
- Prepare analysis for the reserve for Bad Debt and Charity Care
- Prepare rollforward of unrestricted, temporarily and permanently restricted fund balances
- Prepare price and volume variance analysis

Hesser College, Inc., Manchester, NH
Staff Accountant, January 1992 – May 1994

- Analyze, record and report all federal financial aid funding
- Contract with outside agencies for non-federal financial aid
- Responsible for all payroll and human resource functions
- Assist auditors on year-end closing

Accounts Payable Clerk, October 1991 – January 1992

Technical: Excel, Access, SQL, Powerpoint, Word, Business Objects/Crystal, Monarch, Oracle, Siemens, Infor

References: Available upon request

KRISTINE (KRISTY) TROMBLEY

DIRECTOR OF OPERATIONS

- Solutions-oriented operations executive with proven track record of strong operational and fiscal practice management skills.
- Partners with physicians, practice support, and allied healthcare professionals to improve the patient care experience through optimized processes and effective delivery models.
- Upholds core values of a complex clinical environment while addressing unique compliance and patient care concerns, proactively correcting obstacles to patient care and strengthening operational initiatives.
- Ability to foster trust and respect among administrative and provider staff.
- Passion for driving lasting results in collaboration with dedicated, mission-oriented teams.

Key Achievements

- **Operational Excellence:** Revitalized struggling practice through hands-on training and process implementation, boosting patient satisfaction, employee retention, and delivery capabilities.
- **Technical Leadership:** Served as subject matter expert and implementation lead on multiple Electronic Medical Record systems, piloting new workflows and procedures to prepare for system-wide rollouts.
- **Strategic Vision:** Partners across organizational functions to determine logical steps to fulfill big-picture goals, challenging existing standards while gaining support from patients, physicians, and providers.

Core Skills

Administrative Direction | Management | Leadership | Organizational Behavior
Policies and Procedures | Operation Initiatives | Strategic Plans | Patient Care Delivery
Regulatory Compliance | Measurement and Reporting | Project Management and Implementation
Finance Management | Support Physicians | Create and Lead Teams | Support Allied Health Professionals
Performance Improvement | Written and Oral Communication | Collaboration | Computer Literacy

Professional Overview

DIRECTOR OF OPERATIONS | FOUNDATION MEDICAL PARTNERS – SOUTHERN NEW HAMPSHIRE HEALTH 2022 – Present

Participates in the establishment of strategic plans, policies, and procedures in direct patient care deliver.

Provide overall administrative direction and coordination for operational initiatives, performance improvement, and practice support.

- Manage budgets and perform financial analysis.
- Oversees all operational aspects of assigned practices and provides direction and guidance to staff as assigned.
- Participates in the development of the operational improvement plan and strategic development as it relates to operations.
- Oversees the effective and appropriate utilization of resources in areas of responsibility.
- Participates in strategy development as it relates to operations. Works with practice managers to coordinate quality improvement activities in the practices.

SITE MANAGER | FOUNDATION MEDICAL PARTNERS – SOUTHERN NEW HAMPSHIRE HEALTH 2017 – 2022

Maintains ownership of operational and financial initiatives for the system's only Massachusetts-based facility, comprised of 8 family practice providers, laboratory, and x-ray unit. Partners with providers and staff to optimize patient care, fulfill unique state compliance requirements, and drive long-term organizational goals.

- Leveraged staff feedback to drive internal reorganization of over 20 employees, re-aligning teams with organizational goals while promoting a positive environment – secured 100% retention rate since 2017.
- Reduced call abandon rates to 3% following site-wide survey, prioritizing patient engagement across staff training – continuously exceeded patient satisfaction and care quality assurance rates.
- Spearheaded re-training on Massachusetts clinic license rules and regulations, aligning team on requirements to uphold compliance and prepare for state audits.

Professional Overview-Continued

- Directed practice during the organization-wide rollout of the EPIC Electronic Medical Record system (EMR), streamlining transition through new staffing model and LEAN management processes.
- Adjusted practice workflows in reaction to the COVID-19 pandemic, including the transition to tele-health practices – prioritized patient engagement to become one of the first practices to meet operational goals.

PRACTICE MANAGER | FOUNDATION MEDICAL PARTNERS

2004 – 2017

Directed activities across five primary care practices specializing in Internal Medicine. Maintained high standards of patient satisfaction, and process improvement through periods of organizational change.

Education

BACHELOR OF BUSINESS ADMINISTRATION, MANAGEMENT – HESSER COLLEGE

ASSOCIATE OF MEDICAL OFFICE MANAGEMENT – HESSER COLLEGE

Technical Skills

Microsoft Office Suite | EPIC EMR | Centricity EMR

Soarian Practice Management Software | Kronos | Allscripts | Oracle

Awards and Recognition

EMPLOYEE OF THE MONTH – FOUNDATION MEDICAL PARTNERS, 2018

LEADERSHIP STEERING COMMITTEE MEMBER – FOUNDATION MEDICAL PARTNERS, 2006

Contractor Name: Southern New Hampshire Health System, Inc.

Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
Colin McHugh	President, Southern New Hampshire Health	0%
Paul Trainor	Senior VP of Finance, CFO	0%
John Friberg, Esq.	Chief Legal Officer, General Counsel	0%
Kristy Bauer Twombly	Director, Behavioral Health	0%
Kristin Makara	Director, Doorway of Greater Nashua	100%
Judy Graham	Practice Manager, Doorway of Greater Nashua	50%



Lori A. Shiblette
Commissioner

39 mac

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
GOVERNOR'S COMMISSION ON ALCOHOL & OTHER DRUGS

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9564 1-800-804-0909
Fax: 603-271-6105 TDD Access: 1-800-735-2964 www.dhhs.nh.gov/dcbcs/bdas

August 30, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, on behalf of the Governor's Commission on Alcohol and Other Drugs, to amend existing contracts with the Contractors listed below in **bold** to continue providing a statewide network of Doorways for substance use disorder treatment and recovery support services access, by exercising contract renewal options by increasing the total price limitation by \$11,190,088 from \$37,617,414 to \$48,807,502 and extending the completion dates from September 29, 2021 to September 29, 2022, effective upon Governor and Council approval. 97.28% Federal Funds, 2.72% Other Funds.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Androscoggin Valley Hospital, Inc.	177220-B002	Berlin	\$1,949,517	\$669,740	\$2,619,257	O: 10/31/18 Item #17A A1: 8/28/19 Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
The Cheshire Medical Center	155405-B001	Keene	\$3,063,740	\$1,045,046	\$4,108,786	O: 10/31/18 Item #17A A1: 8/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Concord Hospital, Inc.	177653-B003	Concord	\$2,688,794	\$735,271	\$3,424,065	O: 10/31/18 Item #17A A1: 8/28/19, Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Mary Hitchcock Memorial Hospital	177651-B001	Lebanon	\$5,312,531	\$1,504,500	\$6,817,031	O: 10/31/18 Item #17A A1: 11/14/18 Item #1 A2: 9/18/19 Item #20 A3: 6/24/20 Item #31 A4: 2/17/21 Item #18
*LRGHealthcare	177161-B006	Laconia	\$2,317,076	\$0	\$2,317,076	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
*Granite Pathways Manchester	228900-B001	Manchester	\$3,831,170	\$0	\$3,831,170	O: 10/31/18 Item #17A A1: 9/18/19 Item #20
*Granite Pathways Nashua	228900-B001	Nashua	\$3,364,709	\$0	\$3,364,709	O: 10/31/18, Item #17A A1: 9/18/19, Item #20
Littleton Hospital Association	177162-B011	Littleton	\$2,160,689	\$712,612	\$2,873,301	O: 10/31/18, Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

His Excellency, Governor Christopher T. Sununu
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Wentworth-Douglass Hospital	177187-B001	Dover	\$4,109,399	\$1,153,475	\$5,262,874	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Catholic Medical Center	177240-B003	Greater Manchester	\$4,919,123	\$2,926,711	\$7,845,834	O: 3/11/20 Item #9A A1: 2/3/21 Item #10
Southern New Hampshire Health System, Inc.	177321-R004	Greater Nashua	\$3,339,704	\$1,696,196	\$5,035,900	O: 3/11/20 Item #9A A1: 2/17/21 Item #18
Concord Hospital, Inc. – Laconia	355356	Laconia	\$560,962	\$746,537	\$1,307,499	O: 6/2/21 Item #28
		Total:	\$37,617,414	\$11,190,088	\$48,807,502	
<i>*Indicates contracts that are okay to expire or have been terminated.</i>						

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is to continue to provide a network of Doorway programs to ensure access to substance use disorder treatment and recovery services within sixty (60) minutes of State residents' homes.

Approximately 4,000 individuals will be served between September 30, 2021 to September 29, 2022.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire at a minimum has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week.

The Doorways provide resources to strengthen existing prevention, treatment and recovery programs by ensuring access to critical services in order to decrease the number of opioid and/or stimulant-related misuses, overdoses and deaths in New Hampshire as well as promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants also are being served and referred to the appropriate services.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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The Department continues to monitor services by reviewing, analyzing and engaging in quality improvements based on:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language, or Exhibit A, Revisions to Standard Contract Provisions in the cases of Catholic Medical Center and Southern New Hampshire Health System, Inc. and Concord Hospital – Laconia, of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the one (1) year available.

Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care, which would negatively impact recovery and increase the risk of relapse.

Source of Federal Funds: Assistance Listing Number #93.788, FAIN #H79TI083326 and CFDA #93.959, FAIN #B08TI083509.

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

Respectfully submitted,

DocuSigned by:
Lori A. Weaver
4C4A82984125473...

for
Lori A. Shibinette
Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

05-82-82-820510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT

100% Federal Funds

Vendor Name: Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$218,250.00	\$0.00	\$218,250.00
2020	102/500731	Contracts for Program Services	92057040	\$652,985.00	\$0.00	\$652,985.00
2021	102/500731	Contracts for Program Services	92057040	\$201,283.00	\$0.00	\$201,283.00
2021	102/500731	Contracts for Program Services	92057047	\$181,000.00	\$0.00	\$181,000.00
2021	102/500731	Contracts for Program Services	92057048	\$438,866.00	\$0.00	\$438,866.00
2022	102/500731	Contracts for Program Services	92057048	\$218,333.00	\$0.00	\$218,333.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$489,806.00	\$489,806.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$163,269.00	\$163,269.00
Sub Total				\$1,908,617.00	\$653,075.00	\$2,561,692.00

Vendor Name: Concord Hospital, Inc.				Vendor # 177633		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$262,773.00	\$0.00	\$262,773.00
2020	102/500731	Contracts for Program Services	92057040	\$1,325,131.00	\$0.00	\$1,325,131.00
2021	102/500731	Contracts for Program Services	92057040	\$238,916.00	\$0.00	\$238,916.00
2021	102/500731	Contracts for Program Services	92057047	\$168,000.00	\$0.00	\$168,000.00
2021	102/500731	Contracts for Program Services	92057048	\$400,000.00	\$0.00	\$400,000.00
2022	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$538,954.00	\$538,954.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$179,652.00	\$179,652.00
Sub Total				\$2,590,820.00	\$718,806.00	\$3,309,626.00

Vendor Name: Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$611,287.00	\$0.00	\$611,287.00
2020	102/500731	Contracts for Program Services	92057040	\$1,127,557.00	\$0.00	\$1,127,557.00
2021	102/500731	Contracts for Program Services	92057040	\$205,033.00	\$0.00	\$205,033.00
2021	102/500731	Contracts for Program Services	92057047	\$229,925.00	\$0.00	\$229,925.00
2021	102/500731	Contracts for Program Services	92057048	\$532,304.00	\$0.00	\$532,304.00
2022	102/500731	Contracts for Program Services	92057048	\$266,152.00	\$0.00	\$266,152.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$771,286.00	\$771,286.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$257,095.00	\$257,095.00
Sub Total				\$2,972,258.00	\$1,028,381.00	\$4,000,639.00

Vendor Name: Granite Pathways Manchester				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,331,471.00	\$0.00	\$1,331,471.00
2020	102/500731	Contracts for Program Services	92057040	\$2,349,699.00	\$0.00	\$2,349,699.00
Sub Total				\$3,681,170.00	\$0.00	\$3,681,170.00

Vendor Name: Granite Pathways Nashua				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,348,973.00	\$0.00	\$1,348,973.00
2020	102/500731	Contracts for Program Services	92057040	\$1,865,736.00	\$0.00	\$1,865,736.00
Sub Total				\$3,214,709.00	\$0.00	\$3,214,709.00

Vendor Name: Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$223,135.00	\$0.00	\$223,135.00
2020	102/500731	Contracts for Program Services	92057040	\$882,805.00	\$0.00	\$882,805.00
2021	102/500731	Contracts for Program Services	92057040	\$203,750.00	\$0.00	\$203,750.00
2021	102/500731	Contracts for Program Services	92057047	\$175,000.00	\$0.00	\$175,000.00
2021	102/500731	Contracts for Program Services	92057048	\$423,333.00	\$0.00	\$423,333.00
2022	102/500731	Contracts for Program Services	92057048	\$211,666.00	\$0.00	\$211,666.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$521,860.00	\$521,860.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$173,987.00	\$173,987.00
Sub Total				\$2,118,689.00	\$695,947.00	\$2,814,636.00

Vendor Name: LRGHealthcare				Vendor # 177161		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$500,000.00	\$0.00	\$500,000.00
2020	102/500731	Contracts for Program Services	92057040	\$642,114.00	\$0.00	\$642,114.00
2021	102/500731	Contracts for Program Services	92057040	\$205,000.00	\$0.00	\$205,000.00
2021	102/500731	Contracts for Program Services	92057047	\$178,000.00	\$0.00	\$178,000.00
2021	102/500731	Contracts for Program Services	92057048	\$430,000.00	\$0.00	\$430,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
		Sub Total		\$2,170,114.00	\$0.00	\$2,170,114.00

Vendor Name Mary Hitchcock				Vendor # 177180		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$449,937.00	\$0.00	\$449,937.00
2020	102/500731	Contracts for Program Services	92057040	\$2,575,109.00	\$0.00	\$2,575,109.00
2021	102/500731	Contracts for Program Services	92057040	\$383,958.00	\$0.00	\$383,958.00
2021	102/500731	Contracts for Program Services	92057047	\$430,000.00	\$0.00	\$430,000.00
2021	102/500731	Contracts for Program Services	92057048	\$947,333.00	\$0.00	\$947,333.00
2022	102/500731	Contracts for Program Services	92057048	\$473,886.00	\$0.00	\$473,886.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,115,876.00	\$1,115,876.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$371,959.00	\$371,959.00
		Sub Total		\$5,280,003.00	\$1,487,835.00	\$6,747,838.00

Vendor Name Wentworth Douglass				Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$537,063.00	\$0.00	\$537,063.00
2020	102/500731	Contracts for Program Services	92057040	\$1,808,752.00	\$0.00	\$1,808,752.00
2021	102/500731	Contracts for Program Services	92057040	\$240,675.00	\$0.00	\$240,675.00
2021	102/500731	Contracts for Program Services	92057047	\$299,000.00	\$0.00	\$299,000.00
2021	102/500731	Contracts for Program Services	92057048	\$691,360.00	\$0.00	\$691,360.00
2022	102/500731	Contracts for Program Services	92057048	\$345,680.00	\$0.00	\$345,680.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$852,607.00	\$852,607.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$284,203.00	\$284,203.00
		Sub Total		\$3,920,530.00	\$1,138,810.00	\$5,057,340.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$345,019.00	\$0.00	\$345,019.00
2021	102/500731	Contracts for Program Services	92057040	\$724,814.00	\$0.00	\$724,814.00
2021	102/500731	Contracts for Program Services	92057047	\$802,501.00	\$0.00	\$802,501.00
2021	102/500731	Contracts for Program Services	92057048	\$1,846,000.00	\$0.00	\$1,846,000.00
2022	102/500731	Contracts for Program Services	92057048	\$923,000.00	\$0.00	\$923,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$2,182,534.00	\$2,182,534.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$727,512.00	\$727,512.00
		Sub Total		\$4,841,134.00	\$2,910,046.00	\$7,551,180.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$223,242.00	\$0.00	\$223,242.00
2021	102/500731	Contracts for Program Services	92057040	\$522,272.00	\$0.00	\$522,272.00
2021	102/500731	Contracts for Program Services	92057047	\$580,000.00	\$0.00	\$580,000.00
2021	102/500731	Contracts for Program Services	92057048	\$1,280,000.00	\$0.00	\$1,280,000.00
2021	102/500731	Contracts for Program Services	92057048	\$640,000.00	\$0.00	\$640,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,259,648.00	\$1,259,648.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$419,883.00	\$419,883.00
		Sub Total		\$3,245,514.00	\$1,679,531.00	\$4,925,045.00

Vendor Name Concord Hospital - Leconia				Vendor # 355356		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
2022	074/500585	Contracts for Program Services	92057048	\$0.00	\$547,404.00	\$547,404.00
2023	074/500585	Contracts for Program Services	92057048	\$0.00	\$182,488.00	\$182,488.00
		Sub Total		\$415,000.00	\$729,892.00	\$1,144,892.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

SOR Total	\$38,139,458.00	\$11,040,103.00	\$47,179,561.00
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05-02-02-020510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SABG ADDITIONAL

100% Federal Funds

Vendor Name Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Concord Hospital, Inc.				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Cheahire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Wentworth Douglass				Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Concord Hospital, Inc. - Laconia				Vendor # 355356		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

SABG Total	\$0.00	\$149,985.00	\$149,985.00
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05-05-02-020510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

100% Other Funds

Vendor Name Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		Sub Total		\$25,000.00	\$0.00	\$25,000.00

Vendor Name Concord				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$73,481.00	\$0.00	\$73,481.00
2022	102/500731	Contracts for Program Services	92058501	\$24,493.00	\$0.00	\$24,493.00
		Sub Total		\$97,974.00	\$0.00	\$97,974.00

Vendor Name Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$68,812.00	\$0.00	\$68,812.00
2022	102/500731	Contracts for Program Services	92058501	\$22,870.00	\$0.00	\$22,870.00
		Sub Total		\$91,682.00	\$0.00	\$91,682.00

Vendor Name Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		Sub Total		\$25,000.00	\$0.00	\$25,000.00

Vendor Name LRGHealthcare				Vendor # 177161		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$110,222.00	\$0.00	\$110,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
		Sub Total		\$146,962.00	\$0.00	\$146,962.00

Vendor Name Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$39,396.00	\$0.00	\$39,396.00
2022	102/500731	Contracts for Program Services	92058501	\$13,132.00	\$0.00	\$13,132.00
		Sub Total		\$52,528.00	\$0.00	\$52,528.00

Vendor Name Wentworth Douglass				Vendor # 177167		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$141,652.00	\$0.00	\$141,652.00
2022	102/500731	Contracts for Program Services	92058501	\$47,217.00	\$0.00	\$47,217.00
		Sub Total		\$188,869.00	\$0.00	\$188,869.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$208,492.00	\$0.00	\$208,492.00
2022	102/500731	Contracts for Program Services	92058501	\$69,497.00	\$0.00	\$69,497.00
		Sub Total		\$277,989.00	\$0.00	\$277,989.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$70,643.00	\$0.00	\$70,643.00
2022	102/500731	Contracts for Program Services	92058501	\$23,547.00	\$0.00	\$23,547.00
		Sub Total		\$94,190.00	\$0.00	\$94,190.00

Vendor Name Concord Hospital - Leconia				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$109,222.00	\$0.00	\$109,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
		Sub Total		\$145,962.00	\$0.00	\$145,962.00

GC Total				\$1,145,956.00	\$0.00	\$1,145,956.00
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05-03-02-020510-2589 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

100% Federal Funds

Vendor Name Androskoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$16,000.00	\$0.00	\$16,000.00
<i>Sub Total</i>				\$16,000.00	\$0.00	\$16,000.00

Vendor Name Granite Pathways Manchester				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$150,000.00	\$0.00	\$150,000.00
<i>Sub Total</i>				\$150,000.00	\$0.00	\$150,000.00

Vendor Name Granite Pathways Nashua				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$150,000.00	\$0.00	\$150,000.00
<i>Sub Total</i>				\$150,000.00	\$0.00	\$150,000.00

Vendor Name Littleton Regional Hospital				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$16,000.00	\$0.00	\$16,000.00
<i>Sub Total</i>				\$16,000.00	\$0.00	\$16,000.00

STR Total	\$332,000.00	\$0.00	\$332,000.00
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GRAND TOTALS	\$37,617,414.00	\$11,190,088.00	\$48,807,502.00
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**State of New Hampshire
Department of Health and Human Services
Amendment #2**

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Southern New Hampshire Health System, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 11, 2020 (Item #9A), as amended February 17, 2021, (Item #18), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit A – Amendment #2, Revisions to Standard Contract Provisions, Section 1 – Revisions to Form P-37, Subsection 1.1., the Contract may be amended upon written-agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$5,035,900.
3. Modify Exhibit A, by replacing it in its entirety, in order to correct a scrivener's error in numbering, with Exhibit A - Amendment #2 Revisions to Standard Contract Provisions, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B – Amendment #1, Scope of Services, Section 11, State Opioid Response (SOR) Grant Standards, Subsection 11.1. to read:
11.1. Reserved
5. Modify Exhibit B – Amendment #1, Scope of Services, Section 11, State Opioid Response (SOR) Grant Standards, Subsection 11.11. to read:
11.11. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide marijuana or provide treatment using marijuana. The Contractor shall ensure:
11.11.1. Treatment in this context includes the treatment of opioid use disorder (OUD).
11.11.2. Grant funds are not provided to any individual who, or organization that, provides or permits marijuana use for the purposes of treating substance use or mental health disorders.
11.11.3. This marijuana restriction applies to all subcontracts and memorandums of understanding (MOU) that receive SOR funding.
6. Modify Exhibit B – Amendment #1, Scope of Services, Section 11, State Opioid Response (SOR) Grant Standards, Subsection 11.12. as follows:
11.12. The Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan



includes:

11.12.1. Internal policies for the distribution of Fentanyl strips;

11.12.2. Distribution methods and frequency; and

11.12.3. Other key data, as requested by the Department.

7. Modify Exhibit B – Amendment #1, Scope of Services, Section 11, State Opioid Response (SOR) Grant Standards, by adding Subsection 11.13. as follows:

11.13. The Contractor shall provide a contingency management plan to the Department for approval prior to implementation of the contingency management plan. The Contractor shall ensure the contingency management plan includes:

11.13.1. Contingency management strategies to reward and incentivize individual treatment compliance;

11.13.2. Identified allowable contingency rewards, as approved by the Department, ensuring:

11.13.1. The maximum value per contingency does not exceed \$15; and

11.13.2. The maximum number of contingencies per year per individual does not exceed five (5); and

11.13.3. The maximum dollar value of all contingencies per individual does not exceed \$75 per year; and

11.13.3. Other key data as requested by the Department.

8. Modify Exhibit B – Amendment #1, Scope of Services, Section 11, State Opioid Response (SOR) Grant Standards, by adding Subsection 11.13 as follows:

11.13. The Contractor shall refer to Exhibit C – Amendment #2 for grant terms and conditions including, but not limited to:

11.13.1. Invoicing.

11.13.2. Funding restrictions.

11.13.3. Billing.

9. Modify Exhibit C, Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit C – Amendment #2, Methods and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.

10. Add Exhibit C-8 Amendment #2 SOR II Budget, which is attached hereto and incorporated by reference herein.

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

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

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

State of New Hampshire
Department of Health and Human Services

9/7/2021
Date

DocuSigned by:
Katja Fox
Name: Katja Fox
Title: Director

Southern New Hampshire Health System, Inc.

8/30/2021
Date

DocuSigned by:
Paul Trainor
Name: Paul Trainor
Title: Sr. VP Finance/CFO

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

OFFICE OF THE ATTORNEY GENERAL

9/7/2021
Date

DocuSigned by:
J. Christopher Marshall
Name: J. Christopher Marshall
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services
EXHIBIT A Amendment #2**

Revisions to Standard Contract Provisions

1. Revisions to Form P-37, General Provisions

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

3.3. The parties may extend the Agreement for up to two (2) additional year(s) from the Completion Date as specified in the contract approved by the Governor and Executive Council on March 11, 2020 (Item #9A), contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

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

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

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT C – Amendment #2

Methods and Conditions Precedent to Payment

1. This Agreement is funded by:
 - 1.1. 97.80% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326; and
 - 1.2. 0.33% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds as awarded on 03/11/2021 by the U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, , CFDA #93.959, FAIN B08TI083509.
 - 1.3. 1.87% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds, effective from 9/30/2020 through 9/29/2021.
2. Governor Commission Funds
 - 2.1. The Contractor shall utilize funds in Exhibit C-4 Amendment #1 GovComm and Exhibit C-6 Amendment #1 GovComm for the purpose of providing services and supports to clients whose needs do not make them eligible to receive SOR-funded services and supports.
 - 2.2. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.
3. SABG FY21 COVID Emergency Funds
 - 3.1. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.
4. For the purposes of this Agreement:
 - 4.1. The Department has identified the Contractor as a Subrecipient in accordance with 2 CFR §200.330.
 - 4.2. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.87.
 - 4.3. The de minimis Indirect Cost Rate of 10% applies in accordance with 2 CFR §200.414.

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**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT C – Amendment #2

5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit C-1, Budget through Exhibit C-9 Amendment #2 SOR II Budget.
6. The Contractor shall seek payment for services, as follows:
 - 6.1. First, the Contractor shall charge the client's private insurance or other payor sources.
 - 6.2. Second, the Contractor shall charge Medicare.
 - 6.3. Third, the Contractor shall charge Medicaid enrolled individuals, as follows:
 - 6.3.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
 - 6.3.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
 - 6.4. Fourth, the Contractor shall charge the client in accordance with the Sliding Fee Scale Program.
 - 6.5. Lastly, if any portion of the amount specified in the Sliding Fee Scale remains unpaid, charge the Department for the unpaid balance.
7. The Contractor shall submit an invoice and supporting backup documentation in a form satisfactory to the State by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment. Invoices shall be net any other revenue received towards the services billed in fulfillment of this agreement. The Contractor shall ensure:
 - 7.1. Backup documentation includes, but is not limited to:
 - 7.1.1. General Ledger showing revenue and expenses for the contract.
 - 7.1.2. Timesheets and/or time cards that support the hours employees worked for wages reported under this contract.
 - 7.1.2.1. Per 45 CFR Part 75.430(i)(1) Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed.
 - 7.1.2.2. Attestation and time tracking templates, which are available to the Department upon request.
 - 7.1.3. Invoices supporting expenses reported:
 - 7.1.3.1. Unallowable expenses include, but are not limited to:
 - 7.1.3.1.1. Amounts belonging to other programs.
 - 7.1.3.1.2. Amounts prior to effective date of contract.

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**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT C – Amendment #2

- 7.1.3.1.3. Construction or renovation expenses.
- 7.1.3.1.4. Food or water for employees.
- 7.1.3.1.5. Directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana.
- 7.1.3.1.6. Fines, fees, or penalties.
- 7.1.3.1.7. Per SAMSHA requirements, meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed three dollars (\$3.00) per person for clients.
- 7.1.3.1.8. Cell phones and cell phone minutes for clients.
- 7.1.4. Receipts for expenses within the applicable state fiscal year.
- 7.1.5. Cost center reports.
- 7.1.6. Profit and loss report.
- 7.1.7. Remittance Advices from the insurances billed. Remittance Advices do not need to be supplied with the invoice, but should be retained to be available upon request.
- 7.1.8. Information requested by the Department verifying allocation or offset based on third party revenue received.
- 7.1.9. Summaries of patient services revenue and operating revenue and other financial information as requested by the Department.
- 8. The Contractor is responsible for reviewing, understanding, and complying with further restrictions included in the Funding Opportunity Announcement (FOA).
- 9. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to DHHS.DBHInvoicesBDAS@dhhs.nh.gov, or invoices may be mailed to:
 - SOR Financial Manager
 - Department of Health and Human Services
 - 105 Pleasant Street
 - Concord, NH 03301
- 10. The Contractor agrees that billing submitted for review after twenty (20) business days of the last day of the billing month may be subject to non-payment.
- 11. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
- 12. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

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**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT C – Amendment #2

13. The Contractor must provide the services in Exhibit B – Amendment #1, Scope of Services, in compliance with funding requirements.
14. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit B – Amendment #1, Scope of Services, including failure to submit required monthly and/or quarterly reports.
15. Notwithstanding Paragraph 17 of the General Provisions P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
16. Audits
 - 16.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:
 - 16.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 16.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 16.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
 - 16.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
 - 16.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
 - 16.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
 - 16.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments

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**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT C – Amendment #2

made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

17. Maintenance of Fiscal Integrity

- 17.1. In order to enable the Department to evaluate the Contractor's fiscal integrity, the Contractor agrees to submit to the Department monthly, the Balance Sheet, Profit and Loss Statement (total organization and program-level), and Cash Flow Statement for the Contractor. Program-level Profit and Loss Statement shall include all revenue sources and all related expenditures for that program. The program-level Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. Outside of the program-level Profit and Loss Statement and budget to actual analysis, all other statements shall be reflective of the entire Partnership for Successful Living organization and shall be submitted on the same day the reports are submitted to the Board, but no later than the fourth Wednesday of the month. Additionally, the contractor will provide interim profit and loss statements for every program area, reported as of the 20th of the month, by the last day of every month.
- 17.2. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement.
- 17.3. The Contractor shall inform the Department by phone and by email within five business days when any Executive Management, Board Officers, or Program Managers for Department contracts submits a resignation or leaves for any other reason.

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Exhibit C-4 Amendment #2 BOR 8

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Southern New Hampshire Health System, Inc.

Project Title: Access and Delivery Hub for Optimal Use Disorder Services

Budget Period: SFY22 09/30/21-06/30/22

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHR's contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 331,589.00	\$ -	\$ 331,589.00	\$ -	\$ -	\$ -	\$ 331,589.00	\$ -	\$ 331,589.00
2. Employee Benefits	\$ 94,812.00	\$ -	\$ 94,812.00	\$ -	\$ -	\$ -	\$ 94,812.00	\$ -	\$ 94,812.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Replacement	\$ 11,331.00	\$ -	\$ 11,331.00	\$ -	\$ -	\$ -	\$ 11,331.00	\$ -	\$ 11,331.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 4,800.00	\$ -	\$ 4,800.00	\$ -	\$ -	\$ -	\$ 4,800.00	\$ -	\$ 4,800.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ 145,800.00	\$ -	\$ 145,800.00	\$ -	\$ -	\$ -	\$ 145,800.00	\$ -	\$ 145,800.00
Medical	\$ 2,700.00	\$ -	\$ 2,700.00	\$ -	\$ -	\$ -	\$ 2,700.00	\$ -	\$ 2,700.00
Office	\$ 3,850.00	\$ -	\$ 3,850.00	\$ -	\$ -	\$ -	\$ 3,850.00	\$ -	\$ 3,850.00
6. Travel	\$ 3,752.00	\$ -	\$ 3,752.00	\$ -	\$ -	\$ -	\$ 3,752.00	\$ -	\$ 3,752.00
7. Occupancy	\$ 44,498.00	\$ -	\$ 44,498.00	\$ -	\$ -	\$ -	\$ 44,498.00	\$ -	\$ 44,498.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 3,800.00	\$ -	\$ 3,800.00	\$ -	\$ -	\$ -	\$ 3,800.00	\$ -	\$ 3,800.00
Postage	\$ 1,503.00	\$ -	\$ 1,503.00	\$ -	\$ -	\$ -	\$ 1,503.00	\$ -	\$ 1,503.00
Subscriptions	\$ 900.00	\$ -	\$ 900.00	\$ -	\$ -	\$ -	\$ 900.00	\$ -	\$ 900.00
Aids and Levy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ 2,250.00	\$ -	\$ 2,250.00	\$ -	\$ -	\$ -	\$ 2,250.00	\$ -	\$ 2,250.00
9. Software	\$ 2,700.00	\$ -	\$ 2,700.00	\$ -	\$ -	\$ -	\$ 2,700.00	\$ -	\$ 2,700.00
10. Marketing/Communications	\$ 2,700.00	\$ -	\$ 2,700.00	\$ -	\$ -	\$ -	\$ 2,700.00	\$ -	\$ 2,700.00
11. Staff Education and Training	\$ 3,150.00	\$ -	\$ 3,150.00	\$ -	\$ -	\$ -	\$ 3,150.00	\$ -	\$ 3,150.00
12. Subcontracts/Agreements	\$ 297,144.00	\$ -	\$ 297,144.00	\$ -	\$ -	\$ -	\$ 297,144.00	\$ -	\$ 297,144.00
13. Other (specify state mandatory): Shelter	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Shelter receipts vouchers and financing	\$ 301,331.00	\$ -	\$ 301,331.00	\$ -	\$ -	\$ -	\$ 301,331.00	\$ -	\$ 301,331.00
Support Clients Unmet Needs	\$ 16,845.00	\$ -	\$ 16,845.00	\$ -	\$ -	\$ -	\$ 16,845.00	\$ -	\$ 16,845.00
TOTAL	\$ 1,276,313.00	\$ -	\$ 1,276,313.00	\$ -	\$ -	\$ -	\$ 1,276,313.00	\$ -	\$ 1,276,313.00

Indirect As A Percent of Direct 0.0%

Exhibit C-9 Amendment #2 BOR # Budget

New Hampshire Department of Health and Human Services
 COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Southern New Hampshire Health System, Inc.

Project Title: Access and Delivery Hub for Optimal Use Disorder Services

Budget Period: 8/1/2022-7/31/2022

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 110,521.00	\$ -	\$ 110,521.00	\$ -	\$ -	\$ -	\$ 110,521.00	\$ -	\$ 110,521.00
2. Employee Benefits	\$ 31,338.00	\$ -	\$ 31,338.00	\$ -	\$ -	\$ -	\$ 31,338.00	\$ -	\$ 31,338.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 3,777.00	\$ -	\$ 3,777.00	\$ -	\$ -	\$ -	\$ 3,777.00	\$ -	\$ 3,777.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 1,820.00	\$ -	\$ 1,820.00	\$ -	\$ -	\$ -	\$ 1,820.00	\$ -	\$ 1,820.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ 48,800.00	\$ -	\$ 48,800.00	\$ -	\$ -	\$ -	\$ 48,800.00	\$ -	\$ 48,800.00
Medical	\$ 900.00	\$ -	\$ 900.00	\$ -	\$ -	\$ -	\$ 900.00	\$ -	\$ 900.00
Office	\$ 1,950.00	\$ -	\$ 1,950.00	\$ -	\$ -	\$ -	\$ 1,950.00	\$ -	\$ 1,950.00
6. Travel	\$ 1,248.00	\$ -	\$ 1,248.00	\$ -	\$ -	\$ -	\$ 1,248.00	\$ -	\$ 1,248.00
7. Occupancy	\$ 14,832.00	\$ -	\$ 14,832.00	\$ -	\$ -	\$ -	\$ 14,832.00	\$ -	\$ 14,832.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,200.00	\$ -	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00	\$ -	\$ 1,200.00
Postage	\$ 501.00	\$ -	\$ 501.00	\$ -	\$ -	\$ -	\$ 501.00	\$ -	\$ 501.00
Subscriptions	\$ 300.00	\$ -	\$ 300.00	\$ -	\$ -	\$ -	\$ 300.00	\$ -	\$ 300.00
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ 750.00	\$ -	\$ 750.00	\$ -	\$ -	\$ -	\$ 750.00	\$ -	\$ 750.00
9. Rentals	\$ 900.00	\$ -	\$ 900.00	\$ -	\$ -	\$ -	\$ 900.00	\$ -	\$ 900.00
10. Information/Communications	\$ 900.00	\$ -	\$ 900.00	\$ -	\$ -	\$ -	\$ 900.00	\$ -	\$ 900.00
11. Staff Education and Training	\$ 1,050.00	\$ -	\$ 1,050.00	\$ -	\$ -	\$ -	\$ 1,050.00	\$ -	\$ 1,050.00
12. Subcontracts/Agreements	\$ 98,048.00	\$ -	\$ 98,048.00	\$ -	\$ -	\$ -	\$ 98,048.00	\$ -	\$ 98,048.00
13. Other (specify details mandatory)	\$ 100,448.00	\$ -	\$ 100,448.00	\$ -	\$ -	\$ -	\$ 100,448.00	\$ -	\$ 100,448.00
TOTAL	\$ 419,883.00	\$ -	\$ 419,883.00	\$ -	\$ -	\$ -	\$ 419,883.00	\$ -	\$ 419,883.00

Indirect As A Percent of Direct 0.0%

FEB03'21 AM 10:27 RCUD

18 mac



Lori A. Shilbette
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

January 29, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to **Retroactively** amend existing **Sole Source** contracts with the vendors listed in **bold** below to continue a statewide system of Doorways that provide access to substance use disorder treatment and recovery services and supports, by exercising renewal options by increasing the total price limitation by \$2,731,933 from \$34,024,519 to \$36,756,452 and by extending the completion dates from September 29, 2020 to September 29, 2021 effective retroactive to September 29, 2020 upon Governor and Council approval. 97.28% Federal and 2.72% Other Funds.

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

Vendor Name	Vendor Code	Area Served	Current Amount	Increase/ (Decrease)	New Amount	G&C Approval
Androscoggin Valley Hospital, Inc., Berlin, NH	177220-B002	Berlin	\$1,849,517	\$0	\$1,849,517	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 6/24/20 (Item #31)
Concord Hospital, Inc., Concord, NH	177653-B003	Concord	\$2,688,794	\$0	\$2,688,794	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 6/24/20 (Item #31)
Granite Pathways, Concord, NH	228900-B001	Concord	\$6,895,879	\$0	\$6,895,879	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Littleton Regional Hospital, Littleton, NH	177162-B011	Littleton	\$2,160,689	\$0	\$2,160,689	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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LRGHealthcare Laconia, NH	177161 -B006	Laconia	\$2,317,076	\$0	\$2,317,076	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Mary Hitchcock Memorial Hospital, Lebanon, NH	177651 -B001	Lebanon	\$4,349,314	\$983,217	\$5,312,531	O: 10/31/18 Item #17A A1: 11/14/19 (Item #11) A2: 9/18/19, (Item #20) A3: 6/24/20 (Item #31)
The Cheshire Medical Center, Keene, NH	155405 -B001	Keene	\$3,063,740	\$0	\$3,063,740	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Wentworth- Douglass, Hospital, Dover, NH	177187 -B001	Dover	\$4,109,399	\$0	\$4,109,399	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Catholic Medical Center, Manchester, NH	177240 -B003	Greater Manchester	\$4,919,123	\$0	\$4,919,123	O: 3/11/20 (Item #9A)
Southern New Hampshire Health System, Inc., Nashua, NH	177321 -R004	Greater Nashua	\$1,570,988	\$1,768,716	\$3,339,704	O: 3/11/20 (Item #9A)
		Total	\$34,024,519	\$2,731,933	\$36,756,452	

Funds are available in the following accounts for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Years 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Retroactive** because sufficient funds in State Fiscal Year 2021 were not available in the operating budget considering the grant amount awarded, and due to delay by the Substance Abuse and Mental Health Services Administration in approving New Hampshire's requests for continued State Opioid Response Grant funding the efforts to add the state appropriations were deferred. This request is **Sole Source** because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labeled as sole source.

This request represents the remaining two (2) of nine (9) requests for Access and Delivery Hub for Opioid Use Disorder Services. The Department presented the first seven (7) requests Governor and Executive Council on February 3, 2021, Item #10.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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The purpose of this request is to continue providing services through the Doorways by utilizing unexpended funds from the first round of State Opioid Response funding, adding funding from the second round of State Opioid Response, and adding funding to address the needs of individuals with substance use disorders not covered under State Opioid Response.

Approximately 1,000 individuals will be served from September 30, 2020 to September 29, 2021.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week, to ensure no one in New Hampshire has to travel more than 60 minutes to access services.

The Doorways' services provide resources to strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in New Hampshire; and promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants are also being seen and referred to the appropriate services by the Doorways.

The Department will monitor contracted services using the following methods:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Regular review and monitoring of Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language, Paragraph 3. Renewals, or Exhibit A, Revisions to Standard Contract Provisions, Subsection 1 – Revisions to Form P-37, General Provisions, in the case of Catholic Medical Center and Southern New Hampshire Health System, Inc., of the original contracts the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the two (2) years available.

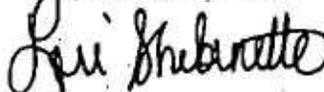
Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care that negatively impact recovery and increase the risk of relapse.

Areas served: Statewide.

Source of Funds: CFDA #93.788, FAIN #H79TI081685 and H79TI083326.

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HEALTH, BEHAVIORAL HEALTH DIV OF BUREAU OF DRUG & ALCOHOL SERVICES, (STATE OFFICE RESPONSE) (GRANT 100% Federal Funds CPGA 003.700 FAP) (FY2016-18) and (FY2016-22)

Professional Staff **Year: 2017-2018**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2016	102900731	Contracts for Program Services	92057040	\$ 734,730.00	\$ -	\$ 734,730.00
2017	102900731	Contracts for Program Services	92057040	\$ 632,983.00	\$ -	\$ 632,983.00
2021	102900731	Contracts for Program Services	92057040	\$ 301,713.00	\$ -	\$ 301,713.00
2021	102900731	Contracts for Program Services	92057047	\$ 171,000.00	\$ -	\$ 171,000.00
2021	102900731	Contracts for Program Services	92057048	\$ 436,884.00	\$ -	\$ 436,884.00
2022	102900731	Contracts for Program Services	92057046	\$ 218,331.00	\$ -	\$ 218,331.00
		Sub Total		\$ 2,344,631.00	\$ -	\$ 2,344,631.00

Contract

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2016	102900731	Contracts for Program Services	92057040	\$ 743,773.00	\$ -	\$ 743,773.00
2017	102900731	Contracts for Program Services	92057040	\$ 1,375,131.00	\$ -	\$ 1,375,131.00
2021	102900731	Contracts for Program Services	92057040	\$ 236,916.00	\$ -	\$ 236,916.00
2021	102900731	Contracts for Program Services	92057047	\$ 166,208.00	\$ -	\$ 166,208.00
2021	102900731	Contracts for Program Services	92057048	\$ 400,000.00	\$ -	\$ 400,000.00
2022	102900731	Contracts for Program Services	92057046	\$ 208,000.00	\$ -	\$ 208,000.00
		Sub Total		\$ 2,069,028.00	\$ -	\$ 2,069,028.00

Direct

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2016	102900731	Contracts for Program Services	92057040	\$ 611,287.00	\$ -	\$ 611,287.00
2017	102900731	Contracts for Program Services	92057040	\$ 1,177,337.00	\$ -	\$ 1,177,337.00
2021	102900731	Contracts for Program Services	92057040	\$ 205,003.00	\$ -	\$ 205,003.00
2021	102900731	Contracts for Program Services	92057047	\$ 779,873.00	\$ -	\$ 779,873.00
2021	102900731	Contracts for Program Services	92057048	\$ 332,304.00	\$ -	\$ 332,304.00
2022	102900731	Contracts for Program Services	92057046	\$ 284,133.00	\$ -	\$ 284,133.00
		Sub Total		\$ 2,472,937.00	\$ -	\$ 2,472,937.00

Direct Program Services

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2016	102900731	Contracts for Program Services	92057040	\$ 1,331,471.00	\$ -	\$ 1,331,471.00
2017	102900731	Contracts for Program Services	92057040	\$ 1,349,889.00	\$ -	\$ 1,349,889.00
2021	102900731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102900731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102900731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2022	102900731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
		Sub Total		\$ 2,681,360.00	\$ -	\$ 2,681,360.00

Direct Program Services

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2016	102900731	Contracts for Program Services	92057040	\$ 1,248,873.00	\$ -	\$ 1,248,873.00
2017	102900731	Contracts for Program Services	92057040	\$ 1,853,736.00	\$ -	\$ 1,853,736.00
2021	102900731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102900731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102900731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2022	102900731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
		Sub Total		\$ 3,102,609.00	\$ -	\$ 3,102,609.00

Other Support

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2016	102900731	Contracts for Program Services	92067040	\$ 230,113.00	\$ -	\$ 230,113.00
2017	102900731	Contracts for Program Services	92067040	\$ 862,800.00	\$ -	\$ 862,800.00
2021	102900731	Contracts for Program Services	92067040	\$ 280,720.00	\$ -	\$ 280,720.00
2021	102900731	Contracts for Program Services	92067047	\$ 179,000.00	\$ -	\$ 179,000.00
2021	102900731	Contracts for Program Services	92067048	\$ 433,333.00	\$ -	\$ 433,333.00
2022	102900731	Contracts for Program Services	92067046	\$ 211,666.00	\$ -	\$ 211,666.00
		Sub Total		\$ 2,107,632.00	\$ -	\$ 2,107,632.00

Other Support

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2016	102900731	Contracts for Program Services	92067040	\$ 300,000.00	\$ -	\$ 300,000.00
2017	102900731	Contracts for Program Services	92067040	\$ 842,114.00	\$ -	\$ 842,114.00
2021	102900731	Contracts for Program Services	92067040	\$ 200,000.00	\$ -	\$ 200,000.00
2021	102900731	Contracts for Program Services	92067047	\$ 170,000.00	\$ -	\$ 170,000.00
2021	102900731	Contracts for Program Services	92067048	\$ 430,000.00	\$ -	\$ 430,000.00
2022	102900731	Contracts for Program Services	92067046	\$ 210,000.00	\$ -	\$ 210,000.00
		Sub Total		\$ 2,152,114.00	\$ -	\$ 2,152,114.00

Other Support

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2016	102900731	Contracts for Program Services	92067040	\$ 1,380,317.00	\$ (948,330.00)	\$ 431,987.00
2017	102900731	Contracts for Program Services	92067040	\$ 2,373,188.00	\$ -	\$ 2,373,188.00
2021	102900731	Contracts for Program Services	92067040	\$ 343,956.00	\$ -	\$ 343,956.00
2021	102900731	Contracts for Program Services	92067047	\$ -	\$ 430,000.00	\$ 430,000.00
2021	102900731	Contracts for Program Services	92067048	\$ -	\$ 343,333.00	\$ 343,333.00
2022	102900731	Contracts for Program Services	92067046	\$ -	\$ 471,666.00	\$ 471,666.00
		Sub Total		\$ 4,397,461.00	\$ (517,330.00)	\$ 3,880,131.00

Westbank District

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2019	102600731	Contracts for Program Services	92057040	\$ 337,063.00		\$ 337,063.00
2020	102600731	Contracts for Program Services	92057040	\$ 1,804,732.00		\$ 1,804,732.00
2021	102600731	Contracts for Program Services	92057040	\$ 240,675.00		\$ 240,675.00
2021	102600731	Contracts for Program Services	92057047	\$ 279,000.00		\$ 279,000.00
2021	102600731	Contracts for Program Services	92057048	\$ 291,380.00		\$ 291,380.00
2022	102600731	Contracts for Program Services	92057048	\$ 344,480.00		\$ 344,480.00
		Sub Total		\$ 2,336,320.00		\$ 2,336,320.00

Centra Medical Center

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2019	102600731	Contracts for Program Services	92057040	\$ -		\$ -
2020	102600731	Contracts for Program Services	92057040	\$ 343,819.00		\$ 343,819.00
2021	102600731	Contracts for Program Services	92057040	\$ 724,814.00		\$ 724,814.00
2021	102600731	Contracts for Program Services	92057047	\$ 802,301.00		\$ 802,301.00
2021	102600731	Contracts for Program Services	92057048	\$ 1,844,000.00		\$ 1,844,000.00
2022	102600731	Contracts for Program Services	92057048	\$ 971,800.00		\$ 971,800.00
		Sub Total		\$ 4,641,134.00		\$ 4,641,134.00

Southern New Hampshire Health Services, Inc.

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2019	102600731	Contracts for Program Services	92057040	\$ -		\$ -
2020	102600731	Contracts for Program Services	92057040	\$ 1,048,718.00	\$ (375,474.00)	\$ 673,244.00
2021	102600731	Contracts for Program Services	92057040	\$ 323,771.00		\$ 323,771.00
2021	102600731	Contracts for Program Services	92057047	\$ -	\$ 340,000.00	\$ 340,000.00
2021	102600731	Contracts for Program Services	92057048	\$ -	\$ 1,380,000.00	\$ 1,380,000.00
2022	102600731	Contracts for Program Services	92057048	\$ -	\$ 640,000.00	\$ 640,000.00
		Sub Total		\$ 1,372,489.00	\$ 1,004,526.00	\$ 367,963.00
		Fiscal 2022		\$ 34,171,343.00	\$ 2,545,215.00	\$ 36,716,558.00

00-00-03-020010-03020000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS; DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

WVSR # 17720

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102600731	Contracts for Program Services	92054301	\$ 14,750.00		\$ 14,750.00
2022	102600731	Contracts for Program Services	92054301	\$ 6,750.00		\$ 6,750.00
		Sub Total		\$ 21,500.00		\$ 21,500.00

Concord

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102600731	Contracts for Program Services	92054301	\$ 73,481.00		\$ 73,481.00
2022	102600731	Contracts for Program Services	92054301	\$ 24,493.00		\$ 24,493.00
		Sub Total		\$ 97,974.00		\$ 97,974.00

Cozzetta

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102600731	Contracts for Program Services	92054301	\$ 86,612.00		\$ 86,612.00
2022	102600731	Contracts for Program Services	92054301	\$ 13,870.00		\$ 13,870.00
		Sub Total		\$ 100,482.00		\$ 100,482.00

Litchfield Regional

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102600731	Contracts for Program Services	92054301	\$ 11,750.00		\$ 11,750.00
2022	102600731	Contracts for Program Services	92054301	\$ 6,750.00		\$ 6,750.00
		Sub Total		\$ 18,500.00		\$ 18,500.00

Litchfield Regional

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102600731	Contracts for Program Services	92054301	\$ 116,772.00		\$ 116,772.00
2022	102600731	Contracts for Program Services	92054301	\$ 26,768.00		\$ 26,768.00
		Sub Total		\$ 143,540.00		\$ 143,540.00

Mary Hitchcock

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102600731	Contracts for Program Services	92054301	\$ 20,396.00		\$ 20,396.00
2022	102600731	Contracts for Program Services	92054301	\$ 13,132.00		\$ 13,132.00
		Sub Total		\$ 33,528.00		\$ 33,528.00

Westworth District

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102600731	Contracts for Program Services	92054301	\$ 47,217.00		\$ 47,217.00
2022	102600731	Contracts for Program Services	92054301	\$ 47,217.00		\$ 47,217.00
		Sub Total		\$ 94,434.00		\$ 94,434.00

Centura Medical Center

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	103900731	Contracts for Program Services	92016301	\$ 208,497.00		\$ 208,497.00
2022	103900731	Contracts for Program Services	92016301	\$ 89,497.00		\$ 89,497.00
		Sub Total		\$ 297,994.00		\$ 297,994.00

Centura Health Services, Inc.

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	103900731	Contracts for Program Services	92016301		\$ 70,643.00	\$ -70,643.00
2022	103900731	Contracts for Program Services	92016301		73,247.00	73,247.00
		Sub Total			\$ 2,138.00	\$ 2,138.00
		Total Row Commitment		\$ 113,744.00	\$ 74,785.00	\$ 38,959.00
		Total All		\$ 411,738.00	\$ 77,123.00	\$ 337,615.00

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Lori A. Shilbette
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

February 28, 2020

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

REQUESTED ACTION

1. Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into Sole Source contracts with the vendors listed below in an amount not to exceed \$3,519,330 for the provision of Doorway services for access to substance use disorder treatment and recovery support services, with the option to renew for up to two (2) additional years, effective upon Governor and Council approval through September 29, 2020. 100% Federal.

Vendor Name	Vendor Code	Area Served	Contract Amount
Catholic Medical Center	VC# 177240	Greater Manchester	\$1,948,342
Southern New Hampshire Health System, Inc.	TBD	Greater Nashua	\$1,570,988
		Total	\$3,519,330

2. Further, authorize an advance payment in an amount not to exceed \$568,370 in the aggregate for both vendors for startup costs, hiring staff, and readiness activities effective upon Governor and Council approval.

Funds are available in the following account(s) for State Fiscal Years 2020 and 2021, with authority to adjust amounts within the price limitation and adjust encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

Catholic Medical Center	State Fiscal Year	Class Title	Class Amount	Current Budget
	2020	Contracts for Prog Svcs	102-500731	\$1,223,728
	2021	Contracts for Prog Svcs	102-500731	\$724,614
		Subtotal		\$1,948,342

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

Southern New Hampshire Health System, Inc.			
State Fiscal Year	Class Title	Class Amount	Current Budget
2020	Contracts for Prog Svs	102-500731	\$1,048,716
2021	Contracts for Prog Svs	102-500731	\$522,272
Subtotal			\$1,570,988
Grand Total			\$3,519,330

EXPLANATION

This request is **Sole Source** because the Department has implemented the Doorway system for substance use services across the State with hospital systems to provide services to individuals struggling with substance use disorders. Based on a review of the non-hospital based Vendor currently operating the Doorways in the Greater Manchester and Greater Nashua regions, the Department has determined that these two (2) Vendors have the capability and are well poised and positioned to take over the programs in the Greater Manchester and Greater Nashua regions from the current Vendor. These new Vendors will work with the current Vendor for a period of 90 days to transition the program while maintaining services in the two cities. The new Vendors will begin offering services within 60 days of contract approval. The current Vendor will serve the two regions during that time period and have 30 days thereafter to complete the full transition.

Approximately 1,500 individuals in the Greater Manchester and Greater Nashua regions are expected to be served May 10, 2020 through September 29, 2020.

The Doorway program was launched in January 2019 as part of the federal State Opioid Response (SOR) grant, which also funds services including but not limited to Medication Assisted Treatment, recovery housing, peer recovery support, mobile crisis and employment. The SOR funding also serves specialty populations, including caregivers with opioid use disorder, pregnant woman and individuals transitioning from correctional facilities to community based settings. These contracts will allow the Doorways to continue ensuring that every resident in New Hampshire has access to in-person substance use disorder treatment and recovery services. Services include assessments and evaluations for substance use disorder care coordination, and referrals to community partners for needed services and supports. The Doorways also distribute naloxone to individuals and service providers in their regions.

In 2019, the Doorway program served close to 8,400 individuals and in January 2020 alone, over 1,000 individuals were served. The Doorways continue to increase and standardize services for individuals with opioid use disorder, strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in New Hampshire; and promote engagement in the recovery process. With these contracts, all nine regional Doorways will be aligned with hospital systems.

The Department will work closely with these Contractors as they prepare to assume the delivery of Doorway services in the Greater Manchester and Greater Nashua regions, as well as provide for the transition of current clients from Granite Pathways to Catholic Medical Center and Southern New Hampshire Health Systems, Inc. This will include a kick-off meeting, weekly check-ins and monthly onsite visits.

The Department will monitor the effectiveness and the delivery of services required under these agreements using the following performance measures:

- Monthly de-identified, aggregate data reports;
- Weekly and biweekly Doorway program calls;
- Monthly Community of Practice meetings; and
- Regular review and monitoring of Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

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

As referenced Exhibit A, Revisions to Standard Contract Provisions of the attached contract, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Executive Council not authorize this request, individuals seeking help for opioid use disorder in the Greater Nashua and Greater Manchester regions may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care.

Area served: Statewide

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration. CFDA # 93.788, FAIN #H79TI081685 and FAIN #TI080246.

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #5

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department"), and The Cheshire Medical Center ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 31, 2018 (Item #17A), as amended on September 18, 2019 (Item #20), June 24, 2020 (Item #31), February 3, 2021 (Item #10), and most recently amended on October 13, 2021 (Item #39), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2023
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$5,526,991
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
Robert W. Moore, Director.
4. Modify Exhibit A – Amendment #3, Scope of Services, Section 8. Reporting Requirements, Subsection 8.4, by adding 8.4.11, to read:
8.4.11. Client demographic data.
5. Modify Exhibit A – Amendment #3, Scope of Services, Section 10. Contract Management, by adding Subsection 10.4, to read:
10.4. The Contractor shall participate in meetings with Department leadership and State Opioid Response (SOR) staff on a quarterly basis, or as otherwise requested by the Department, to discuss program sustainability and ongoing access to vulnerable populations.
6. Modify Exhibit A – Amendment #3, Scope of Services, Section 11. SOR Grant Standards, by adding Subsection 11.15, to read:
11.15. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve Government Performance and Results Act (GPRA) collection.
7. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 1, to read:

1. This Agreement is funded by:

- 1.1 96.81% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse

and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326; and as awarded on 09/23/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI085759

1.2 0.88% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, CFDA #93.959, FAIN B08TI083509.

1.3 0.65% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG, as awarded on 02/10/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, FAIN TI084659

1.4 1.66% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds effective from 9/30/2020 through 9/29/2021.

8. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 2. Governor Commission Funds, to read:

2. RESERVED

9. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 3. SABG FY21 COVID Emergency Funds, to read:

3. RESERVED

10. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 5, to read:

5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit B-1, Budget through Exhibit B-14, Amendment #5, MOUD Budget.

11. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1, Paragraph 7.1.3, Subparagraph 7.1.3.1, Part 7.1.3.1.4, to read:

7.1.3.1.4. Food or water.

12. Modify Exhibit B – Amendment #1, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1, Paragraph 7.1.3, Subparagraph 7.1.3.1, Part 7.1.3.1.7, to read:

7.1.3.1.7. RESERVED

13. Add Exhibit B-11, Amendment #5, Doorway Budget, which is attached hereto and incorporated by reference herein.

14. Add Exhibit B-12, Amendment #5, MOUD Budget, which is attached hereto and incorporated by reference herein.

15. Add Exhibit B-13, Amendment #5, Doorway Budget, which is attached hereto and incorporated by reference herein.

16. Add Exhibit B-14, Amendment #5, MOUD Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to September 29, 2022 upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

10/27/2022

Date

DocuSigned by:
Katja S. Fox
E0D05804CA3442
Name: Katja S. Fox
Title: Director

The Cheshire Medical Center

10/25/2022

Date

DocuSigned by:
Daniel Gross
B2850D6138714D5
Name: Daniel Gross
Title: CFO

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

OFFICE OF THE ATTORNEY GENERAL

10/28/2022

Date

DocuSigned by:

Robyn Guarino

748734844041460

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT A-1 – Amendment #5

Additional Scope of Services

1. Medications for Opioid Use Disorder

- 1.1. The Contractor must provide comprehensive Medications for Opioid Use Disorder (MOUD) to individuals clinically diagnosed with Opioid Use Disorder (OUD).
- 1.2. The Contractor must ensure comprehensive MOUD includes, but is not limited to outpatient or intensive outpatient treatment to individuals with OUD in accordance with Exhibit A - Amendment #3, Scope of Services.
- 1.3. The Contractor must provide on-site rapid assessment, treatment initiation, and stabilization services to clients with OUD, that specifically focuses on equitable care to eliminate any disparities in access to or retention in treatment by race, ethnicity, or language.
- 1.4. The Contractor must ensure full staffing that includes, but is not limited to:
 - 1.4.1. A Director.
 - 1.4.2. Medical Provider.
 - 1.4.3. Nurse.
 - 1.4.4. Clinician.
 - 1.4.5. Administrative Assistant.
- 1.5. The Contractor must ensure:
 - 1.5.1. Any client initiating MOUD services is assessed by the MOUD team and a client-centered treatment plan is developed.
 - 1.5.2. Pharmacotherapy is initiated as deemed appropriate in accordance with Paragraph 1.5.1.
 - 1.5.3. Clients are connected to other support services as needed, and based on client preference, including, but not limited to:
 - 1.5.3.1. Therapy.
 - 1.5.3.2. Peer support.
 - 1.5.3.3. Harm reduction services.
 - 1.5.3.4. Nursing support.
 - 1.5.4. Clients receive case management services on a transitional basis while linkages are made to suitable and client-preferred level of care within the community.
 - 1.5.5. Clients who cannot directly be connected to ongoing treatment services continue receiving care with the MOUD team until linkage is successfully achieved.

DS
DG

Contractor Initials

Date 10/25/2022

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT A-1 – Amendment #5

- 1.6. The Contractor must ensure client care includes, but is not limited to:
 - 1.6.1. Assessment.
 - 1.6.2. Diagnosis.
 - 1.6.3. Determination of treatment plan.
 - 1.6.4. Withdrawal management.
 - 1.6.5. Initiation of maintenance pharmacotherapy.
 - 1.6.6. Evaluation and management of SUD-associated medical complications.
- 1.7. The Contractor must demonstrate a client-centered approach to care including, but not limited to:
 - 1.7.1. Engagement in clinical decision making with clients.
 - 1.7.2. Recognizing client subjective health needs.
 - 1.7.3. Understanding of client past experiences and preferences.
 - 1.7.4. Willingness and ability to engage with clients in all stages of readiness.
- 1.8. The Contractor must integrate harm reduction services into clinical care including, but not limited to, compassionate and trauma-informed approaches.
- 1.9. The Contractor must provide electronic consultations to primary care providers and other entities within the hospital system for clients with OUD, as needed. Consultations may include, but are not limited to:
 - 1.9.1. Diagnostic clarification.
 - 1.9.2. Initiation of pharmacotherapy.
 - 1.9.3. General treatment recommendations.
- 1.10. The Contractor must ensure any client who is receiving MOUD services under this Exhibit A-1 – Amendment #5, Additional Scope of Services, is an established Doorway client prior to receiving services. MOUD services shall not be provided to non-Doorway clients.
- 1.11. The Contractor must ensure all general Doorway services as specified in Exhibit A – Amendment #3, Scope of Services, are available to all MOUD clients, as appropriate.

2. MOUD Reporting

- 2.1. The Contractor must submit monthly reports to the Department, in a format approved by the Department, of aggregate and non-identifiable client level data for MOUD Activities that includes, but is not limited to:
 - 2.1.1. The number of Doorway clients receiving MOUD.
 - 2.1.2. The number and type of MOUD services provided.
 - 2.1.3. Demographic information for individuals receiving MOUD.

DS
DG

New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services



EXHIBIT A-1 – Amendment #5

2.1.4. The number and type of support services and referrals provided in accordance with Subsection 1.5.3.

06

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: **Cheshire Medical Center**

Budget Request for: **Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services**

Budget Period: **FY23 - (September 30, 2022 - June 30, 2023)**

Indirect Cost Rate (if applicable): **10.00%**

Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$212,278	\$103,838	\$316,116
2. Fringe Benefits	\$91,989	\$0	\$91,989
3. Consultants	\$0	\$0	\$0
4. Equipment	\$3,000	\$0	\$3,000
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0	\$0
5.(e) Supplies Office	\$8,000	\$0	\$8,000
6. Travel	\$3,000	\$0	\$3,000
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$5,000	\$0	\$5,000
8. (b) Other - Education and Training	\$10,000	\$0	\$10,000
8. (c) Other - Other (please specify)			
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 3/14/23</i>	\$32,028	\$0	\$32,028
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23</i>	\$18,854	\$0	\$18,854
<i>Other (Occupancy)</i>	\$51,300	\$0	\$51,300
<i>Other (Telephone)</i>	\$2,830	\$0	\$2,830
<i>Other (Postage)</i>	\$250	\$0	\$250
<i>Other (Subscriptions)</i>	\$500	\$0	\$500
<i>Other (Medications)</i>	\$75,000	\$0	\$75,000
<i>Other (Flex Funds)</i>	\$94,106	\$0	\$94,106
9. Subcontracts	\$0	\$0	\$0
Total Direct Costs	\$608,135	\$103,838	\$711,973
Total Indirect Costs	\$60,813	\$10,384	\$71,197
TOTAL	\$668,948	\$114,222	\$783,170

Contractor Initials: **DC**
 Date: **10/25/2022**

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: **Cheshire Medical Center**

Budget Request for: **Access and Delivery Hub for Opioid Use Disorder Services - MOUD Services**

Budget Period: **FY23 - (September 30, 2022 - June 30, 2023)**

Indirect Cost Rate (if applicable): **10.00%**

Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$100,511	\$103,188	\$203,699
2. Fringe Benefits	\$49,131	\$0	\$49,131
3. Consultants	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0
5.(d) Supplies - Medical	\$15,150	\$0	\$15,150
5.(e) Supplies Office	\$0	\$0	\$0
6. Travel	\$0	\$0	\$0
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$500	\$0	\$500
8. (b) Other - Education and Training	\$3,000	\$0	\$3,000
8. (c) Other - Other (please specify)			
Other (Occupancy)	\$22,168	\$0	\$22,168
Other (Telephone)	\$1,112	\$0	\$1,112
Other (Insurance)	\$1,882	\$0	\$1,882
Other (Flex Funds)	\$5,000	\$0	\$5,000
9. Subcontracts (Contract Labor - Pyschiatric Nurse Practitioner)	\$145,600	\$0	\$145,600
Total Direct Costs	\$344,054	\$103,188	\$447,242
Total Indirect Costs	\$34,405	\$10,319	\$44,724
TOTAL	\$378,459	\$113,507	\$491,966

Contractor Initials

OC

10/25/2022

Date

BT-110

Exhibit B-13: Amendment #5: Doorway Budget

SS-2019-BDAS-05-ACCESS-02-A05

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: Cheshire Medical Center
 Budget Request for: Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services
 Budget Period: FY24 - (July 1, 2023 - September 29, 2023)
 Indirect Cost Rate (if applicable): 10.00%

Line Item	Program Cost Funded by DHHS	Program Cost Contractor Share Match	TOTAL Program Cost
1. Salary & Wages	\$70,759	\$34,613	\$105,372
2. Fringe Benefits	\$30,665	\$0	\$30,665
3. Consultants	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0	\$0
5.(e) Supplies Office	\$2,700	\$0	\$2,700
6. Travel	\$2,000	\$0	\$2,000
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$1,700	\$0	\$1,700
8. (b) Other - Education and Training	\$3,500	\$0	\$3,500
8. (c) Other - Other (please specify)			
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23</i>	\$16,960	\$0	\$16,960
<i>Other (Occupancy)</i>	\$17,100	\$0	\$17,100
<i>Other (Telephone)</i>	\$950	\$0	\$950
<i>Other (Postage)</i>	\$85	\$0	\$85
<i>Other (Subscriptions)</i>	\$170	\$0	\$170
<i>Other (Medications)</i>	\$25,000	\$0	\$25,000
<i>Other (Flex Funds)</i>	\$26,556	\$0	\$26,556
9. Subcontracts	\$0	\$0	\$0
Total Direct Costs	\$198,145	\$34,613	\$232,758
Total Indirect Costs	\$19,815	\$3,461	\$23,276
TOTAL	\$217,960	\$38,074	\$256,034

OC
 Contractor Initials
 Date 10/25/2022

BT-1.0

Exhibit B-14, Amendment #5, MOUD Budget

SS-219-BDAS-05-ACCES-02-A05

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name:

Cheshire Medical Center

Budget Request for:

Access and Delivery Hub for Opioid Use Disorder Services - MOUD Services

Budget Period:

FY24 - (July 1, 2023 - September 29, 2023)

Indirect Cost Rate (if applicable):

10.00%

Line Item	Program Cost Funded by DHHS	Program Cost Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$33,437	\$34,463	\$67,900
2. Fringe Benefits	\$16,377	\$0	\$16,377
3. Consultants	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0
5.(d) Supplies - Medical	\$5,050	\$0	\$5,050
5.(e) Supplies Office	\$0	\$0	\$0
6. Travel	\$0	\$0	\$0
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$175	\$0	\$175
8. (b) Other - Education and Training	\$1,000	\$0	\$1,000
8. (c) Other - Other (please specify)			
Other (Occupancy)	\$7,400	\$0	\$7,400
Other (Telephone)	\$375	\$0	\$375
Other (Insurance)	\$630	\$0	\$630
Other (Flex Funds)	\$1,700	\$0	\$1,700
9. Subcontracts (Contract Labor - Psychiatric Nurse Practitioner)	\$72,800	\$0	\$72,800
Total Direct Costs	\$138,944	\$34,463	\$173,407
Total Indirect Costs	\$13,894	\$3,446	\$17,341
TOTAL	\$152,838	\$37,909	\$190,748

Contractor Initials

DC

Date 10/25/2022

State of New Hampshire Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that THE CHESHIRE MEDICAL CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 31, 1980. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 62567

Certificate Number: 0005786276



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 3rd day of June A.D. 2022.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

Susan Abert hereby certify that
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Officer of Cheshire Medical Center
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on June 10, 2021, at which a quorum of the Directors/shareholders were present and voting:
(Date)

VOTED: That Don Caruso, MD, Kathryn Willbarger or Daniel Gross (may list more than one person)
(Name and Title of Contract Signatory)

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

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

Dated: 10/25/2022

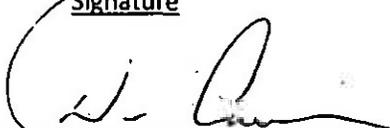

Signature of Elected Officer.
Name: Susan Abert
Title: Chair, Cheshire Medical Center,
Board of Trustees.

RESOLUTION

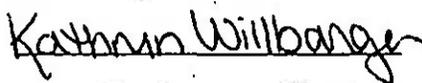
That Don Caruso, Chief Executive Officer/President; Kathryn Willbarger, Chief Operating Officer; Daniel Gross, Chief Financial Officer and their successors in office are hereby jointly and severally authorized and empowered on behalf of Cheshire Medical Center to exercise options and/or rights, warrants, and other securities, and to sell, assign, and transfer all or any stock rights, warrants, bonds, and/or securities hereafter standing or registered in the name of Cheshire Medical Center or Cheshire Health Foundation; to execute the instruments proper or necessary to effect any such purchase and/or transfers and to sell and convey real estate, and to enter into contractual arrangements for any and all Cheshire Medical Center's or Cheshire Health Foundation's regular and program affairs with other institutions and private parties.

That It Be Further Resolved that any and all Resolutions heretofore adopted inconsistent with the above Resolution be and they are hereby rescinded.

Don Caruso

Signature


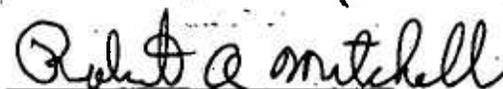
Kathryn Willbarger



Daniel Gross



I hereby certify that the above is a true copy of a Resolution unanimously adopted at a meeting of the Board of Trustees of Cheshire Medical Center held on June 10, 2021.



Robert Mitchell
Secretary



DARTHIT-01

CSMITH10

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/8/2022

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

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

PRODUCER License # 1780862 HUB International New England 100 Central Street Suite 201 Holliston, MA 01746	CONTACT Name: Lauren Stiles	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS: Lauren.Stiles@hubinternational.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Safety National Casualty Corporation		15105
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

Dartmouth-Hitchcock Health
 1 Medical Center Dr.
 Lebanon, NH 03756

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	AGC4066562	7/1/2022	7/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Evidence of Workers Compensation coverage for Cheshire Medical Center.

CERTIFICATE HOLDER CANCELLATION

NH DHHS
 129 Pleasant Street
 Concord, NH 03301

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

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF INSURANCE

COMPANY AFFORDING COVERAGE
 Hamden Assurance Risk Retention Group, Inc
 P.O. Box-1687
 30 Main Street, Suite 330
 Burlington, VT 05401

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED
 Cheshire Medical Center
 590 Court Street
 Keene, NH 02241

COVERAGES

The Policy listed below has been issued to the Named Insured above for the Policy Period notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued. The insurance afforded by the policy is subject to all the terms, exclusions and conditions of the policy. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY		0002022-A	7/1/2022	7/1/2023	EACH OCCURRENCE	\$1,000,000
X CLAIMS MADE					DAMAGE TO RENTED PREMISES	\$1,000,000
					MEDICAL EXPENSES	N/A
OCCURRENCE					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$3,000,000
OTHER					PRODUCTS-COMP/OP AGG	\$1,000,000
PROFESSIONAL LIABILITY					EACH CLAIM	\$1,000,000
X CLAIMS MADE					ANNUAL AGGREGATE	\$3,000,000
OCCURRENCE						
OTHER						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)
 Certificate is issued as evidence of insurance.

CERTIFICATE HOLDER

State of New Hampshire
 Department of Health & Human Services
 129 Pleasant Street
 Concord, NH 03301

CANCELLATION
 Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES

Cheshire Medical Center - Mission

To lead our community to optimal health and wellness through our clinical and service excellence, collaboration, and compassion for every patient, every time.



- [Redacted]



- [Redacted]
- [Redacted]
- [Redacted]

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Financial Statements
June 30, 2021 and 2020

Dartmouth-Hitchcock Health and Subsidiaries

Index

June 30, 2021 and 2020

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Report of Independent Auditors

To the Board of Trustees of
Dartmouth-Hitchcock Health and subsidiaries

We have audited the accompanying consolidated financial statements of Dartmouth-Hitchcock Health and its subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of June 30, 2021 and 2020, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Dartmouth-Hitchcock Health and its subsidiaries as of June 30, 2021 and 2020, and the results of their operations, changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.



Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, changes in net assets and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations, changes in net assets and cash flows of the individual companies.

Primatechhouse Cooper LLP

Boston, Massachusetts
November 18, 2021

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Balance Sheets

June 30, 2021 and 2020

(in thousands of dollars)

	2021	2020
Assets		
Current assets		
Cash and cash equivalents	\$ 374,928	\$ 453,223
Patient accounts receivable (Note 4)	232,161	183,819
Prepaid expenses and other current assets	157,318	161,906
Total current assets	764,407	798,948
Assets limited as to use (Notes 5 and 7)	1,378,479	1,134,526
Other investments for restricted activities (Notes 5 and 7)	168,035	140,580
Property, plant, and equipment, net (Note 6)	680,433	643,586
Right of use assets, net (Note 16)	58,410	57,585
Other assets	177,098	137,338
Total assets	\$ 3,226,862	\$ 2,912,563
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	\$ 9,407	\$ 9,467
Current portion of right of use obligations (Note 16)	11,289	11,775
Current portion of liability for pension and other postretirement plan benefits (Note 11 and 14)	3,468	3,468
Accounts payable and accrued expenses	131,224	129,016
Accrued compensation and related benefits	182,070	142,991
Estimated third-party settlements (Note 3 and 4)	252,543	302,525
Total current liabilities	590,001	599,242
Long-term debt, excluding current portion (Note 10)	1,126,357	1,138,530
Long-term right of use obligations, excluding current portion (Note 16)	48,167	46,456
Insurance deposits and related liabilities (Note 12)	79,974	77,146
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11 and 14)	224,752	324,257
Other liabilities	214,714	143,678
Total liabilities	2,283,965	2,329,309
Commitments and contingencies (Notes 3, 4, 6, 7, 10, 13, and 16)		
Net assets		
Net assets without donor restrictions (Note 9)	758,627	431,026
Net assets with donor restrictions (Notes 8 and 9)	184,270	152,228
Total net assets	942,897	583,254
Total liabilities and net assets	\$ 3,226,862	\$ 2,912,563

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

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2021 and 2020

(in thousands of dollars)

	2021	2020
Operating revenue and other support		
Net patient service revenue (Note 4)	\$ 2,138,287	\$ 1,880,025
Contracted revenue	85,263	74,028
Other operating revenue (Note 5)	424,958	374,622
Net assets released from restrictions	15,201	16,260
Total operating revenue and other support	<u>2,663,709</u>	<u>2,344,935</u>
Operating expenses		
Salaries	1,185,910	1,144,823
Employee benefits	302,142	272,872
Medications and medical supplies	545,523	455,381
Purchased services and other	383,949	360,496
Medicaid enhancement tax (Note 4)	72,941	76,010
Depreciation and amortization	88,921	92,164
Interest (Note 10)	30,787	27,322
Total operating expenses	<u>2,610,173</u>	<u>2,429,068</u>
Operating income (loss)	<u>53,536</u>	<u>(84,133)</u>
Non-operating gains (losses)		
Investment income, net (Note 5)	203,776	27,047
Other components of net periodic pension and post retirement benefit income (Note 11 and 14)	13,559	10,810
Other losses, net (Note 10)	(4,233)	(2,707)
Total non-operating gains, net	<u>213,102</u>	<u>35,150</u>
Excess (deficiency) of revenue over expenses	<u>\$ 266,638</u>	<u>\$ (48,983)</u>

Consolidated Statements of Operations and Changes in Net Assets -- continues on next page

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

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets - Continued
Years Ended June 30, 2021 and 2020

(in thousands of dollars)

	2021	2020
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses	\$ 266,638	\$ (48,983)
Net assets released from restrictions for capital	2,017	1,414
Change in funded status of pension and other postretirement benefits (Note 11)	59,132	(79,022)
Other changes in net assets	(186)	(2,316)
Increase (decrease) in net assets without donor restrictions	<u>327,601</u>	<u>(128,907)</u>
Net assets with donor restrictions		
Gifts, bequests, sponsored activities	30,107	26,312
Investment income, net	19,153	1,130
Net assets released from restrictions	(17,218)	(17,674)
Increase in net assets with donor restrictions	<u>32,042</u>	<u>9,768</u>
Change in net assets	359,643	(119,139)
Net assets		
Beginning of year	<u>583,254</u>	<u>702,393</u>
End of year	<u>\$ 942,897</u>	<u>\$ 583,254</u>

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

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Cash Flows
Years Ended June 30, 2021 and 2020

(in thousands of dollars)

	2021	2020
Cash flows from operating activities		
Change in net assets	\$ 359,643	\$ (119,139)
Adjustments to reconcile change in net assets to net cash provided by operating and non-operating activities		
Depreciation and amortization	88,904	93,704
Amortization of bond premium, discount, and issuance cost, net	(2,820)	153
Amortization of right of use asset	10,034	8,218
Payments on right of use lease obligations - operating	(9,844)	(7,941)
Change in funded status of pension and other postretirement benefits	(59,132)	79,022
Loss (gain) on disposal of fixed assets	592	(39)
Net realized gains and change in net unrealized gains on investments	(228,489)	(14,060)
Restricted contributions and investment earnings	(3,445)	(3,805)
Changes in assets and liabilities		
Patient accounts receivable	(48,342)	37,306
Prepaid expenses and other current assets	4,588	(78,907)
Other assets, net	(39,780)	(13,385)
Accounts payable and accrued expenses	1,223	9,772
Accrued compensation and related benefits	39,079	14,583
Estimated third-party settlements	9,787	260,955
Insurance deposits and related liabilities	2,828	18,739
Liability for pension and other postretirement benefits	(40,373)	(35,774)
Other liabilities	11,267	19,542
Net cash provided by operating and non-operating activities	<u>95,740</u>	<u>289,144</u>
Cash flows from investing activities		
Purchase of property, plant, and equipment	(122,347)	(128,019)
Proceeds from sale of property, plant, and equipment	316	2,987
Purchases of investments	(95,943)	(321,152)
Proceeds from maturities and sales of investments	75,071	82,986
Net cash used in investing activities	<u>(142,903)</u>	<u>(383,198)</u>
Cash flows from financing activities		
Proceeds from line of credit	-	35,000
Payments on line of credit	-	(35,000)
Repayment of long-term debt	(9,183)	(10,865)
Proceeds from issuance of debt	-	415,336
Repayment of finance lease	(3,117)	(2,429)
Payment of debt issuance costs	(230)	(2,157)
Restricted contributions and investment earnings	3,445	3,805
Net cash (used in) provided by financing activities	<u>(9,085)</u>	<u>403,890</u>
(Decrease) increase in cash and cash equivalents	<u>(56,248)</u>	<u>309,636</u>
Cash and cash equivalents		
Beginning of year	453,223	143,587
End of year	<u>\$ 396,975</u>	<u>\$ 453,223</u>
Supplemental cash flow information		
Interest paid	\$ 41,819	\$ 22,582
Construction in progress included in accounts payable and accrued expenses	16,192	17,177

The following table reconciles cash and cash equivalents on the consolidated balance sheets to cash, cash equivalents and restricted cash on the consolidated statements of cash flows.

	2021	2020
Cash and cash equivalents	\$ 374,928	\$ 453,223
Cash and cash equivalents included in assets limited as to use	18,500	-
Restricted cash and cash equivalents included in Other investments for restricted activities	3,547	-
Total of cash, cash equivalents and restricted cash shown in the consolidated statements of cash flows	<u>\$ 396,975</u>	<u>\$ 453,223</u>

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

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2021 and 2020

1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (D-HH) serves as the sole corporate member of the following entities: Dartmouth-Hitchcock Clinic (DHC) and Subsidiaries, Mary Hitchcock Memorial Hospital (MHMH) and Subsidiaries, (DHC and MHMH together are referred to as D-H), The New London Hospital Association (NLH) and Subsidiaries, Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) (MAHHC) and Subsidiaries, Cheshire Medical Center (Cheshire) and Subsidiaries, Alice Peck Day Memorial Hospital (APD) and Subsidiary, and the Visiting Nurse and Hospice for Vermont and New Hampshire (VNH) and Subsidiaries. The "Health System" consists of D-HH, its members and their subsidiaries.

The Health System currently operates one tertiary, one community and three acute care (critical access) hospitals in New Hampshire (NH) and Vermont (VT). One facility provides inpatient and outpatient rehabilitation medicine and long-term care. The Health System also operates multiple physician practices, a continuing care retirement community, and a home health and hospice service. The Health System operates a graduate level program for health professions and is the principal teaching affiliate of the Geisel School of Medicine (Geisel), a component of Dartmouth College.

D-HH, DHC, MHMH, NLH, Cheshire, and APD are NH not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). MAHHC and VNH are VT not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the IRC.

On September 30, 2019, D-HH and GraniteOne Health (GOH) entered into an agreement (The Combination Agreement) to combine their respective healthcare systems. The GOH system is comprised of Catholic Medical Center (CMC), an acute care community hospital in Manchester, New Hampshire, Huggins Hospital (HH) located in Wolfeboro, NH and Monadnock Community Hospital, (MCH) located in Peterborough, NH. Both HH and MCH are designated as Critical Access Hospitals (CAH). The three member hospitals of GOH have a combined licensed bed count of 380 beds. GOH is a non-profit, community based health care system. The overarching rationale for the proposed combination is to improve access to high quality primary and specialty care in the most convenient, cost-effective sites of service for patients and the communities served by D-HH and GOH. Other stated benefits of the combination include reinforcing the rural health network, investing in needed capacity to accommodate unmet and anticipated demand, and drawing on our combined strengths to attract the necessary health care workforce. The parties have submitted regulatory filings with the Federal Trade Commission and the New Hampshire Attorney General's office seeking approval of the proposed transaction. As of June 30, 2021, the proposed combination remains under regulatory review.

Community Benefits

The mission of the Health System is to advance health through clinical practice and community partnerships, research and education, providing each person the best care, in the right place, at the right time, every time.

Dartmouth-Hitchcock Health and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2021 and 2020

Consistent with this mission, the Health System provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. The Health System actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, the Health System also seeks to work collaboratively with other area healthcare providers to improve the health status of the region. As a component of an integrated academic medical center, the Health System provides significant support for academic and research programs.

Certain member hospitals of the Health System file annual Community Benefits Reports with the State of NH which outline the community and charitable benefits each provides. VT hospitals are not required by law to file a state community benefit report. The categories used in the Community Benefit Reports to summarize these benefits are as follows:

- *Community Health Services* include activities carried out to improve community health and could include community health education (such as classes, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).
- *Health Professions Education* includes uncompensated costs of training medical students, residents, nurses, and other health care professionals
- *Subsidized Health Services* are services provided by the Health System, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.
- *Research Support and Other Grants* represent costs in excess of awards for numerous health research and service initiatives awarded to the organizations within the Health System.
- *Financial Contributions* include financial contributions of cash, as well as in-kind contributions such as time, supplies, and expertise to local organizations to address community health needs.
- *Community-Building Activities* include expenses incurred to support the development of programs and partnerships intended to address public health challenges as well as social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement.
- *Community Benefit Operations* includes costs associated with staff dedicated to administering benefit programs, community health needs assessment costs, and other costs associated with community benefit planning and operations.

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2021 and 2020

- *Charity Care and Costs of Government Sponsored Health Care* includes losses, at-cost, incurred by providing health care services to persons qualifying for hospital financial assistance programs, and uncompensated costs of providing health care services to patients who are Medicaid Beneficiaries.
- *The Uncompensated Cost of Care for Medicaid patients* reported in the unaudited Community Benefits Reports for 2020 was approximately \$182,209,000. The 2021 Community Benefits Reports are expected to be filed in February 2022.

The following table summarizes the value of the community benefit initiatives outlined in the Health System's most recently filed Community Benefit Reports for the year ended June 30, 2021:

(in thousands of dollars)

Government-sponsored healthcare services	\$ 309,203
Health professional education	38,978
Charity care	17,441
Subsidized health services	17,341
Community health services	13,866
Research	7,064
Community building activities	4,391
Financial contributions	3,276
Community benefit operations	57
Total community benefit value	<u>\$ 411,617</u>

In fiscal years 2021 and 2020, funds received to offset or subsidize charity care costs provided were \$848,000 and \$1,224,000, respectively.

2. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954, *Healthcare Entities*, which addresses the accounting for healthcare entities. The net assets, revenue, expenses, and gains and losses of healthcare entities are classified based on the existence or absence of donor-imposed restrictions.

Accordingly, net assets without donor restrictions are amounts not subject to donor-imposed stipulations and are available for operations. Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose, or whose use has been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Dartmouth-Hitchcock Health and Subsidiaries

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Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America 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 dates of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting periods. The most significant areas that are affected by the use of estimates include implicit and explicit pricing concessions, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results may differ from those estimates.

Excess (Deficiency) of Revenue over Expenses

The consolidated statements of operations and changes in net assets include the excess (deficiency) of revenue over expenses. Operating revenues consist of those items attributable to the care of patients, including contributions and investment income on investments of net assets without donor restrictions, which are utilized to provide charity and other operational support. Peripheral activities, including contribution of net assets without donor restrictions from acquisitions, loss on early extinguishment of debt, realized gains/losses on sales of investment securities and changes in unrealized gains/losses on investments are reported as non-operating gains (losses).

Changes in net assets without donor restrictions which are excluded from the excess (deficiency) of revenue over expenses, consistent with industry practice, include contributions of long-lived assets including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets, and change in funded status of pension and other postretirement benefit plans.

Charity Care

The Health System provides care to patients who meet certain criteria under their financial assistance policies without charge or at amounts less than their established rates. Because the Health System does not anticipate collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Health System grants credit without collateral to patients. Most are local residents and are insured under third-party arrangements. The amount of charges for implicit price concessions is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 4).

Patient Service Revenue

The Health System applies the accounting provisions of ASC 606, *Revenue from Contracts with Customers* (ASC 606). Patient service revenue is reported at the amount of consideration to which the Health System expects to be entitled from patients, third party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and implicit pricing concessions. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 4).

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Contracted Revenue

The Health System has various Professional Service Agreements (PSAs), pursuant to which certain organizations purchase services of personnel employed by the Health System and also lease space and equipment. Revenue pursuant to these PSAs and certain facility and equipment leases and other professional service contracts have been classified as contracted revenue in the accompanying consolidated statements of operations and changes in net assets.

Other Revenue

The Health System recognizes other revenue which is not related to patient medical care but is central to the day-to-day operations of the Health System. Other revenue primarily consists of revenue from retail pharmacy, which the Health System records as customer revenues in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription. Other revenue also includes the Department of Health and Human Services ("HHS") Coronavirus Aid, Relief, and Economic Securities Act ("CARES Act" Provider Relief Funds ("Provider Relief Funds") operating agreements, grant revenue, cafeteria sales and other support service revenue (Note 3).

Cash Equivalents

Cash and cash equivalents include amounts on deposit with financial institutions; short-term investments with maturities of three months or less at the time of purchase and other highly liquid investments, primarily cash management funds, which would be considered level 1 investments under the fair value hierarchy. All short-term, highly liquid investments, otherwise qualifying as cash equivalents, included within the Health System's endowment and similar investment pools are classified as investments, at fair value and therefore are excluded from Cash and cash equivalents in the Statements of Cash Flows.

Investments and Investment Income

Investments in equity securities with readily determinable fair values, mutual funds, governmental securities, debt securities, and pooled/commingled funds are reported at fair value with changes in fair value included in the excess (deficiency) of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 7).

Investments in pooled/commingled investment funds, private equity funds and hedge funds that represent investments where the Health System owns shares or units of funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in the excess (deficiency) of revenue over expenses.

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Certain members of the Health System are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. Substantially all of the Health System's board-designated and assets with donor restrictions, such as endowment funds, were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on investments, change in value of equity method investments, interest, and dividends) are included in the excess (deficiency) of revenue over expenses and classified as non-operating gains and losses, unless the income or loss is restricted by donor or law (Note 9).

Fair Value Measurement of Financial Instruments

The Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.
- Level 2 Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.
- Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The carrying amounts of patient accounts receivable, prepaid and other current assets, accounts payable and accrued expenses approximate fair value due to the short maturity of these instruments.

Property, Plant, and Equipment

Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair value at the time of donation, less accumulated depreciation. The Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method at rates which are intended to amortize the cost of assets over their estimated useful lives which range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term, or 5 to 12 years, for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to 10 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

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The fair value of a liability for legal obligations associated with asset retirements is recognized in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made. When a liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted to its present value each period and the capitalized cost associated with the retirement is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the actual cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets.

Gifts of capital assets such as land, buildings, or equipment are reported as support, and excluded from the excess (deficiency) of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of capital assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire capital assets are reported as restricted support. Absent explicit donor stipulations about how long those capital assets must be maintained, expirations of donor restrictions are reported when the donated or acquired capital assets are placed in service.

Bond Issuance Costs

Bond issuance costs, classified on the consolidated balance sheets within long-term debt, are amortized over the term of the related bonds. Amortization is recorded within interest expense in the consolidated statements of operations and changes in net assets using the straight-line method which approximates the effective interest method.

Intangible Assets and Goodwill

The Health System records within other assets on the consolidated balance sheets goodwill and intangible assets such as trade names and leases-in-place. The Health System considers trade names and goodwill to be indefinite-lived assets, assesses them at least annually for impairment or more frequently if certain events or circumstances warrant and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Health System has recorded \$9,403,000 and \$10,007,000 as intangible assets associated with its affiliations as of June 30, 2021 and 2020, respectively.

Gifts

Gifts without donor restrictions are recorded net of related expenses as non-operating gains. Conditional promises to give and indications of intentions to give to the Health System are reported at fair value at the date the gift is received. Gifts are reported with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions.

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Recently Issued Accounting Pronouncements

In August 2018, FASB issued ASU No. 2018-15, *Intangibles – Goodwill and Other – Internal-Use Software (Subtopic 350-40): Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That is a Service Contract*. This ASU aligns the requirements for capitalizing implementation costs incurred in a hosting arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop or obtain internal-use software or software licenses. The ASU is effective for fiscal year 2022 and the Health System is evaluating the impact of the new guidance on the consolidated financial statements.

3. COVID – 19's Impact on Dartmouth-Hitchcock Health

Throughout the 18 months since New Hampshire's first COVID-19 patient presented at Dartmouth-Hitchcock Health's academic medical center campus in Lebanon, New Hampshire, the organization has responded to meet the needs of our patients, community and staff, transforming as necessary to resume operations. Personal Protective Equipment (PPE), which was critically short at the outset of the pandemic, is now readily available. D-HH's academic medical center campus continues to serve as the referral site for the state's and region's most complex COVID cases.

There have been three primary points of clinical emphasis in responding to COVID-19: telehealth, laboratory medicine, and clinical trials throughout the past year and a half. The pace and volume of COVID-19 response lessened in this past quarter, as vaccination efforts and declining case counts in D-HH's service area have made a significant difference in the necessary clinical response. While demand for telehealth has seen an expected drop in utilization from the daily virtual encounters seen early in the pandemic, in December 2020, D-HH's Center for Telehealth launched a virtual Urgent Care service for beneficiaries of the D-H health plan. In April, it was expanded as a general consumer offering and we continue to provide telehealth services to, and create partnerships with, an expanding number of hospitals and health systems around the region.

The learned and lived experiences of the past 18 months have positioned D-HH well to continue its economic recovery as we have found the clinical balance between caring for COVID-19 patients while continuing to care for non-COVID cases.

Health and Human Services ("HHS") Provider Relief Funds

D-HH received \$65,600,000 and \$88,700,000 from the Provider Relief funds for the years ended June 30, 2021 and 2020, respectively. We will continue to pursue Provider Relief funds as available and required to provide support to D-HH.

Medicare and Medicaid Services ("CMS") expanded Accelerated and Advance Payment Program

D-HH received a total of \$272,600,000 of temporary funds received from the Cares Act in the form of CMS prepayment advances of \$239,500,000 and accumulated payroll tax deferrals of \$33,100,000. In October 2020, new regulations were issued to revise the recoupment start date from August 2020 to April 2021.

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HHS Reporting Requirements for the CARES Act

In June 2021, HHS issued new reporting requirements for the CARES Act Provider Relief Funding. The new requirements first require Hospitals to identify healthcare-related expenses attributable to the COVID-19 pandemic that remain unreimbursed by another source. If those expenses do not exceed the Provider Relief funding received, Hospitals will need to demonstrate that the remaining Provider Relief funds were used to compensate for a negative variance in patient service revenue. HHS is entitled to recoup Provider Relief Funding in excess of the sum of expenses attributable to the COVID-19 pandemic that remain unreimbursed by another source and the decline in patient care revenue. Due to these new reporting requirements there is at least a reasonable possibility that amounts recorded under the CARES Act Provider Relief fund by the Health System may change in future periods.

4. Net Patient Service Revenue and Accounts Receivable

The Health System reports net patient service revenue at amounts that reflect the consideration to which it expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payers (including managed care payers and government programs), and others; and they include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Health System bills patients and third-party payers several days after the services were performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied under contracts by providing healthcare services to patients.

The Health System determines performance obligations based on the nature of the services provided. Revenues for performance obligations satisfied over time are recognized based on actual charges incurred in relation to total expected charges as this method provides a reasonable estimate of the transfer of services over the term of performance obligations based on inputs needed to satisfy the obligations. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. For inpatient services, performance obligations are measured from admission to the point when there are no further services required for the patient, which is generally the time of discharge. For outpatient services and physician services, performance obligations are recognized at a point in time when the services are provided and no further patient services are deemed necessary.

Generally, the Health System's patient service performance obligations relate to contracts with a duration of less than one year, therefore the Health System has elected to apply the optional exemption provided in ASC 606-10-50-14a and, therefore, we are not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. This generally refers to inpatient services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

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Established charges represent gross charges. They are not the same as actual pricing, and they generally do not reflect what a hospital is ultimately entitled to for services it provides. Therefore, they are not displayed in the Health System's consolidated statements of operations and changes in net assets.

Hospitals are paid amounts negotiated with insurance companies or set by government entities, which are typically less than established or standard charges. Gross charges are used to calculate Medicare outlier payments and to determine certain elements of payment under managed care contracts. Gross charges are what hospitals charge all patients prior to the application of contractual adjustments and implicit price concessions.

Explicit Pricing Concessions

Revenues for the Health System under the traditional fee-for-service Medicare and Medicaid programs are based on prospectively determined rates per discharge or visit, reasonable (allowable) cost, or prospective rates per episodic period, depending on the type of provider.

- Inpatient acute care services provided to Medicare program beneficiaries are paid using the prospective payment system ("PPS") to determine rates-per-discharge. These rates vary according to a patient classification system ("DRG"), based on diagnostic, clinical and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system, based on a pre-determined amount for each outpatient procedure (APC), subject to various mandated modifications. Retrospectively determined cost-based revenues under these programs, such as indirect medical education, direct graduate medical education, disproportionate share hospital, transplant services, and bad debt reimbursement are based on the hospital's cost reports and are estimated using historical trends and current factors. The Health System's payments for inpatient services rendered to New Hampshire ("NH") and Vermont ("VT") Medicaid beneficiaries are based on PPS, while outpatient services are reimbursed on a retrospective cost basis or fee schedules for NH beneficiaries. VT outpatient beneficiaries are paid on a prospective basis per outpatient procedure.
- Inpatient acute, swing, and outpatient services furnished by CAH are reimbursed by Medicare at 101% of reasonable costs, subject to 2% sequestration, excluding ambulance services and inpatient hospice care.
- Providers of home health services to patients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the patient at a rate determined by federal guidelines.
- Hospice services to patients eligible for Medicare hospice benefits are paid on a per diem basis, with no retrospective settlement, provided the aggregate annual Medicare reimbursement is below a predetermined aggregate capitated rate.

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- The Health System's cost based services to Medicare and Medicaid are reimbursed during the year based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subject to audit of this report by Medicare and Medicaid auditors, as well as administrative and judicial review. Because the laws, regulations, and rule interpretations, governing Medicare and Medicaid reimbursement are complex and change frequently, the estimates recorded could change over time by material amounts.
- Revenues under Managed Care Plans (Plans) consist primarily of payment terms involving mutually agreed upon rates per diagnosis, discounted fee-for-service rates, or similar contractual arrangements. These revenues are also subject to review and possible audit. The Plans are billed for patient services on an individual patient basis. An individual patient's bill is subject to adjustments in accordance with contractual terms in place with the Plans following their review and adjudication of each bill.

The Health System is not aware of any claims, disputes, or unsettled matters with any payer that would materially affect its revenues for which it has not adequately provided in the accompanying Health System's consolidated financial statements.

The Health System provides charity care to patients who are unable to pay for healthcare services they receive as determined by financial conditions. Patients who qualify receive partial or full adjustments to charges for services rendered. The Health System's policy is to treat amounts qualified as charity care as explicit price concessions and as such are not reported in net patient service revenue.

Vermont imposes a provider tax on home health agencies in the amount of 4.25% of annual net patient revenue. In fiscal years 2021 and 2020, home health provider taxes paid were \$623,000 and \$624,000, respectively.

Medicaid Enhancement Tax & Disproportionate Share Hospital

On May 22, 2018, the State of New Hampshire and all New Hampshire hospitals (Hospitals) agreed to resolve disputed issues and enter into a seven-year agreement to stabilize Disproportionate Share Hospital (DSH) payments, with provisions for alternative payments in the event of legislative changes to the DSH program. Under the agreement, the State committed to make DSH payments to the Hospitals in an amount no less than 86% of the Medicaid Enhancement Tax (MET) proceeds collected in each fiscal year, in addition to providing for directed payments or increased rates for Hospitals in an amount equal to 5% of MET proceeds collected from state fiscal year (SFY) 2020 through SFY 2024. The agreement prioritizes DSH payments to critical access hospitals in an amount equal to 75% of allowable uncompensated care (UCC), with the remainder distributed to Hospitals without critical access designation in proportion to their allowable UCC amounts.

During the years ended June 30, 2021 and 2020, the Health System received DSH payments of approximately, \$67,940,000 and \$71,133,000 respectively. DSH payments are subject to audit and therefore, for the years ended June 30, 2021 and 2020, the Health System recognized as revenue DSH receipts of approximately \$61,602,000 and approximately \$67,500,000, respectively.

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During the years ended June 30, 2021 and 2020, the Health System recorded State of NH MET and State of VT Provider taxes of \$72,941,000 and \$76,010,000, respectively. The taxes are calculated at 5.4% for NH and 6% for VT of certain patient service revenues. The Provider taxes are included in operating expenses in the consolidated statements of operations and changes in net assets.

Implicit Price Concessions

Generally, patients who are covered by third-party payer contracts are responsible for related co-pays, co-insurance and deductibles, which vary depending on the contractual obligations of patients. The Health System also provides services to uninsured patients and offers those patients a discount from standard charges. The Health System estimates the transaction price for patients with co-pays, co-insurance, and deductibles and for those who are uninsured based on historical collection experience and current market conditions. The discount offered to uninsured patients reduces the transaction price at the time of billing. The uninsured and patient responsible accounts, net of discounts recorded, are further reduced through implicit price concessions based on historical collection trends for similar accounts and other known factors that impact the estimation process. Subsequent changes to the estimate of transaction price are generally recorded as adjustments to net patient services revenue in the period of change.

The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Health System expects to collect based on collection history with similar patients. Although outcomes vary, the Health System's policy is to attempt to collect amounts due from patients, including co-pays, co-insurance and deductibles due from insurance at the time of service while complying with all federal and state statutes and regulations, including but not limited to, the Emergency Medical Treatment and Active Labor Act (EMTALA). Through various systems and processes the Health System estimates Medicare and Medicaid net patient service revenue and cost report settlements and accrues final expected settlements. For filed cost reports, the accrual is recorded based on those filings, subsequent activity, and on historical trends and other relevant evidence. For periods in which a cost report is yet to be filed, accruals are based on estimates of what is expected to be reported, and any trends and relevant evidence. Cost reports generally must be filed within five months of the closing period.

Settlements with third-party payers for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the most likely amount. These settlements are estimated based on the terms of the payment agreement with the payer, correspondence from the payer and historical settlement activity, including assessments to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known, or as years are settled or are no longer subject to such audits, reviews or investigations. As of June 30, 2021 and 2020, the Health System had reserves of \$252,543,000 and \$302,525,000, respectively, recorded in Estimated third-party settlements. As of June 30, 2021 and 2020, Estimated third-party settlements includes \$179,382,000 and \$239,500,000, respectively, of Medicare accelerated and advanced payments, received as working capital support during COVID-19 outbreak. As of June 30, 2021 and 2020, Other liabilities include \$43,612,000 and \$10,900,000, respectively.

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For the years ended June 30, 2021 and 2020, additional increases in revenue of \$4,287,000 and \$2,314,000, respectively, were recognized due to changes in estimates of implicit price concessions for performance obligations satisfied in prior years.

Net operating revenues for the hospital operations of the PPS and CAH, and other business segments consist primarily of patient service revenues, principally for patients covered by Medicare, Medicaid, managed care and other health plans as well as patients covered under the Health System's uninsured discount and charity care programs.

The table below shows the Health System's sources of total operating revenue and other support presented at the net transaction price for the years ended June 30, 2021 and 2020.

(in thousands of dollars)

	2021		
	PPS	CAH	Total
Hospital			
Medicare	\$ 526,114	\$ 81,979	\$ 608,093
Medicaid	144,434	11,278	155,712
Commercial	793,274	73,388	866,662
Self Pay	4,419	(721)	3,698
Subtotal	1,468,241	165,924	1,634,165
Professional	446,181	37,935	484,116
Subtotal	1,914,422	203,859	2,118,281
VNA			20,006
Subtotal			2,138,287
Other Revenue			462,517
Provider Relief Fund			62,905
Total operating revenue and other support			\$ 2,663,709

(in thousands of dollars)

	2020		
	PPS	CAH	Total
Hospital			
Medicare	\$ 461,990	\$ 64,087	\$ 526,077
Medicaid	130,901	10,636	141,537
Commercial	718,576	60,715	779,291
Self Pay	2,962	2,501	5,463
Subtotal	1,314,429	137,939	1,452,368
Professional	383,503	22,848	406,351
Subtotal	1,697,932	160,787	1,858,719
VNA			21,306
Subtotal			1,880,025
Other Revenue			376,185
Provider Relief Fund			88,725
Total operating revenue and other support			\$ 2,344,935

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Accounts Receivable

The following table categorizes payors into four groups based on their respective percentages of patient accounts receivable as of June 30, 2021 and 2020:

	2021	2020
Medicare	34%	36%
Medicaid	13%	13%
Commercial	41%	39%
Self Pay	12%	12%
Total	<u>100%</u>	<u>100%</u>

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5. Investments

The composition of investments at June 30, 2021 and 2020 is set forth in the following table:

<i>(in thousands of dollars)</i>	2021	2020
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	\$ 24,692	\$ 9,646
U.S. government securities	157,373	103,977
Domestic corporate debt securities	322,616	199,462
Global debt securities	74,292	70,145
Domestic equities	247,486	203,010
International equities	81,060	123,205
Emerging markets equities	52,636	22,879
Global equities	79,296	-
Real Estate Investment Trust	422	313
Private equity funds	110,968	74,131
Hedge funds	-	36,964
	<u>1,150,841</u>	<u>843,732</u>
Investments held by captive insurance companies (Note 11)		
U.S. government securities	26,759	15,402
Domestic corporate debt securities	5,979	8,651
Global debt securities	6,617	8,166
Domestic equities	11,396	15,150
International equities	6,488	7,227
	<u>57,239</u>	<u>54,596</u>
Held by trustee under indenture agreement (Note 9)		
Cash and short-term investments	170,399	236,198
Total assets limited as to use	<u>1,378,479</u>	<u>1,134,526</u>
Other investments for restricted activities		
Cash and short-term investments	13,400	7,186
U.S. government securities	28,330	28,055
Domestic corporate debt securities	40,676	35,440
Global debt securities	8,953	11,476
Domestic equities	33,634	26,723
International equities	9,497	15,402
Emerging markets equities	5,917	2,766
Global equities	8,755	-
Real Estate Investment Trust	21	-
Private equity funds	12,251	9,483
Hedge funds	6,557	4,013
Other	44	36
Total other investments for restricted activities	<u>168,035</u>	<u>140,580</u>
Total investments	<u>\$ 1,546,514</u>	<u>\$ 1,275,106</u>

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Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case by case basis. The fair value method is used for all debt securities and equity securities that are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above.

The following tables summarize the investments by the accounting method utilized, as of June 30, 2021 and 2020. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

(in thousands of dollars)

	2021		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 208,491	\$ -	\$ 208,491
U.S. government securities	212,462	-	212,462
Domestic corporate debt securities	191,112	178,159	369,271
Global debt securities	55,472	34,390	89,862
Domestic equities	225,523	66,993	292,516
International equities	55,389	41,656	97,045
Emerging markets equities	1,888	56,665	58,553
Global equities	-	88,051	88,051
Real Estate Investment Trust	443	-	443
Private equity funds	-	123,219	123,219
Hedge funds	446	6,111	6,557
Other	44	-	44
	<u>\$ 951,270</u>	<u>\$ 595,244</u>	<u>\$ 1,546,514</u>

(in thousands of dollars)

	2020		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 253,030	\$ -	\$ 253,030
U.S. government securities	147,434	-	147,434
Domestic corporate debt securities	198,411	45,142	243,553
Global debt securities	44,255	45,532	89,787
Domestic equities	195,014	49,869	244,883
International equities	77,481	68,353	145,834
Emerging markets equities	1,257	24,388	25,645
Real Estate Investment Trust	313	-	313
Private equity funds	-	83,614	83,614
Hedge funds	-	40,977	40,977
Other	36	-	36
	<u>\$ 917,231</u>	<u>\$ 357,875</u>	<u>\$ 1,275,106</u>

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June 30, 2021 and 2020

For the years ended June 30, 2021 and 2020 investment income is reflected in the accompanying consolidated statements of operations and changes in net assets as other operating revenue of approximately \$930,000 and \$936,000 and as non-operating gains of approximately \$203,776,000 and \$27,047,000, respectively.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner. It is the intent of the Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreement expires. Under the terms of these agreements, the Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2021 and 2020, the Health System has outstanding commitments of \$47,419,000 and \$53,677,000, respectively.

6. Property, Plant, and Equipment

Property, plant, and equipment are summarized as follows at June 30, 2021 and 2020:

<i>(in thousands of dollars)</i>	2021	2020
Land	\$ 40,749	\$ 40,749
Land improvements	43,927	39,820
Buildings and improvements	955,094	893,081
Equipment	993,899	927,233
	<u>2,033,669</u>	<u>1,900,883</u>
Less: Accumulated depreciation	1,433,467	1,356,521
Total depreciable assets, net	600,202	544,362
Construction in progress	80,231	99,224
	<u>\$ 680,433</u>	<u>\$ 643,586</u>

As of June 30, 2021, construction in progress primarily consists of two projects. The Manchester Ambulatory Surgical Center (ASC) and the in-patient tower located in Lebanon, NH. The ASC partially opened in April 2021. The estimated cost to complete the ASC is \$4,300,000. The anticipated completion date is the second quarter of fiscal 2022. The in-patient tower project is estimated to cost \$82,000,000 to complete. The anticipated completion date is the fourth quarter of fiscal 2023.

Capitalized interest of \$5,127,000 and \$2,297,000 is included in construction in progress as of June 30, 2021 and 2020, respectively.

Depreciation and amortization expense included in operating and non-operating activities was approximately \$86,011,000 and \$89,762,000 for 2021 and 2020, respectively.

Dartmouth-Hitchcock Health and Subsidiaries
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7. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

Cash and Short-Term Investments

Consists of money market funds and are valued at net asset value (NAV) reported by the financial institution and cash which will be used for future investment opportunities.

Domestic, Emerging Markets and International Equities

Consists of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

U.S. Government Securities, Domestic Corporate and Global Debt Securities

Consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

Hedge Funds

Consists of publicly traded, daily-pricing mutual funds that use long/short trading strategies (Level 1 measurements).

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

Dartmouth-Hitchcock Health and Subsidiaries
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Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2021 and 2020:

	2021			
<i>(in thousands of dollars)</i>	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and short term investments	\$ 208,491	\$ -	\$ -	\$ 208,491
U.S. government securities	212,462	-	-	212,462
Domestic corporate debt securities	36,163	154,949	-	191,112
Global debt securities	27,410	28,062	-	55,472
Domestic equities	220,434	5,089	-	225,523
International equities	55,389	-	-	55,389
Emerging market equities	1,888	-	-	1,888
Real estate investment trust	443	-	-	443
Hedge funds	446	-	-	446
Other	9	35	-	44
Total investments	<u>763,135</u>	<u>188,135</u>	<u>-</u>	<u>951,270</u>
Deferred compensation plan assets				
Cash and short-term investments	6,099	-	-	6,099
U.S. government securities	48	-	-	48
Domestic corporate debt securities	10,589	-	-	10,589
Global debt securities	1,234	-	-	1,234
Domestic equities	37,362	-	-	37,362
International equities	5,592	-	-	5,592
Emerging market equities	39	-	-	39
Real estate	15	-	-	15
Multi strategy fund	65,257	-	-	65,257
Total deferred compensation plan assets	<u>126,235</u>	<u>-</u>	<u>-</u>	<u>126,235</u>
Beneficial interest in trusts				
			10,796	10,796
Total assets	<u>\$ 889,370</u>	<u>\$ 188,135</u>	<u>\$ 10,796</u>	<u>\$ 1,088,301</u>

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
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2020

(in thousands of dollars)

Assets

Investments

	Level 1	Level 2	Level 3	Total
Cash and short term investments	\$ 253,030	\$ -	\$ -	\$ 253,030
U.S. government securities	147,434	-	-	147,434
Domestic corporate debt securities	17,577	180,834	-	198,411
Global debt securities	22,797	21,458	-	44,255
Domestic equities	187,354	7,660	-	195,014
International equities	77,481	-	-	77,481
Emerging market equities	1,257	-	-	1,257
Real estate investment trust	313	-	-	313
Other	2	34	-	36
Total investments	707,245	209,986	-	917,231

Deferred compensation plan assets

Cash and short-term investments	5,754	-	-	5,754
U.S. government securities	51	-	-	51
Domestic corporate debt securities	7,194	-	-	7,194
Global debt securities	1,270	-	-	1,270
Domestic equities	24,043	-	-	24,043
International equities	3,571	-	-	3,571
Emerging market equities	27	-	-	27
Real estate	11	-	-	11
Multi strategy fund	51,904	-	-	51,904
Guaranteed contract	-	-	92	92
Total deferred compensation plan assets	93,825	-	92	93,917

Beneficial interest in trusts

	-	-	9,202	9,202
Total assets	\$ 801,070	\$ 209,986	\$ 9,294	\$ 1,020,350

Dartmouth-Hitchcock Health and Subsidiaries
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The following tables set forth the financial instruments classified by the Health System within Level 3 of the fair value hierarchy defined above as of June 30, 2021 and 2020:

<i>(in thousands of dollars)</i>	2021		
	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
Balances at beginning of year	\$ 9,202	\$ 92	\$ 9,294
Net realized/unrealized gains (losses)	1,594	(92)	1,502
Balances at end of year	\$ 10,796	\$ -	\$ 10,796

<i>(in thousands of dollars)</i>	2020		
	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
Balances at beginning of year	\$ 9,301	\$ 89	\$ 9,390
Net realized/unrealized (losses) gains	(99)	3	(96)
Balances at end of year	\$ 9,202	\$ 92	\$ 9,294

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2021 and 2020.

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
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8. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30, 2021 and 2020:

<i>(in thousands of dollars)</i>	2021	2020
Investments held in perpetuity	\$ 64,498	\$ 59,352
Healthcare services	38,869	33,976
Health education	26,934	16,849
Research	24,464	22,116
Charity care	15,377	12,366
Other	7,215	4,488
Purchase of equipment	6,913	3,081
	<u>\$ 184,270</u>	<u>\$ 152,228</u>

Income earned on donor restricted net assets held in perpetuity is available for these purposes.

9. Board Designated and Endowment Funds

Net assets include numerous funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Trustees has interpreted the NH and VT Uniform Prudent Management of Institutional Funds Acts (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Health System's net assets with donor restrictions which are to be held in perpetuity consist of (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to be held in perpetuity, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
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Net assets without donor restrictions include funds designated by the Board of Trustees to function as endowments, the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Net assets with donor restrictions that are temporary in nature, either restricted by time or purpose, include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the donor to a specific purpose or by law. When the restrictions on these funds have been met, the funds are reclassified to net assets without donor restrictions.

In accordance with the Act, the Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2021 and 2020.

Endowment net asset composition by type of fund consists of the following at June 30, 2021 and 2020:

<i>(in thousands of dollars)</i>	2021		Total
	Without Donor Restrictions	With Donor Restrictions	
Donor-restricted endowment funds	\$ -	\$ 108,213	\$ 108,213
Board-designated endowment funds	41,728	-	41,728
Total endowed net assets	\$ 41,728	\$ 108,213	\$ 149,941

Dartmouth-Hitchcock Health and Subsidiaries
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(in thousands of dollars)

	2020		
	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	\$ -	\$ 80,039	\$ 80,039
Board-designated endowment funds	33,714	-	33,714
Total endowed net assets	<u>\$ 33,714</u>	<u>\$ 80,039</u>	<u>\$ 113,753</u>

Changes in endowment net assets for the years ended June 30, 2021 and 2020 are as follows:

(in thousands of dollars)

	2021		
	Without Donor Restrictions	With Donor Restrictions	Total
Balances at beginning of year	\$ 33,714	\$ 80,039	\$ 113,753
Net investment return	7,192	17,288	24,480
Contributions	894	13,279	14,173
Transfers	-	418	418
Release of appropriated funds	(72)	(2,811)	(2,883)
Balances at end of year	<u>\$ 41,728</u>	<u>\$ 108,213</u>	<u>\$ 149,941</u>
Balances at end of year		108,213	
Beneficial interest in perpetual trusts		9,721	
Net assets with donor restrictions		<u>\$ 117,934</u>	

(in thousands of dollars)

	2020		
	Without Donor Restrictions	With Donor Restrictions	Total
Balances at beginning of year	\$ 31,421	\$ 78,268	\$ 109,689
Net investment return	713	1,460	2,173
Contributions	890	2,990	3,880
Transfers	14	267	281
Release of appropriated funds	676	(2,946)	(2,270)
Balances at end of year	<u>\$ 33,714</u>	<u>\$ 80,039</u>	<u>\$ 113,753</u>
Balances at end of year		80,039	
Beneficial interest in perpetual trusts		6,782	
Net assets with donor restrictions		<u>\$ 86,821</u>	

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
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10. Long-Term Debt

A summary of long-term debt at June 30, 2021 and 2020 is as follows:

<i>(in thousands of dollars)</i>	2021	2020
Variable rate issues		
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds		
Series 2018A, principal maturing in varying annual amounts, through August 2037 (1)	\$ 83,355	\$ 83,355
Fixed rate issues		
New Hampshire Health and Education Facilities Authority Revenue Bonds		
Series 2018B, principal maturing in varying annual amounts, through August 2048 (1)	303,102	303,102
Series 2020A, principal maturing in varying annual amounts, through August 2059 (2)	125,000	125,000
Series 2017A, principal maturing in varying annual amounts, through August 2040 (3)	122,435	122,435
Series 2017B, principal maturing in varying annual amounts, through August 2031 (3)	109,800	109,800
Series 2019A, principal maturing in varying annual amounts, through August 2043 (4)	99,165	99,165
Series 2018C, principal maturing in varying annual amounts, through August 2030 (5)	24,425	25,160
Series 2012, principal maturing in varying annual amounts, through July 2039 (6)	23,470	24,315
Series 2014B, principal maturing in varying annual amounts, through August 2033 (7)	14,530	14,530
Series 2014A, principal maturing in varying annual amounts, through August 2022 (7)	12,385	19,765
Series 2016B, principal maturing in varying annual amounts, through August 2045 (8)	10,970	10,970
Note payable		
Note payable to a financial institution due in monthly interest only payments through May 2035 (9)	125,000	125,000
Total obligated group debt	\$ 1,053,637	\$ 1,062,597

Dartmouth-Hitchcock Health and Subsidiaries
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A summary of long-term debt at June 30, 2021 and 2020 is as follows (continued):

<i>(in thousands of dollars)</i>	2021	2020
Other		
Note payable to a financial institution payable in interest free monthly installments through December 2024; collateralized by associated equipment	\$ 147	\$ 287
Note payable to a financial institution with entire principal due June 2034; collateralized by land and building. The note payable is interest free	273	273
Mortgage note payable to the US Dept of Agriculture; monthly payments of \$10,892 include interest of 2.375% through November 2046	<u>2,489</u>	<u>2,560</u>
Total nonobligated group debt	2,909	3,120
Total obligated group debt	<u>1,053,637</u>	<u>1,062,597</u>
Total long-term debt	<u>1,056,546</u>	<u>1,065,717</u>
 Add: Original issue premium and discounts, net	 86,399	 89,542
 Less: Current portion	 9,407	 9,467
Debt issuance costs, net	7,181	7,262
	<u>\$ 1,126,357</u>	<u>\$ 1,138,530</u>

Dartmouth-Hitchcock Health and Subsidiaries
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Aggregate annual principal payments for the next five years ending June 30 and thereafter are as follows:

<i>(in thousands of dollars)</i>	2021
2022	\$ 9,407
2023	6,602
2024	1,841
2025	4,778
2026	4,850
Thereafter	<u>1,029,068</u>
	<u>\$ 1,056,546</u>

Dartmouth-Hitchcock Obligated Group (DHOG) Debt

MHMH established the DHOG in 1993 for the original purpose of issuing bonds financed through NHHEFA or the "Authority". The members of the obligated group consist of D-HH, MHMH, DHC, Cheshire, NLH, MAHHC, and, APD. D-HH is designated as the obligated group agent.

Revenue Bonds issued by members of the DHOG are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive is the Annual Debt Service Coverage Ratio (1.10x).

(1) Series 2018A and Series 2018B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018A and Series 2018B in February 2018. The Series 2018A Revenue Bonds were primarily used to refund a portion of Series 2015A and Series 2016A. The Series 2018B were primarily used to refund a portion of Series 2015A and Series 2016A, Revolving Line of Credit, Series 2012 Bank Loan and the Series 2015A and Series 2016A Swap terminations. A loss on the extinguishment of debt of approximately \$578,000 was recognized in non-operating gains (losses) on the statement of operations and changes in net assets, as a result of the refinancing. The interest on the Series 2018A Revenue Bonds is variable with a current interest rate of 5.00% and matures in variable amounts through 2037. The interest on the Series 2018B Revenue Bonds is fixed with an interest rate of 4.18% and matures in variable amounts through 2048.

(2) Series 2020A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds Series 2020A in February, 2020. The proceeds from the Series 2020A Revenue Bonds are being used primarily to fund the construction of a 212,000 square foot inpatient pavilion in Lebanon, NH as well as various equipment. The interest on the Series 2020A Revenue Bonds is fixed with an interest rate of 5.00% and matures in variable amounts through 2059.

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(3) Series 2017A and Series 2017B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2017A and Series 2017B in December, 2017. The Series 2017A Revenue Bonds were primarily used to refund Series 2009 and Series 2010 and the Series 2017B Revenue Bonds were used to refund Series 2012A and Series 2012B. The interest on the Series 2017A Revenue Bonds is fixed with an interest rate of 5.00% and matures in variable amounts through 2040. The interest on the Series 2017B Revenue Bonds is fixed with an interest rate of 2.54% and matures in variable amounts through 2031.

(4) Series 2019A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds Series 2019A in October, 2019. The proceeds from the Series 2019A Revenue Bonds are being used primarily to fund the construction of a 91,000 square foot expansion of facilities in Manchester, NH to include an Ambulatory Surgical Center as well as various equipment. The interest on the Series 2019A Revenue Bonds is fixed with an interest rate of 4.00% and matures in variable amounts through 2043.

(5) Series 2018C Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018C in August, 2018. The Series 2018C Revenue Bonds were used primarily to refinance the Series 2010 Revenue Bonds. The interest on the series 2018C Revenue Bonds is fixed with an interest rate of 3.22% and matures in variable amounts through 2030.

(6) Series 2012 Revenue Bonds

The NHHEFA issued \$29,650,000 of tax-exempt Revenue Bonds, Series 2012. The proceeds of these bonds were used to refund 1998 and 2009 Series Bonds, to finance the settlement cost of the interest rate swap, and to finance the purchase of certain equipment and renovations. The bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%), and matures in variable amounts through 2039.

(7) Series 2014A and Series 2014B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2014A and Series 2014B in August 2014. The proceeds from the Series 2014A and 2014B Revenue Bonds were used to partially refund the Series 2009 Revenue Bonds and to cover cost of issuance. Interest on the 2014A Revenue Bonds is fixed with an interest rate of 2.63% and matures at various dates through 2022. Interest on the Series 2014B Revenue Bonds is fixed with an interest rate of 4.00% and matures at various dates through 2033.

(8) Series 2016B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2016B in July 2016 through a private placement with a financial institution. The Series 2016B Revenue Bonds were used to finance 2016 projects. The Series 2016B is fixed with an interest rate of 1.78% and matures at various dates through 2045.

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(9) Note payable to financial institution

The DHOG issued a note payable to TD Bank in May 2020. Issued in response to the COVID-19 pandemic, the proceeds from the note will be used to fund working capital as needed. The interest on the note payable is fixed with an interest rate of 2.56% and matures at various dates through 2035.

Outstanding joint and several indebtedness of the DHOG at June 30, 2021 and 2020 approximates \$1,053,637,000 and \$1,062,597,000, respectively.

The Health System Indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately \$170,399,000 and \$236,198,000 at June 30, 2021 and 2020, respectively, are classified as assets limited as to use in the accompanying consolidated balance sheets (Note 4). In addition, debt service reserves of approximately \$8,035,000 and \$9,286,000 at June 30, 2021 and 2020, respectively, are classified as other current assets in the accompanying consolidated balance sheets. The debt service reserves are mainly comprised of escrowed construction funds at June 30, 2021 and 2020.

For the years ended June 30, 2021 and 2020 interest expense on the Health System's long term debt is reflected in the accompanying consolidated statements of operations and changes in net assets as operating expense of approximately \$30,787,000 and \$27,322,000 and other non-operating losses of \$3,782,000 and \$3,784,000, respectively, net of amounts capitalized.

11. Employee Benefits

All eligible employees of the Health System are covered under various defined benefit and/or defined contribution plans. In addition, certain members provide postretirement medical and life benefit plans to certain of its active and former employees who meet eligibility requirements. The postretirement medical and life plans are not funded.

All of the defined benefit plans within the Health System have been frozen and therefore there are no remaining participants earning benefits in any of the Health System's defined benefit plans.

The Health System continued to execute the settlement of obligations due to retirees in the defined benefit plans through bulk lump sum offerings or purchases of annuity contracts. The annuity purchases follow guidelines established by the Department of Labor (DOL). The Health System anticipates continued consideration and/or implementation of additional settlements over the next several years.

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Defined Benefit Plans

Net periodic pension expense included in employee benefits in the consolidated statements of operations and changes in net assets is comprised of the components listed below for the years ended June 30, 2021 and 2020:

(in thousands of dollars)

	2021	2020
Service cost for benefits earned during the year	\$ -	\$ 170
Interest cost on projected benefit obligation	36,616	43,433
Expected return on plan assets	(63,261)	(62,436)
Net loss amortization	14,590	12,032
Total net periodic pension expense	\$ (12,055)	\$ (6,801)

The following assumptions were used to determine net periodic pension expense as of June 30, 2021 and 2020:

	2021	2020
Discount rate	3.00% - 3.10%	3.00% - 3.10%
Rate of increase in compensation	N/A	N/A
Expected long-term rate of return on plan assets	7.50%	7.50%

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The following table sets forth the funded status and amounts recognized in the Health System's consolidated financial statements for the defined benefit pension plans at June 30, 2021 and 2020:

<i>(in thousands of dollars)</i>	2021	2020
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 1,209,100	\$ 1,135,523
Service cost	-	170
Interest cost	36,616	43,433
Benefits paid	(52,134)	(70,778)
Expenses paid	-	(168)
Actuarial loss	(22,411)	139,469
Settlements	(30,950)	(38,549)
Benefit obligation at end of year	<u>1,140,221</u>	<u>1,209,100</u>
Change in plan assets		
Fair value of plan assets at beginning of year	929,453	897,717
Actual return on plan assets	87,446	121,245
Benefits paid	(52,134)	(70,778)
Expenses paid	-	(168)
Employer contributions	25,049	19,986
Settlements	(30,950)	(38,549)
Fair value of plan assets at end of year	<u>958,864</u>	<u>929,453</u>
Funded status of the plans	(181,357)	(279,647)
Less: Current portion of liability for pension	(46)	(46)
Long term portion of liability for pension	<u>(181,311)</u>	<u>(279,601)</u>
Liability for pension	<u>\$ (181,357)</u>	<u>\$ (279,647)</u>

As of June 30, 2021 and 2020, the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic pension expense and included in the change in net assets without donor restrictions include approximately \$481,073,000 and \$546,818,000 of net actuarial loss as of June 30, 2021 and 2020, respectively.

The estimated amounts to be amortized from net assets without donor restrictions into net periodic pension expense in fiscal year 2021 for net actuarial losses is approximately \$14,590,000.

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The accumulated benefit obligation for the defined benefit pension plans was approximately \$1,140,000,000 and \$1,209,000,000 at June 30, 2021 and 2020, respectively.

The following table sets forth the assumptions used to determine the benefit obligation at June 30, 2021 and 2020:

	2021	2020
Discount rate	3.30%	3.00% - 3.10%
Rate of increase in compensation	N/A	N/A

The primary investment objective for the Plan's assets is to support the Pension liabilities of the Pension Plans for Employees of the Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of the Plan's liabilities. As of June 30, 2021, it is expected that the LDI strategy will hedge approximately 75% of the interest rate risk associated with pension liabilities. As of June 30, 2020, the expected LDI hedge was approximately 60%. To achieve the appreciation and hedging objectives, the Plans utilize a diversified structure of asset classes designed to achieve stated performance objectives measured on a total return basis, which includes income plus realized and unrealized gains and losses.

The range of target allocation percentages and the target allocations for the various investments are as follows:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0-5%	3%
U.S. government securities	0-10	5
Domestic debt securities	20-58	42
Global debt securities	6-26	4
Domestic equities	5-35	17
International equities	5-15	7
Emerging market equities	3-13	4
Global Equities	0-10	6
Real estate investment trust funds	0-5	1
Private equity funds	0-5	0
Hedge funds	5-18	11

To the extent an asset class falls outside of its target range on a quarterly basis, the Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

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The Boards of Trustees of the Health System, as Plan Sponsors, oversee the design, structure, and prudent professional management of the Health System's Plans' assets, in accordance with Board approved investment policies, roles, responsibilities and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plans' assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient. The Health System's Plans own interests in both private equity and hedge funds rather than in securities underlying each fund and, therefore, the Health System generally considers such investments as Level 3, even though the underlying securities may not be difficult to value or may be readily marketable.

The following table sets forth the Health System's Plans' investments and deferred compensation plan assets that were accounted for at fair value as of June 30, 2021 and 2020:

(in thousands of dollars)	2021				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Investments						
Cash and short-term investments	\$ -	\$ 53,783	\$ -	\$ 53,783	Daily	1
U.S. government securities	52,945	-	-	52,945	Daily-Monthly	1-15
Domestic debt securities	140,029	296,709	-	436,738	Daily-Monthly	1-15
Global debt securities	-	40,877	-	40,877	Daily-Monthly	1-15
Domestic equities	144,484	40,925	-	185,409	Daily-Monthly	1-10
International equities	17,767	51,819	-	69,586	Daily-Monthly	1-11
Emerging market equities	-	43,460	-	43,460	Daily-Monthly	1-17
Global equities	-	57,230	-	57,230	Daily-Monthly	1-17
REIT funds	-	3,329	-	3,329	Daily-Monthly	1-17
Private equity funds	-	-	15	15	See Note 6	See Note 6
Hedge funds	-	-	15,512	15,512	Quarterly-Annual	60-96
Total investments	\$ 355,225	\$ 588,112	\$ 15,527	\$ 958,864		

Dartmouth-Hitchcock Health and Subsidiaries
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(in thousands of dollars)	2020				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Investments						
Cash and short-term investments	\$ -	\$ 7,154	\$ -	\$ 7,154	Daily	1
U.S. government securities	49,843	-	-	49,843	Daily-Monthly	1-15
Domestic debt securities	133,794	318,259	-	452,053	Daily-Monthly	1-15
Global debt securities	-	69,076	-	69,076	Daily-Monthly	1-15
Domestic equities	152,688	24,947	-	177,635	Daily-Monthly	1-10
International equities	13,555	70,337	-	83,892	Daily-Monthly	1-11
Emerging market equities	-	39,984	-	39,984	Daily-Monthly	1-17
REIT funds	-	2,448	-	2,448	Daily-Monthly	1-17
Private equity funds	-	-	17	17	See Note 7	See Note 7
Hedge funds	-	-	47,351	47,351	Quarterly-Annual	60-96
Total investments	\$ 349,880	\$ 532,205	\$ 47,368	\$ 929,453		

The following tables present additional information about the changes in Level 3 assets measured at fair value for the years ended June 30, 2021 and 2020:

(in thousands of dollars)	2021		
	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	\$ 47,351	\$ 17	\$ 47,368
Sales	(38,000)	-	(38,000)
Net unrealized gains (losses)	6,161	(2)	6,159
Balances at end of year	\$ 15,512	\$ 15	\$ 15,527

(in thousands of dollars)	2020		
	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	\$ 44,126	\$ 21	\$ 44,147
Net unrealized losses	3,225	(4)	3,221
Balances at end of year	\$ 47,351	\$ 17	\$ 47,368

The total aggregate net unrealized gains (losses) included in the fair value of the Level 3 investments as of June 30, 2021 and 2020 were approximately \$7,635,000 and \$18,261,000, respectively. There were no transfers into and out of Level 3 measurements during the years ended June 30, 2021 and 2020.

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2021 and 2020.

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The weighted average asset allocation for the Health System's Plans at June 30, 2021 and 2020 by asset category is as follows:

	2021	2020
Cash and short-term investments	6 %	1 %
U.S. government securities	5	5
Domestic debt securities	46	49
Global debt securities	4	8
Domestic equities	19	19
International equities	7	9
Emerging market equities	5	4
Global equities	6	0
Hedge funds	2	5
	<u>100 %</u>	<u>100 %</u>

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.50% per annum.

The Health System is expected to contribute approximately \$25,045,000 to the Plans in 2022 however actual contributions may vary from expected amounts.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30 and thereafter:

(in thousands of dollars)

2022	\$ 54,696
2023	57,106
2024	59,137
2025	60,930
2026	62,514
2027 – 2031	327,482

Effective May 1, 2020, the Health System terminated a defined benefit plan and settled the accumulated benefit obligation of \$18,795,000 by purchasing nonparticipating annuity contracts. The plan assets at fair value were \$11,836,000.

Defined Contribution Plans

The Health System has an employer-sponsored 401(a) plan for certain of its members, under which the employer makes base, transition and discretionary match contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of approximately \$60,268,000 and \$51,222,000 in 2021 and 2020, respectively, are included in employee benefits in the accompanying consolidated statements of operations and changes in net assets:

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Various 403(b) and tax-sheltered annuity plans are available to employees of the Health System. Plan specifications vary by member and plan. No employer contributions were made to any of these plans in 2021 and 2020 respectively.

Postretirement Medical and Life Benefits

The Health System has postretirement medical and life benefit plans covering certain of its active and former employees. The plans generally provide medical or medical and life insurance benefits to certain retired employees who meet eligibility requirements. The plans are not funded.

Net periodic postretirement medical and life benefit (income) cost is comprised of the components listed below for the years ended June 30, 2021 and 2020:

(in thousands of dollars)

	2021	2020
Service cost	\$ 533	\$ 609
Interest cost	1,340	1,666
Net prior service income	(3,582)	(5,974)
Net loss amortization	738	469
	<u>\$ (971)</u>	<u>\$ (3,230)</u>

The following table sets forth the accumulated postretirement medical and life benefit obligation and amounts recognized in the Health System's consolidated financial statements at June 30, 2021 and 2020:

(in thousands of dollars)

	2021	2020
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 48,078	\$ 46,671
Service cost	533	609
Interest cost	1,340	1,666
Benefits paid	(3,439)	(3,422)
Actuarial loss	383	2,554
Employer contributions	(32)	-
Benefit obligation at end of year	<u>46,863</u>	<u>48,078</u>
Funded status of the plans	<u>\$ (46,863)</u>	<u>\$ (48,078)</u>
Current portion of liability for postretirement medical and life benefits	\$ (3,422)	\$ (3,422)
Long term portion of liability for postretirement medical and life benefits	<u>(43,441)</u>	<u>(44,656)</u>
Liability for postretirement medical and life benefits	<u>\$ (46,863)</u>	<u>\$ (48,078)</u>

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As of June 30, 2021 and 2020, the liability for postretirement medical and life benefits is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic postretirement medical and life benefit income and included in the change in net assets without donor restrictions are as follows:

<i>(in thousands of dollars)</i>	2021	2020
Net prior service income	\$ -	\$ (3,582)
Net actuarial loss	9,981	10,335
	<u>\$ 9,981</u>	<u>\$ 6,753</u>

The estimated amounts that will be amortized from net assets without donor restrictions into net periodic postretirement income in fiscal year 2022 for net losses is approximately \$751,000.

The following future benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the year ending June 30, 2021 and thereafter:

(in thousands of dollars)

2022	\$ 3,422
2023	3,602
2024	3,651
2025	3,575
2026	3,545
2027-2031	16,614

In determining the accumulated postretirement medical and life benefit obligation, the Health System used a discount rate of 3.10% in 2021 and an assumed healthcare cost trend rate of 6.50%, trending down to 5.00% in 2027 and thereafter.

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12. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College, CMC, NLH, APD, MAHHC, and VNH are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company. Effective November 1, 2018 APD is provided professional and general liability insurance coverage through RRG. RRG reinsures the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda and to a variety of commercial reinsurers. D-H and Dartmouth College have ownership interests in both HAC and RRG. The insurance program provides coverage to the covered institutions and named insureds on a modified claims-made basis which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

Selected financial data of HAC and RRG, taken from the latest available financial statements at June 30, 2021 and 2020, are summarized as follows:

	2021		
	HAC	RRG	Total
<i>(in thousands of dollars)</i>			
Assets	\$ 71,772	\$ 3,583	\$ 75,355
Shareholders' equity	13,620	50	13,670

	2020		
	HAC	RRG	Total
<i>(in thousands of dollars)</i>			
Assets	\$ 93,686	\$ 1,785	\$ 95,471
Shareholders' equity	13,620	50	13,670

13. Commitments and Contingencies

Litigation

The Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. While it is not feasible to predict or determine the outcome of any of these claims, it is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Health System.

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Lines of Credit

The Health System has entered into Loan Agreements with financial institutions establishing access to revolving loans ranging from \$10,000,000 up to \$30,000,000. Interest is variable and determined using LIBOR or the Wall Street Journal Prime Rate. The Loan Agreements are due to expire March 30, 2022. There was no outstanding balance under the lines of credit as of June 30, 2021 and 2020. Interest expense was approximately \$28,000 and \$20,000, respectively, and is included in the consolidated statements of operations and changes in net assets.

14. Functional Expenses

Operating expenses are presented by functional classification in accordance with the overall service missions of the Health System. Each functional classification displays all expenses related to the underlying operations by natural classification. Salaries, employee benefits, medical supplies and medications, and purchased services and other expenses are generally considered variable and are allocated to the mission that best aligns to the type of service provided. Medicaid enhancement tax is allocated to program services. Interest expense is allocated based on usage of debt-financed space. Depreciation and amortization is allocated based on square footage and specific identification of equipment used by department.

Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2021:

<i>(in thousands of dollars)</i>	2021			
	Program Services	Management and General	Fundraising	Total
Operating expenses				
Salaries	\$ 1,019,272	\$ 164,937	\$ 1,701	\$ 1,185,910
Employee benefits	212,953	88,786	403	302,142
Medical supplies and medications	540,541	4,982	-	545,523
Purchased services and other	252,705	125,931	5,313	383,949
Medicaid enhancement tax	72,941	-	-	72,941
Depreciation and amortization	38,945	49,943	33	88,921
Interest	8,657	22,123	7	30,787
Total operating expenses	<u>\$ 2,146,014</u>	<u>\$ 456,702</u>	<u>\$ 7,457</u>	<u>\$ 2,610,173</u>
Non-operating income				
Employee benefits	\$ 9,200	\$ 4,354	\$ 5	\$ 13,559
Total non-operating income	<u>\$ 9,200</u>	<u>\$ 4,354</u>	<u>\$ 5</u>	<u>\$ 13,559</u>

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Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2020:

	2020			
<i>(in thousands of dollars)</i>	Program Services	Management and General	Fundraising	Total
Operating expenses				
Salaries	\$ 981,320	\$ 161,704	\$ 1,799	\$ 1,144,823
Employee benefits	231,361	41,116	395	272,872
Medical supplies and medications	454,143	1,238	-	455,381
Purchased services and other	236,103	120,563	3,830	360,496
Medicaid enhancement tax	76,010	-	-	76,010
Depreciation and amortization	26,110	65,949	105	92,164
Interest	5,918	21,392	12	27,322
Total operating expenses	<u>\$ 2,010,965</u>	<u>\$ 411,962</u>	<u>\$ 6,141</u>	<u>\$ 2,429,068</u>
Non-operating income				
Employee benefits	\$ 9,239	\$ 1,549	\$ 22	\$ 10,810
Total non-operating income	<u>\$ 9,239</u>	<u>\$ 1,549</u>	<u>\$ 22</u>	<u>\$ 10,810</u>

15. Liquidity

The Health System is substantially supported by cash generated from operations. In addition, the Health System holds financial assets for specific purposes which are limited as to use. Thus, certain financial assets reported on the accompanying consolidated balance sheet may not be available for general expenditure within one year of the balance sheet date.

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The Health System's financial assets available at June 30, 2021 and 2020 to meet cash needs for general expenditures within one year of June 30, 2021 and 2020, are as follows:

<i>(in thousands of dollars)</i>	2021	2020
Cash and cash equivalents	\$ 374,928	\$ 453,223
Patient accounts receivable	232,161	183,819
Assets limited as to use	1,378,479	1,134,526
Other investments for restricted activities	168,035	140,580
Total financial assets	\$ 2,153,603	\$ 1,912,148
 Less: Those unavailable for general expenditure within one year:		
Investments held by captive insurance companies	57,239	54,596
Investments for restricted activities	168,035	140,580
Bond proceeds held for capital projects	178,434	245,484
Other investments with liquidity horizons greater than one year	111,390	111,408
Total financial assets available within one year	\$ 1,638,505	\$ 1,360,080

For the years ended June 30, 2021 and June 30, 2020, the Health System generated positive cash flow from operations of approximately \$95,740,000 and \$269,144,000, respectively. In addition, the Health System's liquidity management plan includes investing excess daily cash in intermediate or long term investments based on anticipated liquidity needs. The Health System has an available line of credit of up to \$30,000,000 which it can draw upon as needed to meet its liquidity needs. See Note 13 for further details on the line of credit.

16. Lease Commitments

D-HH determines if an arrangement is or contains a lease at inception of the contract. Right-of-use assets represent our right to use the underlying assets for the lease term and our lease liabilities represent our obligation to make lease payments arising from the leases. Right-of-use assets and lease liabilities are recognized at commencement date based on the present value of lease payments over the lease term. We use the implicit rate noted within the contract. If not readily available, we use our estimated incremental borrowing rate, which is derived using a collateralized borrowing rate for the same currency and term as the associated lease. A right-of-use asset and lease liability is not recognized for leases with an initial term of 12 months or less and we recognize lease expense for these leases on a straight-line basis over the lease term within lease and rental expense.

Dartmouth-Hitchcock Health and Subsidiaries
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Our operating leases are primarily for real estate, including certain acute care facilities, off-campus outpatient facilities, medical office buildings, and corporate and other administrative offices. Our real estate lease agreements typically have initial terms of 5 to 10 years. These real estate leases may include one or more options to renew, with renewals that can extend the lease term from 2 to 5 years. The exercise of lease renewal options is at our sole discretion. When determining the lease term, we included options to extend or terminate the lease when it is reasonably certain that we will exercise that option.

Certain lease agreements for real estate include payments based on actual common area maintenance expenses and/or rental payments adjusted periodically for inflation. These variable lease payments are recognized in other occupancy costs in the consolidated statements of operations and changes in net assets but are not included in the right-of-use asset or liability balances in our consolidated balance sheets. Lease agreements do not contain any material residual value guarantees, restrictions or covenants.

The components of lease expense for the year ended June 30, 2021 and 2020 are as follows:

<i>(in thousands of dollars)</i>	2021	2020
Operating lease cost	10,381	8,992
Variable and short term lease cost (a)	8,019	1,497
Total lease and rental expense	<u>18,400</u>	<u>10,489</u>
Finance lease cost:		
Depreciation of property under finance lease	3,408	2,454
Interest on debt of property under finance lease	533	524
Total finance lease cost	<u>3,941</u>	<u>2,978</u>

(a) Includes equipment, month-to-month and leases with a maturity of less than 12 months.

Supplemental cash flow information related to leases for the year ended June 30, 2021 and 2020 are as follows:

<i>(in thousands of dollars)</i>	2021	2020
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	10,611	8,755
Operating cash flows from finance leases	533	542
Financing cash flows from finance leases	3,108	2,429
	<u>\$ 14,252</u>	<u>\$ 11,726</u>

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Supplemental balance sheet information related to leases as of June 30, 2021 and 2020 are as follows:

<i>(in thousands of dollars)</i>	2021	2020
Operating Leases		
Right of use assets - operating leases	51,410	42,621
Accumulated amortization	(15,180)	(8,425)
Right of use assets - operating leases, net	<u>36,230</u>	<u>34,196</u>
Current portion of right of use obligations	8,038	9,194
Long-term right of use obligations, excluding current portion	28,686	25,308
Total operating lease liabilities	<u>36,724</u>	<u>34,502</u>
Finance Leases		
Right of use assets - finance leases	27,940	26,076
Accumulated depreciation	(5,760)	(2,687)
Right of use assets - finance leases, net	<u>22,180</u>	<u>23,389</u>
Current portion of right of use obligations	3,251	2,581
Long-term right of use obligations, excluding current portion	19,481	21,148
Total finance lease liabilities	<u>22,732</u>	<u>23,729</u>
Weighted Average remaining lease term, years		
Operating leases	6.75	4.64
Finance leases	18.73	19.39
Weighted Average discount rate		
Operating leases	2.12%	2.24%
Finance leases	2.14%	2.22%

The System obtained \$7.6 million and \$2.1 million of new and modified operating and financing leases, respectively, during the year ended June 30, 2021.

Upon adoption, included in the \$42.6 million of right-of-use assets obtained in exchange for operating lease obligations is \$5.6 million of new and modified operating leases entered into during the year ended June 30, 2020. Included in the \$26.1 million of right-of-use assets obtained in exchange for finance lease obligations is \$2.3 million of new and modified operating leases entered into during the year ended June 30, 2020.

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Future maturities of lease liabilities as of June 30, 2021 are as follows:

<i>(in thousands of dollars)</i>	<u>Operating Leases</u>	<u>Finance Leases</u>
Year ending June 30:		
2022	8,721	3,698
2023	7,331	3,363
2024	6,336	2,265
2025	3,537	1,229
2026	2,475	850
Thereafter	11,249	16,488
Total lease payments	<u>39,649</u>	<u>27,893</u>
Less: Imputed interest	2,925	5,161
Total lease payments	<u>\$ 36,724</u>	<u>\$ 22,732</u>

17. Subsequent Events

The Health System has assessed the impact of subsequent events through November 18, 2021, the date the audited consolidated financial statements were issued, and has concluded that there were no such events that require adjustment to the audited consolidated financial statements or disclosure in the notes to the audited consolidated financial statements other than as noted below.

Consolidating Supplemental Information – Unaudited

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(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Allee Peak Day Memorial	New London Hospital Association	Mt. Aseutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Assets											
Current assets											
Cash and cash equivalents	\$ 1,826	\$ 228,778	\$ 35,146	\$ 41,371	\$ 26,814	\$ 18,350	\$ -	\$ 350,286	\$ 24,642	\$ -	\$ 374,928
Patient accounts receivable, net	-	190,350	13,238	6,779	8,699	6,522	-	229,588	2,573	-	232,161
Prepaid expenses and other current assets	23,287	151,336	20,932	2,012	4,771	1,793	(35,942)	168,189	(10,634)	(217)	157,318
Total current assets	25,093	574,465	69,316	50,162	38,284	26,665	(35,942)	748,043	16,581	(217)	784,407
Assets limited as to use	380,020	1,039,327	19,016	15,480	18,725	20,195	(189,849)	1,320,914	57,565	-	1,378,479
Notes receivable, related party	845,157	11,789	-	1,010	-	-	(856,926)	1,010	(1,010)	-	-
Other investments for restricted activities	248	111,209	12,212	1,128	4,266	7,699	-	136,762	31,273	-	168,035
Property, plant, and equipment, net	-	501,640	64,101	22,623	47,232	15,403	-	650,999	29,434	-	680,433
Right of use assets, net	1,233	32,343	2,398	16,104	380	5,819	-	58,255	155	-	58,410
Other assets	2,431	146,226	1,315	14,380	7,282	5,172	-	178,806	292	-	177,098
Total assets	\$ 1,254,182	\$ 2,416,979	\$ 168,356	\$ 120,887	\$ 114,149	\$ 80,953	\$ (1,062,717)	\$ 3,092,789	\$ 134,290	\$ (217)	\$ 3,226,862
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term debt	\$ -	\$ 7,575	\$ 865	\$ 777	\$ 91	\$ -	\$ -	\$ 9,308	\$ 99	\$ -	\$ 9,407
Current portion of right of use obligations	354	8,369	856	1,078	197	550	-	11,204	85	-	11,269
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	3,468	-	-	3,468
Accounts payable and accrued expenses	207,566	99,374	11,911	2,455	4,968	5,658	(205,791)	126,341	5,100	(217)	131,224
Accrued compensation and related benefits	-	156,073	8,648	5,708	4,407	5,343	-	180,177	1,893	-	182,070
Estimated third-party settlements	-	180,410	31,228	27,006	26,902	6,230	-	251,774	769	-	252,543
Total current liabilities	207,920	435,269	53,306	37,022	38,565	17,981	(205,791)	582,272	7,946	(217)	590,001
Notes payable, related party	-	811,583	-	-	27,793	17,570	(856,926)	-	-	-	-
Long-term debt, excluding current portion	1,047,659	29,846	22,753	23,558	55	(115)	-	1,123,756	2,601	-	1,126,357
Right of use obligations, excluding current portion	879	24,463	1,876	15,351	172	5,357	-	48,098	69	-	48,167
Insurance deposits and related liabilities	-	78,528	475	325	388	218	-	79,934	40	-	79,974
Liability for pension and other postretirement plan benefits, excluding current portion	-	218,955	5,288	-	-	511	-	224,752	-	-	224,752
Other liabilities	-	179,497	4,224	4,534	4,142	-	-	192,397	22,317	-	214,714
Total liabilities	1,256,458	1,778,121	87,820	80,790	69,115	41,522	(1,062,717)	2,251,208	32,973	(217)	2,283,965
Commitments and contingencies											
Net assets											
Net assets without donor restrictions	(2,524)	526,153	65,224	38,969	39,557	29,838	-	697,217	61,370	40	758,627
Net assets with donor restrictions	248	112,705	15,212	1,128	5,477	9,593	-	144,383	39,847	(40)	184,270
Total net assets	(2,276)	638,858	80,436	40,097	45,034	39,431	-	841,580	101,317	(40)	942,897
Total liabilities and net assets	\$ 1,254,182	\$ 2,416,979	\$ 168,356	\$ 120,887	\$ 114,149	\$ 80,953	\$ (1,062,717)	\$ 3,092,789	\$ 134,290	\$ (217)	\$ 3,226,862

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Consolidating Balance Sheets
June 30, 2021

<i>(in thousands of dollars)</i>	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD and Subsidiaries	VNH and Subsidiaries	Eliminations	Health System Consolidated
Assets									
Current assets									
Cash and cash equivalents	\$ 1,826	\$ 227,402	\$ 44,165	\$ 26,814	\$ 18,609	\$ 50,451	\$ 5,661	\$ -	\$ 374,928
Patient accounts receivable, net	-	196,350	13,238	6,699	6,620	6,779	2,475	-	232,161
Prepaid expenses and other current assets	23,267	151,677	10,195	4,771	1,808	1,418	341	(38,159)	157,318
Total current assets	25,093	575,429	67,598	38,284	27,037	58,648	8,477	(38,159)	764,407
Assets limited as to use									
Notes receivable, related party	380,020	1,086,781	20,459	16,725	21,533	15,480	27,330	(189,649)	1,378,479
Other investments for restricted activities	845,157	11,769	-	-	-	-	-	(856,926)	-
Property, plant, and equipment, net	248	119,371	34,921	4,266	7,699	1,501	30	-	168,035
Right of use assets, net	504,315	67,543	67,543	47,232	16,932	41,218	3,193	-	680,433
Other assets	1,233	32,343	2,396	360	5,820	16,104	154	-	58,410
Total assets	\$ 1,254,182	\$ 2,458,418	\$ 203,203	\$ 114,149	\$ 81,735	\$ 140,485	\$ 39,828	\$ (1,062,934)	\$ 3,226,862
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	\$ -	\$ 7,575	\$ 865	\$ 91	\$ 26	\$ 777	\$ 73	\$ -	\$ 9,407
Current portion of right of use obligations	354	8,369	658	197	550	1,078	85	-	11,259
Current portion of liability for pension and other postretirement plan benefits	-	3,458	-	-	-	-	-	-	3,458
Accounts payable and accrued expenses	207,566	99,682	12,032	4,968	5,983	2,920	4,081	(206,008)	131,224
Accrued compensation and related benefits	-	158,073	8,648	4,407	5,385	6,116	1,441	-	182,070
Estimated third-party settlements	-	160,410	31,226	26,902	6,231	27,006	768	-	252,543
Total current liabilities	207,920	435,577	53,427	38,565	18,175	37,897	6,448	(206,008)	590,001
Notes payable, related party	-	811,563	-	27,793	17,570	-	-	(856,926)	-
Long-term debt, excluding current portion	1,047,859	29,846	22,753	55	131	23,496	2,417	-	1,126,357
Right of use obligations, excluding current portion	879	24,463	1,876	172	5,357	15,351	69	-	48,167
Insurance deposits and related liabilities	-	78,528	476	388	218	325	39	-	79,974
Liability for pension and other postretirement plan benefits, excluding current portion	-	218,955	5,286	-	511	-	-	-	224,752
Other liabilities	-	179,497	4,223	4,142	-	28,852	-	-	214,714
Total liabilities	1,256,458	1,778,429	88,041	69,115	41,962	103,921	8,973	(1,062,934)	2,263,965
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	(2,524)	557,101	68,586	39,557	30,181	35,063	30,623	40	758,927
Net assets with donor restrictions	248	120,886	46,576	5,477	9,592	1,501	30	(40)	184,270
Total net assets	(2,276)	677,987	115,162	45,034	39,773	36,564	30,653	-	942,897
Total liabilities and net assets	\$ 1,254,182	\$ 2,458,418	\$ 203,203	\$ 114,149	\$ 81,735	\$ 140,485	\$ 39,828	\$ (1,062,934)	\$ 3,226,862

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2020

(In thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Assuncy Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Assets											
Current assets											
Cash and cash equivalents	\$ 108,856	\$ 217,352	\$ 43,940	\$ 26,079	\$ 22,874	\$ 14,377	\$ -	\$ 433,478	\$ 19,745	\$ -	\$ 453,223
Patient accounts receivable, net	-	148,886	11,413	8,634	10,200	4,367	-	181,500	2,319	-	183,819
Prepaid expenses and other current assets	25,243	179,432	37,538	3,806	6,105	1,715	(82,822)	171,019	(8,870)	(243)	161,906
Total current assets	134,099	543,670	92,891	38,521	39,179	20,459	(82,822)	785,997	13,194	(243)	798,948
Assets limited as to use	344,737	927,207	19,378	13,044	12,768	12,090	(235,568)	1,063,654	40,872	-	1,134,526
Notes receivable, related party	848,250	563	-	1,211	-	-	(848,843)	1,211	(1,211)	-	-
Other investments for restricted activities	-	98,490	8,970	97	3,077	6,266	-	114,900	25,680	-	140,680
Property, plant, and equipment, net	8	486,938	64,803	20,805	43,612	18,823	-	612,989	30,587	-	643,586
Right of use assets	1,542	32,714	1,822	17,574	621	3,221	-	57,484	91	-	57,585
Other assets	2,242	122,481	1,299	14,748	5,482	4,603	(10,971)	139,884	(2,546)	-	137,338
Total assets	\$ 1,330,878	\$ 2,192,093	\$ 187,161	\$ 106,000	\$ 104,739	\$ 63,462	\$ (1,178,204)	\$ 2,806,129	\$ 106,677	\$ (243)	\$ 2,912,563
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term debt	\$ -	\$ 7,380	\$ 865	\$ 747	\$ 147	\$ 232	\$ -	\$ 9,371	\$ 96	\$ -	\$ 9,467
Current portion of right of use obligations	338	8,752	420	1,316	259	631	-	11,716	59	-	11,775
Current portion of liability for pension and other postretirement plan benefits	-	3,488	-	-	-	-	-	3,488	-	-	3,488
Accounts payable and accrued expenses	272,764	126,283	39,845	3,087	4,250	3,406	(318,391)	131,244	(1,985)	(243)	129,016
Accrued compensation and related benefits	-	122,392	7,732	3,570	3,875	3,582	-	141,151	1,840	-	142,991
Estimated third-party settlements	-	210,144	34,664	25,421	24,667	6,430	-	301,326	1,199	-	302,525
Total current liabilities	273,102	478,419	83,526	34,141	33,198	14,281	(318,391)	598,276	1,209	(243)	599,242
Notes payable, related party	-	814,525	-	-	27,718	6,600	(848,843)	-	-	-	-
Long-term debt, excluding current portion	1,050,694	37,373	23,617	24,312	147	10,595	(10,970)	1,135,768	2,762	-	1,138,530
Right of use obligations, excluding current portion	1,203	24,290	1,432	16,429	368	2,698	-	48,420	36	-	48,456
Insurance deposits and related liabilities	-	75,697	475	325	388	220	-	77,105	41	-	77,146
Liability for pension and other postretirement plan benefits, excluding current portion	-	301,907	21,840	-	-	511	-	324,258	(1)	-	324,257
Other liabilities	-	117,631	1,506	384	2,026	-	-	121,547	22,131	-	143,678
Total liabilities	1,324,999	1,849,842	132,396	75,591	63,645	34,905	(1,178,204)	2,303,374	26,178	(243)	2,329,309
Commitments and contingencies											
Net assets											
Net assets without donor restrictions	5,524	242,824	47,729	29,464	36,158	21,247	-	382,946	48,040	40	431,026
Net assets with donor restrictions	355	99,427	7,036	945	4,736	7,310	-	119,809	32,459	(40)	152,228
Total net assets	5,879	342,251	54,765	30,409	40,894	28,557	-	502,755	80,499	-	583,254
Total liabilities and net assets	\$ 1,330,878	\$ 2,192,093	\$ 187,161	\$ 106,000	\$ 104,739	\$ 63,462	\$ (1,178,204)	\$ 2,806,129	\$ 106,677	\$ (243)	\$ 2,912,563

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2020

<i>(in thousands of dollars)</i>	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	VNH and Subsidiaries	Eliminations	Health System Consolidated
Assets									
Current assets									
Cash and cash equivalents	\$ 108,856	\$ 218,295	\$ 47,642	\$ 22,874	\$ 14,568	\$ 34,072	\$ 6,916	\$ -	\$ 453,223
Patient accounts receivable, net	-	146,887	11,413	10,200	4,439	8,634	2,248	-	183,819
Prepaid expenses and other current assets	25,243	180,137	27,607	6,105	1,737	2,986	1,156	(83,065)	161,906
Total current assets	134,099	545,319	85,662	39,179	20,744	45,692	10,318	(83,065)	798,948
Assets limited as to use	344,737	946,938	18,001	12,768	13,240	13,044	21,368	(235,568)	1,134,526
Notes receivable, related party	848,250	593	-	-	-	-	-	(848,843)	-
Other investments for restricted activities	-	105,869	25,272	3,077	6,265	97	-	-	140,580
Property, plant, and equipment, net	8	489,613	68,374	43,612	18,432	40,126	3,421	-	643,586
Right of use assets, net	1,542	32,714	1,822	621	3,220	17,574	92	-	57,565
Other assets	2,242	122,647	7,429	5,482	2,152	8,199	158	(10,971)	137,338
Total assets	\$ 1,330,878	\$ 2,223,693	\$ 207,580	\$ 104,739	\$ 64,053	\$ 124,732	\$ 35,355	\$ (1,178,447)	\$ 2,912,563
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	\$ -	\$ 7,380	\$ 865	\$ 147	\$ 257	\$ 747	\$ 71	\$ -	\$ 9,467
Current portion of right of use obligations	338	8,752	420	259	631	1,316	59	-	11,775
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	-	3,468
Accounts payable and accrued expenses	272,762	126,684	35,117	4,251	3,517	3,528	1,791	(318,634)	129,016
Accrued compensation and related benefits	-	122,392	7,732	3,875	3,626	3,883	1,483	-	142,991
Estimated third-party settlements	-	210,143	34,664	24,667	6,430	25,421	1,200	-	302,525
Total current liabilities	273,100	478,819	78,798	33,199	14,461	34,895	4,604	(318,634)	599,242
Notes payable, related party	-	814,525	-	27,718	6,800	-	-	(848,843)	-
Long-term debt, excluding current portion	1,050,694	37,373	23,618	147	10,867	24,312	2,489	(10,970)	1,138,530
Right of use obligations, excluding current portion	1,203	24,290	1,433	368	2,700	16,429	33	-	46,456
Insurance deposits and related liabilities	-	75,697	475	388	222	325	39	-	77,146
Liability for pension and other postretirement plan benefits, excluding current portion	-	301,907	21,840	-	510	-	-	-	324,257
Other liabilities	-	117,631	1,506	2,026	-	22,515	-	-	143,676
Total liabilities	1,324,997	1,850,242	127,670	63,846	35,360	98,476	7,185	(1,178,447)	2,329,309
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	5,526	266,327	48,549	36,158	21,385	24,881	28,160	40	431,026
Net assets with donor restrictions	355	107,124	31,341	4,735	7,308	1,375	30	(40)	152,228
Total net assets	5,881	373,451	79,890	40,893	28,693	26,256	28,190	-	583,254
Total liabilities and net assets	\$ 1,330,878	\$ 2,223,693	\$ 207,580	\$ 104,739	\$ 64,053	\$ 124,732	\$ 35,355	\$ (1,178,447)	\$ 2,912,563

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2021

<i>(in thousands of dollars)</i>	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Operating revenue and other support											
Patient service revenue	\$ -	\$ 1,683,612	\$ 230,810	\$ 82,373	\$ 61,814	\$ 59,686	\$ -	\$ 2,118,295	\$ 19,992	\$ -	\$ 2,138,287
Contracted revenue	7,266	129,880	379	-	162	2,963	(55,753)	84,897	380	(14)	85,263
Other operating revenue	29,784	404,547	6,775	1,905	4,370	1,175	(37,287)	411,269	15,490	(1,801)	424,958
Net assets released from restrictions	197	12,631	1,182	61	200	201	-	14,472	729	-	15,201
Total operating revenue and other support	37,247	2,230,670	239,146	84,339	66,546	64,025	(93,040)	2,628,933	36,591	(1,815)	2,663,709
Operating expenses											
Salaries	-	988,595	118,678	40,567	33,611	29,119	(42,565)	1,168,005	16,800	1,105	1,185,910
Employee benefits	-	251,774	29,084	7,141	6,550	7,668	(5,159)	297,958	3,877	307	302,142
Medications and medical supplies	-	481,863	41,669	9,776	7,604	3,275	(65)	544,102	1,421	-	545,523
Purchased services and other	19,503	291,364	33,737	12,396	16,591	14,884	(18,065)	370,410	15,395	(1,856)	383,949
Medicaid enhancement tax	-	57,312	8,315	3,075	2,523	1,716	-	72,941	-	-	72,941
Depreciation and amortization	10	67,666	8,623	3,366	4,364	2,617	-	86,646	2,275	-	88,921
Interest	32,324	24,158	936	875	1,077	510	(29,495)	30,385	402	-	30,787
Total operating expenses	51,837	2,162,732	241,942	77,196	72,320	59,789	(95,369)	2,570,447	40,170	(444)	2,610,173
Operating (loss) margin	(14,590)	67,938	(2,796)	7,143	(5,774)	4,236	2,329	58,486	(3,579)	(1,371)	53,536
Non-operating gains (losses)											
Investment income (losses), net	1,223	172,461	3,546	2,495	4,506	3,875	(137)	187,969	15,807	-	203,776
Other components of net periodic pension and post-retirement benefit income	-	13,028	547	-	-	(16)	-	13,559	-	-	13,559
Other (losses) income, net	(3,540)	(653)	(332)	-	2	194	(2,192)	(6,521)	917	1,371	(4,233)
Total non-operating (losses) gains, net	(2,317)	184,836	3,761	2,495	4,508	4,053	(2,329)	195,007	16,724	1,371	213,102
(Deficiency) excess of revenue over expenses	(16,907)	252,774	965	9,638	(1,266)	8,289	-	253,493	13,145	-	266,638
Net assets without donor restrictions											
Net assets released from restrictions for capital	-	1,076	600	-	108	224	-	2,008	9	-	2,017
Change in funded status of pension and other postretirement benefits	-	43,047	16,007	-	-	78	-	59,132	-	-	59,132
Net assets transferred to (from) affiliates	8,859	(13,548)	(42)	-	4,557	-	-	(174)	174	-	-
Other changes in net assets	-	(20)	(35)	(120)	-	-	-	(175)	(11)	-	(186)
Increase in net assets without donor restrictions	\$ (8,048)	\$ 283,329	\$ 17,495	\$ 9,518	\$ 3,399	\$ 8,591	\$ -	\$ 314,284	\$ 13,317	\$ -	\$ 327,601

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2021

<i>(in thousands of dollars)</i>	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD and Subsidiaries	VNH and Subsidiaries	Eliminations	Health System Consolidated
Operating revenue and other support									
Patient service revenue	\$ -	\$ 1,683,612	\$ 230,810	\$ 61,814	\$ 59,672	\$ 82,373	\$ 20,006	\$ -	\$ 2,138,287
Contracted revenue	7,266	130,261	379	161	2,963	-	-	(55,767)	85,263
Other operating revenue	29,784	406,911	6,862	4,370	2,839	11,997	1,283	(39,088)	424,958
Net assets released from restrictions	197	13,290	1,196	199	201	118	-	-	15,201
Total operating revenue and other support	37,247	2,234,074	239,247	66,544	65,675	94,488	21,289	(94,855)	2,663,709
Operating expenses									
Salaries	-	988,595	118,711	33,611	29,986	44,240	12,227	(41,460)	1,185,910
Employee benefits	-	251,774	29,994	6,550	7,820	7,884	2,972	(4,852)	302,142
Medications and medical supplies	-	481,863	41,669	7,604	3,270	9,784	1,418	(85)	545,523
Purchased services and other	19,505	294,228	33,912	16,589	15,395	15,455	8,786	(19,921)	383,949
Medicaid enhancement tax	-	57,312	8,315	2,523	1,716	3,075	-	-	172,941
Depreciation and amortization	10	67,666	8,752	4,364	2,741	5,003	385	-	88,921
Interest	32,324	24,158	936	1,077	510	1,217	60	(29,495)	30,787
Total operating expenses	51,839	2,165,596	242,289	72,318	61,438	86,658	25,848	(95,813)	2,610,173
Operating (loss) margin	(14,592)	68,478	(3,042)	(5,774)	4,237	7,830	(4,559)	958	53,536
Non-operating gains (losses)									
Investment income (losses), net	1,223	179,357	6,317	4,506	4,066	2,472	5,972	(137)	203,776
Other components of net periodic pension and post retirement benefit income	-	13,028	547	-	(16)	-	-	-	13,559
Other (losses) income, net	(3,540)	(653)	(346)	2	207	-	918	(821)	(4,233)
Total non-operating (losses) gains, net	(2,317)	191,732	6,518	4,508	4,257	2,472	6,890	(958)	213,102
(Deficiency) excess of revenue over expenses	(16,909)	260,210	3,476	(1,266)	8,494	10,302	2,331	-	266,638
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	1,085	600	108	224	-	-	-	2,017
Change in funded status of pension and other postretirement benefits	-	43,047	16,007	-	78	-	-	-	59,132
Net assets transferred to (from) affiliates	8,859	(13,548)	-	4,557	-	-	132	-	-
Other changes in net assets	-	(20)	(46)	-	-	(120)	-	-	(186)
Increase in net assets without donor restrictions	\$ (8,050)	\$ 290,774	\$ 20,037	\$ 3,399	\$ 8,796	\$ 10,182	\$ 2,463	\$ -	\$ 327,601

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2020

<i>(in thousands of dollars)</i>	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Operating revenue and other support											
Patient service revenue	\$ -	\$ 1,490,516	\$ 207,416	\$ 65,496	\$ 53,943	\$ 41,349	\$ -	\$ 1,858,720	\$ 21,305	\$ -	\$ 1,880,025
Contracted revenue	5,369	114,906	400	-	10	7,427	(54,543)	73,569	498	(39)	74,028
Other operating revenue	26,349	321,028	16,406	7,179	10,185	7,847	(28,972)	360,022	15,128	(528)	374,622
Net assets released from restrictions	409	13,013	1,315	162	160	84	-	15,143	1,117	-	16,260
Total operating revenue and other support	32,127	1,939,463	225,537	72,837	64,298	56,707	(83,515)	2,307,454	38,048	(567)	2,344,935
Operating expenses											
Salaries	-	947,275	115,777	37,596	33,073	27,600	(34,706)	1,126,615	17,007	1,201	1,144,823
Employee benefits	-	227,138	26,979	6,214	6,741	6,344	(4,864)	268,552	4,009	311	272,872
Medications and medical supplies	-	401,165	36,313	8,390	5,140	2,944	-	453,952	1,429	-	455,381
Purchased services and other	13,615	284,714	31,864	11,639	14,311	13,351	(20,942)	348,552	13,943	(1,999)	360,496
Medicaid enhancement tax	-	59,708	8,476	3,226	2,853	1,747	-	76,010	-	-	76,010
Depreciation and amortization	14	71,108	9,351	3,361	3,601	2,475	-	89,910	2,254	-	92,164
Interest	25,780	23,431	953	906	1,097	252	(25,412)	27,007	315	-	27,322
Total operating expenses	39,409	2,014,539	229,713	71,332	66,816	54,713	(85,924)	2,390,598	38,957	(487)	2,429,068
Operating (loss) margin	(7,282)	(75,076)	(4,176)	1,505	(2,518)	1,994	2,409	(83,144)	(909)	(80)	(84,133)
Non-operating gains (losses)											
Investment income (losses), net	4,877	18,522	714	292	359	433	(198)	24,999	2,048	-	27,047
Other components of net periodic pension and post-retirement benefit income	-	8,793	1,883	-	-	-	-	10,810	-	-	10,810
Other (losses) income, net	(3,932)	(1,077)	(569)	(205)	544	4,317	(2,211)	(3,133)	346	80	(2,707)
Total non-operating gains (losses), net	945	26,238	2,028	87	903	4,884	(2,409)	32,676	2,394	80	35,150
(Deficiency) excess of revenue over expenses	(6,337)	(48,838)	(2,148)	1,592	(1,615)	6,878	-	(50,468)	1,485	-	(48,983)
Net assets without donor restrictions											
Net assets released from restrictions for capital	-	564	179	-	344	300	-	1,387	27	-	1,414
Change in funded status of pension and other postretirement benefits	-	(58,513)	(13,321)	-	-	(7,188)	-	(79,022)	-	-	(79,022)
Net assets transferred to (from) affiliates	4,375	(7,269)	(32)	219	1,911	15	-	(781)	781	-	(2,316)
Other changes in net assets	-	-	-	-	-	-	-	-	(2,316)	-	(2,316)
Increase in net assets without donor restrictions	\$ (1,962)	\$ (114,056)	\$ (15,322)	\$ 1,811	\$ 640	\$ 5	\$ -	\$ (128,884)	\$ (23)	\$ -	\$ (128,907)

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2020

<i>(in thousands of dollars)</i>	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	VNH and Subsidiaries	Eliminations	Health System Consolidated
Operating revenue and other support									
Patient service revenue	\$ -	\$ 1,490,516	\$ 207,416	\$ 53,943	\$ 41,348	\$ 65,496	\$ 21,306	\$ -	\$ 1,880,025
Contracted revenue	5,369	115,403	400	10	7,427	-	-	(54,581)	74,028
Other operating revenue	26,349	323,151	16,472	10,185	9,482	16,726	1,757	(29,500)	374,622
Net assets released from restrictions	409	13,660	1,335	160	83	613	-	-	16,260
Total operating revenue and other support	32,127	1,942,730	225,623	64,298	58,340	82,835	23,063	(84,081)	2,344,935
Operating expenses									
Salaries	-	947,275	115,809	33,073	28,477	41,085	12,608	(33,504)	1,144,823
Employee benefits	-	227,138	26,988	6,741	6,517	7,123	2,918	(4,553)	272,872
Medications and medical supplies	-	401,165	36,313	5,140	2,941	8,401	1,421	-	455,381
Purchased services and other	13,615	287,948	32,099	14,311	13,767	14,589	7,108	(22,941)	360,496
Medicaid enhancement tax	-	59,708	8,476	2,853	1,747	3,226	-	-	76,010
Depreciation and amortization	14	71,109	9,480	3,601	2,596	5,004	360	-	92,164
Interest	25,780	23,431	953	1,097	252	1,159	62	(25,412)	27,322
Total operating expenses	39,409	2,017,774	230,118	66,816	56,297	80,587	24,477	(86,410)	2,429,068
Operating (loss) margin	(7,282)	(75,044)	(4,495)	(2,518)	2,043	2,248	(1,414)	2,329	(84,133)
Non-operating gains (losses)									
Investment income (losses), net	4,877	19,361	1,305	359	463	292	588	(198)	27,047
Other components of net periodic pension and post retirement benefit income	-	8,793	1,883	-	134	-	-	-	10,810
Other (losses) income, net	(3,932)	(1,077)	(569)	(25)	4,318	(205)	914	(2,131)	(2,707)
Total non-operating gains (losses), net	945	27,077	2,619	334	4,915	87	1,502	(2,329)	35,150
(Deficiency) excess of revenue over expenses	(6,337)	(47,967)	(1,876)	(2,184)	6,958	2,335	88	-	(48,983)
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	591	179	344	300	-	-	-	1,414
Change in funded status of pension and other postretirement benefits	-	(58,513)	(13,321)	-	(7,188)	-	-	-	(79,022)
Net assets transferred to (from) affiliates	4,377	(7,282)	10	1,911	15	219	750	-	(2,316)
Other changes in net assets	-	-	(2,316)	-	-	-	-	-	(2,316)
Increase (decrease) in net assets without donor restrictions	\$ (1,960)	\$ (113,171)	\$ (17,324)	\$ 71	\$ 85	\$ 2,554	\$ 838	\$ -	\$ (128,907)

Dartmouth-Hitchcock Health and Subsidiaries
Note to Supplemental Consolidating Information
June 30, 2021 and 2020

1. Basis of Presentation

The accompanying supplemental consolidating information includes the consolidating balance sheet and the consolidating statement of operations and changes in net assets without donor restrictions of D-HH and its subsidiaries. All significant intercompany accounts and transactions between D-HH and its subsidiaries have been eliminated. The consolidating information presented is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America consistent with the consolidated financial statements. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements and is not required as part of the basic financial statements.

Cheshire Medical Center - Board of Trustees (June 2022)

- Susan Abert, Chair
- Mark Bodin
- Elizabeth Cotter
- Barbara Duckett, Secretary
- Michael Farhm
- Mark Gavin, Vice Chair
- Nathalie Houder
- Susan Howard
- Michael Kapiloff
- Stephen LeBlanc
- Robert Mitchell, Treasurer
- Maria Padin, MD
- Andy Tremblay, MD
- Michael Waters

Ex Officio members

- Don Caruso, MD, MPH
- Cherie Holmes, MD
- Claire Fabian, MD

Heather Trempe

Masters level Mental Health Clinician

2025 - 2026

heather.trempe@gmail.com

1-800-832-2343

Authorized to work in the US for any employer

Work Experience

Clinician

The Doorway at Cheshire Medical Center - Keene, NH

November 2019 to Present

- Facilitate access to care for individuals effected by substance use.
- Services may include referrals to residential, detox, outpatient services, intensive outpatient, and/or medically assisted treatment.
- Assist individuals with seeking housing opportunities, applying for benefits, and navigating everyday life challenges.
- Run a 10 week Anger Management group year round.

Assistant Director/Trauma Therapist

Neurodevelopmental Therapy Services, Inc - Manchester, NH

April 2019 to July 2019

- 60 day residential facility
- 1:1 therapy with children twice a week.
- daily meditation groups
- daily motivational groups

Clinician III

COMMUNITY HEALTHLINK - Leominster, MA

January 2019 to April 2019

- Weekly In home therapy with families and children
- Weekly family therapy without child present to assist with strategies and parent resources.

Supervisor III

Department of Health and Human Services - Manchester, NH

July 2014 to December 2018

- Trains new employees on policies and procedures
- Achieve excellent customer service
- Assists the community with eligibility for food stamps, medicaid, and cash.

Preschool Teacher

The World of Discovery - Londonderry, NH

December 2009 to July 2014

- Create lesson plans encompassing math, reading, writing, art, and science

- managed a classroom of 14-16 3-4 year olds
- Did bi yearly progress reports and family meetings
- Completed evaluations

Education

Master's in Clinical mental health

Southern New Hampshire University - Manchester, NH
January 2016 to December 2018

Bachelor's in Psychology

HESSER COLLEGE - Manchester, NH
2012 to 2015

Associate in Early Childhood Education

HESSER COLLEGE - Manchester, NH
August 2006 to May 2008

Certificate in Early Childhood Education Certification/General Studies

SEACOAST SCHOOL OF TECHNOLOGY - Exeter, NH
September 2004 to June 2006

Skills

- Counseling
- Therapy
- Documentation
- Mental Health
- Case Management
- Microsoft Office
- problem solving
- Management (5 years)
- Cognitive Behavioral Therapy
- Crisis Intervention
- Individual / Group Counseling
- Behavioral Therapy
- Motivational Interviewing
- Group Therapy
- Addiction Counseling
- Child & Family Counseling
- Crnsis Management

Certifications and Licenses

TF-CBT

January 2016 to Present

Completed and 8 hour training on trauma focused cognitive behavior therapy.

Trust-Based Relational Intervention(TBRI)

April 2019 to Present

CPR/AED/First Aid

April 2019 to April 2021

Non-abusive psychological and physical intervention (NAPPI)

April 2019 to Present

Additional Information

- Has over ten years working with children and assisting with their development.
- Demonstrates resourceful and positive outlook for the best answer to each client's needs and wants.
- Able to work efficiently and stay calm with clients and assist with looking for resources in their community.
- Punctual and motivated

Nelson Hayden MLADC, MBA, MSF

com

Objective

I would like to find a position where I can combine the knowledge and experience I have in the counseling and substance use disorder field with my strong business acumen and administrative experience. I have held leadership positions in a wide array of situations including hospitality, clinical practice, and non-profit Boards of Directors. I seek an organization that values leadership and hard work where my talents will be used fully.

Professional Experience

Director Community Substance Use Services – Cheshire Medical Center – Keene, NH February 2019 – Present

- The Doorway at Cheshire Medical Center is one of nine Doorways that make up regional access points as part of a \$45 Million State Opioid Response to address the substance use disorder crisis in New Hampshire. In this position, I have created a new department as part of the Center for Population Health including staffing, budgeting and creating systems for measurement of our objectives.
- As part of my position as Director of the Doorway I have led a diverse group including physicians, nurses, nurse practitioners, behavioral health clinicians and community partners to develop a Medically Assisted Treatment plan for both our inpatient population and our Emergency Department. This has led to better patient care, improved access to substance use treatment, and better experiences for staff and patients alike.
- We are not technically a treatment program but rather a facilitating organization which helps individuals seeking treatment for their substance use disorder with appropriate ASAM levels of care. We assess, consent, and refer clients/patients to various levels of care and provide interim therapy as well as case management while they are waiting for placement.

Counseling Intern/Senior Counselor – Dublin Phoenix House – Dublin, NH October 2017 – February 2019

- The Dublin Phoenix House is a 49 Bed coeducational Residential Treatment Home for people with Substance Use Disorders. This nonprofit facility believes in the understanding that addiction is a chronic disease not a moral failing. Individuals suffering from substance use disorders deserve and require evidence-based treatment in settings that offer privacy and dignity.
- In this second-year internship, my work focused upon two major areas: 1) developing treatment plans and transitional support for a caseload of 6-10 individual clients and 2) facilitating groups for males and females of up to 30 members and educating group participants in areas such as Helping Men Recover, 12-Step Introduction, Seeking Safety and psychoeducation surrounding addiction and recovery. My success in the internship led to employment as a Senior Counselor.
- My caseload consists of up to ten clients and developing self-directed treatment plans, mental health evaluation, counseling these clients in individual, family, and group settings. In addition to the traditional counseling performed for the substance use population, I perform a great deal of case management including assisting with housing, co-managing treatment and aftercare with various social and corrections departments, improving bio-psycho-social health and creating transition plans for the same and evaluating financial and vocational concerns and creating improvement plans.

Counseling Intern - Keene State College - Keene, NH

August 2016 - May 2017

- The Keene State College Counseling Center is a highly sought-after internship for Antioch University Clinical Mental Health Counseling Students. I was fortunate enough to be able to participate in this program in my first year of internship due in part to the extensive organizational development in the Substance Use arena. I was the initial intern for a new Keene State College Counseling Internship focusing on Alcohol and Other Drugs and working under Michelle M. Morrow, Ph.D. who was the Coordinator of AOD Prevention, Treatment, and Education Services.
- In this specialized internship, my work focused upon two major areas: 1) providing interventions (both individual and small group interventions) and 2) helping to develop and deliver outreach and prevention efforts to address alcohol and other drug misuse on campus. We performed weekly outreach in the residence halls, met with each athletic team, and performed educational outreach to all incoming freshmen.
- As an intern, I was able to co-facilitate a general process group with a senior staff member. Additionally, my work included co-facilitating a bi-monthly Alcohol Education Class that included bystander intervention components.
- My caseload included conducting BASICS and CASICS (*Brief Alcohol Screening and Intervention for College Students/Cannabis Screening and Intervention for College Students*). BASICS and CASICS are empirically supported treatments that include the student completing an online feedback profile and attending 1 to 2 sessions that emphasize the examination of their own use patterns and behavior within a Motivational Interviewing framework. The aim of BASICS/CASICS is to reduce risky behaviors and the harmful consequences of use by increasing awareness and increasing the use of protective behaviors. Additionally, I saw students through a general caseload, where I focused primarily on CBT and Motivational Interviewing to help the students best adjust and perform in the higher education setting.

Administrator - Sheth-Horsley Eye Center - Stoneham, MA

June 2010 - October 2013

- In this position, I was able to navigate the change in ownership of this longstanding practice, we grew the practice significantly in a short amount of time using premium cataract surgery and refractive surgery. I brought a culture of patient satisfaction to the reception and clinical staffs as well as to the doctor, which helped to increase patient visits. We worked diligently with the referral community to exceed HEDIS standards and promote communication.
- We were able to implement systems where practitioners worked to the maximum of their licensure and ability, thereby increasing overall efficiencies in the practice.
- I was able to evaluate the billing and collections for the practice and collaborate to improve processes to increase the average daily collections by 50% and reduce the number of days sales were outstanding from 48 days to 39 days.

Executive Director - Tallman Eye Associates - Lawrence, MA

February 2006 through March 2010

- As Executive Director for this 18-doctor private practice I helped to increase revenues by 43% in the clinic and 45% in the optical dispensaries over four years. Total revenues exceeded \$13 Million.
- Our team was able to expand the capacity of the organization through adjustments to the physical plant, provider relations, schedule engineering, and human resources development.
- I was able to lead the transition of this large group from restrictive systems to integrated processes through the use of IT. The use of technology improved transparency, efficiency, as well as communication and revenues.

Education

Antioch University - MA CMHC Program Substance Abuse Counseling Focus

June 2015- May 2018

I recently completed a Masters in Clinical Mental Health Counseling with a concentration in Substance Abuse Counseling at Antioch University. I completed coursework in Social Cultural Diversity, Group Approaches to Counseling, Ethics, Fundamental Therapeutic Interactions, Counseling Theories, Human Development, and Career & Lifestyle Counseling in my first year. In my second year, I completed coursework in Human Sexuality & Sex Therapy, Psychopharmacology, Psychopathology, Family Counseling Approaches to Addiction, and Integrated Approaches to Addiction Counseling, Crisis and Trauma Informed Therapy, Research and Evaluation in Counseling and Therapy, and Issues in Addiction Recovery. I transferred to Antioch as it offers a classroom aspect to the program and can lead to licensure in the State of New Hampshire.

University of South Dakota - MS Addiction Studies

January 2013 - August 2013

I enrolled as a degree-seeking student at the University of South Dakota, seeking a Masters in Addiction Studies. I completed my first two terms with a 4.0 Grade Point Average. The coursework included pharmacology, alcohol and drug counseling theories, addiction studies research, and addressing families and drug and alcohol issues.

Northeastern University - MBA/MSF Program

January 2010 - August 2012

I completed my MBA program at Northeastern University and took an extra semester to earn a Master of Science in Finance as well. I was fortunate enough to walk through Commencement on May 4, 2012 and realize the fruits of this two and a half year effort. The curriculum included coursework in Organizations in the New Economy, Healthcare Finance, Strategic Decisions in Healthcare, Financial Strategy, Financial Accounting and Management Accounting.

State University of New York - BS Business Management/Health Services

2006 - 2009

I spent three years completing my undergraduate degree while altering my focus from liberal arts focus to a business management degree with a concentration in health care management.

University of Southern California - English Literature

1984 - 1989

Spent five years working towards a BA Degree in English Literature. Rowed for the University of Southern California Crew Team in 1984 and 1985. Vice President of the Phi Kappa Tau Fraternity in 1987, President in 1989.

Organizational Involvement

Recovery Task Force

August 2015 - Present

I currently sit on this committee, which is part of the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment. The work done by this task force includes standards for NH Recovery Housing, as well as helping with the Recovery Aspect of the State Plan. The mission of the recovery task force is to promote effective community based Recovery Support Services by recommending to the Governor's Commission policies, practices and funding to address unmet needs in the continuum of care for SUD.

Monadnock Alcohol & Drug Abuse Coalition

April 2015 - December 2016

I recently concluded volunteering with this Prevention Coalition in Keene, NH. The Monadnock Alcohol and Drug Abuse Coalition works to reduce alcohol and drug use and misuse in Cheshire County. I contributed to the organization through strengthening the bond along the continuum of care. I have done this through participation in Recovery Coach Training, leading the Compliance Check initiative for local retailers. I have also carried

MADAC's message to other agencies including Monadnock Family Services, Acting Out, and the Keene Serenity Center. I have trained over 80 Recovery Coaches in Keene through three-week long training sessions.

Board Member/Treasurer New Hampshire Providers Association

July 2015 - 2019

The mission of the NH Providers Association is to represent its members in advancing substance use prevention, treatment and recovery through public policy, leadership, professional development, and quality member services. I have been a Board Member, their VP of Recovery, and a member of the Finance Committee for this organization and I am very excited about the opportunity to serve this organization and help advocate for providers of drug and alcohol treatment in the State of New Hampshire.

Board Member/Treasurer Monadnock Restorative Community

July 2015 - December 2016

Monadnock Restorative Community promotes recovery and successful re-integration of recently incarcerated women with an addiction into the larger community through an outpatient setting designed to achieve health and wholeness of mind, body and spirit. This organization has been active in the use of Recovery Coaches and Community mentors in order to assist these women. Much of my contribution is my business acumen as well as my experiences with Recovery Coaching and business planning.

Board Member/Treasurer Keene Serenity Center

January 2016 - 2019

The Serenity Center is a membership organization and a separate entity that is neither affiliated with nor financed by any recovery program or other organization. We recognize that there are many pathways to successful recovery from addictions, and we welcome people on all paths to recovery and their families. Our center provides a safe haven to initiate and / or maintain long-term recovery through peer-to-peer support meetings and fellowship. At present, we have over 20 meetings serving more than 300 people each week. I am most proud that this organization was chosen as one of five Community Recovery Organizations to work with Harbor Homes and the Bureau of Drug and Alcohol Services to promote peer-to-peer recovery.

Selectman, Town of Roxbury

March 2016 - 2019

The Town of Roxbury, NH is located in Cheshire County, in the southwest corner of the State of New Hampshire. It is known to be the fourth smallest community in the State, with a population of less than 240 people. Roxbury was incorporated 1812. Roxbury is also home of The Otter Brook Dam and Lake / Recreation Area. It was built by The Army Corp. of Engineers from 1956-1958. With its small New England charm, Roxbury, New Hampshire is a wonderful place to live and a relaxing place to explore.

References

References are available upon request.

Laurie Butz-Meyerrose

Objective To obtain a job in the field of Mental Health and Substance Abuse Counseling

Experience

Clinician

The Doorway @ Cheshire Medical
Keene, New Hampshire

March 25, 2019 – Present

Assessments and referrals for substance abuse treatment Coordinate treatment for and aftercare in the community Meet with patients, perform assessments and make referrals dependent on level of care Assist in coordinating follow up care that includes housing, legal issues, ongoing MAT, mental health, physical health, and insurance

Senior Counselor

Sobriety Centers of New Hampshire – Antrim House
Antrim, NH

January 2016 – current

Assessments, individual and group counseling Create, implement and review treatment plans Coordinate discharge and follow up care in the community Vast experience working with Medicaid
Outpatient clinical with former clients, establishing bridge program back into the community

Senior Counselor

Phoenix House, Dublin, New Hampshire

January 2015 – Current

Intakes and Assessments

Individual and Group Counseling

Create, implement and Review Treatment Plans

Coordinate discharge, working closely with transitional living, community mental health, department of corrections, DCYF

Case Manager

Crooked Mountain Rehabilitation Hospital, Greenfield, New Hampshire

August 2010 – January 2015

Discharge Planning

Coordination of Insurance Updates

Coordination of services and transitioning of patients into the community

Data Entry

TD Bank, Keene, New Hampshire

October 2009 – May 2010

Temporary Assignment, Data Entry

Case Manager

AIDS Services for the Monadnock Region, Gilsom, New Hampshire

June 2007 – July 2009

Responsible for 20 – 25 HIV/HepC clients

Care Program Applications, Application for community benefits

Meetings at the State for continued funding processes

Education

MS Clinical Mental Health Counseling

Walden University, Minneapolis, MN

November 2014

Chi Sigma Iota Honor Society/Concentration in Forensic Counseling

Golden Key International Honor Society

BA Psychology

Ashford University, Clinton, IA

May 2010

Magna Cum Laude

License

LCHMC, MLADC, ACS

Louise K. Butz-Meyenose

Tracy Grissom, MA, LCMHC, NCC

EXPERIENCE

Phoenix House, Keene - New Hampshire Director of Access and Clinical Manager of Keene Residential Program

JUNE 2017 - PRESENT

- Build and foster relationships with stakeholders
- Uphold clinical framework of residential program
- Communicate the need for treatment by requesting pre-authorizations and concurrent reviews to insurance providers consistent with the ASAM criteria
- Provide administrative and clinical supervision to clinical and non-clinical staff

Meadowview Recovery Residence, Brattleboro, VT - Program Care Coordinator

JUNE 2016 - JUNE 2017

- Provided clinical framework and group supervision for staff
- Cultivated and maintained relationships with referral sources
- Coordinated all intakes, discharges, and referrals for program in collaboration with VT Dept of Mental Health and team members
- Assisted in collecting essential data for reporting to the state and agency

Health Care and Rehabilitation Services, Hartford, VT - Clinician I

JANUARY 2015 - JUNE 2016

- Completed clinical assessments and formulated diagnosis in accordance with DSM-5
- Maintained accurate and timely clinical documentation in Electronic Medical Record
- Assisted individuals in identifying and prioritizing treatment goals
- Designed client centered treatment plans with specific goals allowing for measurable progress and completion of treatment

Health Care and Rehabilitation Services, Brattleboro, VT - Case Manager I

SEPTEMBER 2013 - JANUARY 2015

- Referred individuals to community resources based on presenting need and scheduled required evaluations and assessments.
- Promoted independence through skill acquisition in activities of daily living.
- Modeled appropriate and healthy boundaries.
- Conducted mental health screenings and sub assessments in a timely manner.

Education

Antioch University New England, *Master of Arts* in Dance/Movement Therapy and Counseling, MAY 2013

Martha Barnard, LCMHC, MLADC

431

Objective: To work in a socially progressive setting dedicated to mental health wellness and substance abuse recovery and to further my counseling development

Clinical Experience

COURT MENTAL HEALTH CLINICIAN

May 2017 - Current

Cheshire County Drug Court - Keene, NH

- Intensive outpatient counseling for clients diagnosed Substance Use Disorder/Co-Occurring
- Individual counseling with a caseload of 10 clients engaged in the IOP programming
- Facilitates group therapy for diagnoses of SUD/PTSD/Borderline, Antisocial Personality traits
- Administers screening and completes mental health biopsychosocial assessments
- Works on a multi-disciplinary team making treatment recommendations to the court
- Identifies appropriate community referrals to be utilized in case management

COUNSELING CLINICAL INTERN

September 2016 - May 2017

Cheshire County Department of Corrections - Keene, NH

- 1:1 counseling with caseload of 6-7 incarcerated clients with SUD and co-occurring disorders
- Co-Facilitated psychoeducational substance abuse recovery group with men and women
- Worked with clients diagnosed with PTSD, Antisocial and Borderline Personality Disorders
- Aided underprivileged, socio-economically disadvantaged clients
- Built on skills of clinical documentation by completing biopsychosocial assessments

COUNSELING CLINICAL INTERN

August 2015 - May 2016

Hilltop Recovery Residence (HCRS) - Bellows Falls, Vermont

- Provided individual supportive counseling in Level III Care
- Facilitated psychoeducational group based on vocation/education
- Co-Facilitated therapeutic group counseling on topic of interpersonal/intimate relationships
- Trained in assessment, screening and treatment planning
- Displayed competence in clinical documentation

TRANSITIONAL AID/RESIDENTIAL COUNSELOR

Jan 2008 - July 2010

Antrim Girls Shelter & School - Antrim, NH

- Provided social, emotional and behavioral counseling to girls ages 11-17
- Assessed and encouraged comfortable transition to on-site school
- Utilized 1:1 crisis stabilization, team building, group and/or individual counseling
- Accepted responsibilities of Charge Staff
- Acted as an adolescent's advocate to the court

Education

Antioch University New England - Keene, NH

May 2017

Master of Arts in Clinical Mental Health Counseling/Substance Abuse concentration

Chi Sigma Iota - Counseling Academic and Professional Honor Society International

Keene State College - Keene, NH

May 2007

Bachelor of Arts in Sociology, Minor in Women's Studies

Certifications/Licenses

	Issue Date
● State of NH Board Licensed Clinical Mental Health Counselor	2020
● State of NH Board Licensed Master Alcohol and Drug Counselor	2022
● Basic Life Support (CPR/AED)	2021
● MRT Domestic Violence Certification	2020
● NCC National Certified Counselor	2017
● Moral Reconciliation Therapy Certification	2017
○ Cognitive Behavioral Therapy to address criminal thinking/behavior	
○ MRT Trauma certification	
● CPI - Nonviolent Crisis Intervention	2017
● New Hampshire Disaster Behavioral Response Team	2015

Skills

● EMDR 40-hour basic training	2021
● Dialectical Behavior Therapy	2019
○ Basics in teaching groups and integrating skills for individual therapy	

References Available Upon Request

Brodie Iosue, LICSW

OBJECTIVE

To obtain a clinical social work position that will enable me to provide quality care to individuals with substance use and co-occurring disorders, within a strong team environment. Strengths include relationship building skills, passion for increasing clinical knowledge and experience, empathy, and determination.

EDUCATION

University of New Hampshire – Durham, NH Master of Social Work	UNH Phi Alpha Social Work Honors Society	May 2019
University of New Hampshire - Durham, NH Bachelor of Arts in Psychology	University Scholar GPA 3.57	May 2016
Bond University – Queensland, Australia Semester Abroad Studying Psychology		January 2015-April 2015 Global Ambassador

PROFESSIONAL EXPERIENCE

Monadnock Family Services – Keene, NH
Clinician – Child, Adolescent, and Families Program
May 2019 – Present

- Provides client-centered individual and family therapy in outpatient setting
- Assesses and diagnoses a variety of mental health disorders in children
- Facilitates Adolescent Dialectical Behavior Therapy treatment group
- Collaborates with a multidisciplinary team of professionals

Willows Substance Use Treatment Center – Manchester, NH
Clinical Intern
September 2018 – May 2019

- Provides individual counseling to clients with substance use disorders
- Facilitates psycho-education intensive outpatient and outpatient groups
- Responsible for substance use disorder treatment planning
- Extensive clinical work with co-occurring disorders

Seacoast Learning Collaborative – Rochester, NH
Social Work Intern
August 2017 – May 2018

- Provided support and in-moment counseling for high school students in a small therapeutic setting
- Assisted in developing IEP's and measurable goals to encourage student success
- Attended and contributed to daily collaborative staff meetings

Cheshire County Drug Court – Keene, NH
Drug Court Intern
Summer 2014

- Assisted with client risk assessments
- Attended weekly drug court team meetings and court sessions
- Reviewed participant's logs to ensure compliance with weekly expectations

SKILLS & ADDITIONAL EXPERIENCE

- Child Parent Psychotherapy (CPP) Nationally Rostered Provider – March 2021
- Training in Treating Eating Disorders
- Seeking Safety: An Evidence-Based Model for Trauma and/or Substance Abuse – October 2021
- Trauma-Focused Cognitive Behavioral Therapy Training – February 2019

JUDY GALLAGHER, MA, M-LADC

EDUCATION AND LICENSURE

MLADC: Master Licensed Alcohol and Drug Counselor - State of New Hampshire
M A Counseling Psychology Antioch New England, Keene, NH
B A. Psychology: University of Texas at Dallas, Richardson, TX

9/2015
11/2000
8/1996

PROFESSIONAL PROFILE

- Qualified in counseling clients diagnosed with severe and persistent mental illness and substance use disorders.
- Adept at client assessments, intakes, treatment and individual service plans, and referrals
- Trained in and implementation of Strength Based Counseling, Motivational Interviewing, Precursors to Change Model, MRT (Moral Reconciliation Therapy), CBT (Cognitive Behavioral Therapy), Emergent curriculum training (group counseling skills working with domestic violence abusers), DBT (Dialectical Behavioral Therapy), and Mindfulness Based Relapse Prevention
- Open and effective interpersonal communication skills.
- Excellent computer and organizational skills, file keeping, and assessment writing
- Clinical Supervision experience and continuing education certificate from Antioch University New England.

PROFESSIONAL EXPERIENCE

Cheshire County Behavioral Health Court (Alternative Sentencing, Mental Health Court and Drug Court Programs)

CLINICAL CASE MANAGER

Keene, NH
06/11-Pres

- Assess individuals facing criminal charges for substance use disorders and mental illness utilizing the Bio-Pscho-Social interview, Global Appraisal of Individual Needs (GAIN), and/or the Ohio Risk Assessment System (ORAS) tools.
- Develop comprehensive individualized service plans and refer participants to needed community resources
- Conduct weekly case management meetings, provide brief supportive counseling and crisis intervention, facilitated a relapse prevention group, regularly review progress of the individualized service plan.
- Assist clients with insurance, SSI/SSDI, food stamps and housing applications.
- Maintain ongoing communication and collaboration with community mental health agencies, contracted treatment providers, department of children, youth and family services (DCYF) house of corrections, judicial services and probation and parole.
- Provide updates and clinical summaries to the court with the client present, to inform of their level of progress and ongoing needs
- Work with and actively involve client's family members, significant others and other support persons in order to increase success in recovery from substance use and mental illness.
- Provide random urinalysis and breathalyzer monitoring.
- Active member and participant in the following: Mental Health Court monthly meetings, Cheshire County Domestic Violence Council (CCDVC) and Offender Rehabilitation Support Team (OREST)
- Provide supervision for Master and Bachelor level interns
- Planned, developed and fully implemented in 2012-2013, as part of an interdisciplinary team, a Drug Court Program in the Superior Court of Cheshire County

Serenity Center

MLADC SUPERVISOR - CONTRACTED POSITION

Keene, NH
10/17-3/18

Provided individual and group supervision to recovery coaches working toward their CRSW

Monadnock Family Services – Emerald House – (Adult Transition Residence)

Keene, NH
09/14-12/17
05/12-05/13
06/00-11/03

RESIDENTIAL EDUCATOR – PART TIME/PER DIEM

Provided supportive supervision and maintain structure of a therapeutic milieu for residents recovering from severe and persistent mental illness, recently discharged from the state hospital and working toward transition into the community.

Educated and supported residents in independent living skills.

Monitored medication distribution, provide vocational and social skills education, facilitate community integration, and support client management of psychiatric symptoms and overall physical and mental well-being. Participated in crisis care for residents.

Worked as a team member to promote open communication and exceptional client care

Completed documentation and progress notes in EMR system

State of Vermont (Department of Aging and Independent Living)

Springfield, VT
01/11-04/11

VOCATIONAL REHABILITATION COUNSELOR

Provided assessment, guidance counseling, and case management to adults with physical, psychiatric, and/or cognitive disabilities including substance abuse and dependence to successfully obtain and maintain employment.

Collaborated with community providers and attended consults to better serve clients.

Maintained appropriate documentation and case files.

Referred clients for vocational, medical, substance abuse and mental health services

Attended bi-weekly treatment team meetings

Washington County Community Corrections Center (Alternative Sentencing Program)

Hillsboro, OR
07/04-09/10

RESIDENTIAL CASE MANAGER / TREATMENT DORM COUNSELOR

Provided addiction treatment, mental health counseling, case management, crisis intervention, education, vocational support/counseling, and program supervision for adults in work release custody who were transitioning into the community and/or participating in the 90-day residential alcohol and drug treatment program

Conducted intake interviews, mental health and addiction assessments and referred clients to the on-site psychiatrist for medication needs

Created and implemented individualized case plans based on diagnosis and needs assessments.

Facilitated psycho-educational groups Mindfulness Based Relapse Prevention, Matrix Addiction Education, Stages of Change, Coping Skills, Staying Quit

Interviewed clients at the Washington County Jail for program appropriateness and readiness based on the American Society of Addiction Medicine's (ASAM) criteria and the Level of Service Inventory (LSI)

Assessed and appropriately assigned client cases to co-counselors and treatment providers

Worked with employers and the on-site job specialist to assist clients with job search activity and retention.

Participated in transition meetings with client recovery mentor, probation officer, aftercare provider, and other support personnel.

Referred clients to appropriate agencies for advancement including: housing, mental health, Veteran's services, GED, college education, parenting support and education

Attended family planning meetings with client, their family, and Department of Human Services (DHS) case workers in order to support and strengthen client's ability toward gaining independence with their children

Wrote psychosocial assessments, individualized treatment plans, treatment summaries, disciplinary, and reports for the Washington County Jail

Phoenix House – (Outpatient and Residential Addiction Services)

Keene, NH
07/01-07/03

CLINICIAN (Outpatient Services–Cheshire Academy Alternative Sentencing Program):
DUAL DIAGNOSIS CLINICIAN (Residential Services):

Provided individual counseling and case management for adults diagnosed with co-occurring disorders.

- Worked 20 hours in the residential substance abuse recovery program and 20 hours in the outpatient Cheshire Academy Alternative Sentencing Program.
- Facilitated psychotherapy and psycho-educational groups including Women in Recovery, Alcohol and Drug Education, Motivation, Relapse Prevention, Relationships, and Skills Group
- Performed client screening, interviews, substance abuse and mental health assessments
- Completed paperwork including progress notes, client recommendations and evaluations for the courts
- Supervised and implemented community service projects
- Provided supervision for master's level counseling and dance movement therapy interns
- Created and implemented individualized treatment plans and recommendations for aftercare
- Maintained a positive working relationship with community agencies.
- Participated in daily treatment team meetings and weekly group supervision.
- Functioned as part of an interdisciplinary team.
- Maintained regular training for continued professional growth

Riverbend Community Mental Health – (Community Support Program)

Concord, NH
08/00-07/01

OUTPATIENT CLINICIAN.

- Provided brief and long-term individual therapy to a diverse adult client population. Many had co-occurring disorders, and all met the criteria for severe and persistent mental illness.
- Facilitated substance abuse, psycho educational, acute stabilization, and mindfulness groups
- Conducted crisis assessments for hospitalization and crisis coverage for co-workers
- Evaluated potential clients and determined eligibility based upon therapeutic needs and functional impairments
- Communicated and functioned as part of an interdisciplinary team to effectively treat each client's individual needs.
- Attended DBT training and served as a primary individual DBT therapist for several clients
- Maintained and organized client records in accordance with program policies

Phoenix House

Keene, NH
9/99-5/00

COUNSELING INTERN

- Provided individual counseling to a diverse adult client population most of them were participating in the Cheshire Academy Alternative Sentencing Program
- Facilitated and Co-led psycho educational, substance abuse, and psychotherapy groups
- Provided case management for one client to assess and encourage progress within the Cheshire Academy court mandated program.
- Administered and wrote substance abuse evaluations for clients and the courts which consisted of alcohol and drug screening, bio-psycho-social surveys, client intake assessments, and psychological testing

Henry Heywood Hospital – (Mental Health Unit).

Gardner, MA
9/98-5/99

COUNSELING INTERN.

- Provided brief individual counseling and support to a diverse adult inpatient client population.
- Facilitated and co-led psychotherapy, support, and dual diagnosis groups.
- Conducted and wrote intake interviews, cognitive and psychological assessments, and emergency room evaluations to determine if a client required inpatient services
- Assisted with case management, discharge treatment planning, and referrals
- Presented client progress to the attending psychiatrist during daily rounds

Tara S. Abbott

RN

Objective

Seeking an opportunity to obtain a position to apply my education and experience with continued opportunity for growth and knowledge.

Education

Fitchburg State University RN-BSN Program	2020-Current
Mount Wachusett Community College LPN-RN Bridge Program Associates Degree	2017-2018
River Valley Community College-Keene, NH Classes toward completing requirements for Registered Nursing Program	2013-2016
St. Joseph School of Nursing-Nashua, NH Completed LPN Program – Diploma. Served as class Vice President. Received Most Dependable Award for class of 2011	2010-2011
Southern New Hampshire University-Manchester, NH Classes working toward a Business Administration Degree	1998-2000
Pinkerton Academy- Derry, NH High School Diploma.	1987-1992

Experience

Cheshire Medical Center-Keene, NH

2019-Current

Progressive Care Unit RN- Implement total nursing care through the nursing process while communicating effectively with family members and patients. Evaluate and monitor patient response to treatment and progress toward goals. Act as patient advocate; interact in a timely manner between multidisciplinary staff to minimize delays and optimize patient care and efficiency. Administer and execute therapeutic physician and nurse initiated interventions. Worked collaboratively with physicians to discuss and identify patient treatment needs. Modify and individualize care according to patient and family culture, demographics, history and needs.

Cheshire County Department of Corrections-Keene, NH

2011-2019

Medical Services Coordinator- Department Director – since 2015: Provide nursing services, treatments and preventative procedures appropriate for emergency, acute and chronic care. Responsible for planning, organizing and directing the administration of all medical services. Implemented methods and systems to ensure inmate care and documentation reflect an accurate and complete process with the standard of care. Serve on the Medication Assisted Treatment (MAT) committee for substance abuse ensuring continuity of care in recovery while supporting harm reduction. Responsible for the administration and evaluation of nursing practice and the environment of care including staffing, discharge, scheduling, supervision, evaluation, consultation and education of the nursing staff. Verify, oversee and monitor nursing staff for current nursing license, certifications and CEUs to comply with the NH board of nursing. Oversee Medical Services Administrative Assistant and assign responsibilities. Assess, monitor and coordinate patient health care needs, establish medication administration, safety and control in conjunction with consulting pharmacist and medical staff. Collaboration with facility MD, PA-C, Mental Health, LADCs, case management, DOC administration, community health care providers and US Marshal Services to provide appropriate medical care as needed. Develop and review all medical services policies and procedures.

Aware Recovery Care In-Home Addiction Treatment-Bedford, NH

2/2019-11/2019

Care Coordinator - Responsible for admission, care management and discharge of a caseload of clients receiving recovery services in the home. Assessment and development of an appropriate treatment plan to meet individual client needs and goals. Regular evaluation of client progress, including crisis intervention as appropriate. Submit timely clinical documentation. Collaboration and coordination of services with the client, family and all providers involved in the treatment plan. Supervision and delegation of the services rendered to the client by the Certified Recovery Advisors (CRA) in accordance with organization policies. Identify client and family needs for services or other community resources and referrals.



Volunteer Work

PCU Practice Council - Cheshire Medical Center, Keene, NH

2020-Current

Monadnock Regional Special Olympics

2008- Current

Gym Rats Basketball Association

2017- Current

Serenity Center Keene, NH

2018-2019

Keene Knights Football Association

2014-2016

Dawn L Harland, MD, FACP, FASAM

63748

Email:

Place/ Date of Birth:

Education/Post Graduate Training:

University: San Jose State University, San Jose, CA
Degree: BA, 1977-1980
Stanford University, Palo Alto, CA
Fall terms, 1976, 1978

Med School: University of Colorado, Health Sciences Center, Denver, CO
Degree: MD, 1992-1996

Residency: Internal Medicine
Dartmouth Hitchcock Medical Center, Lebanon, NH
Internship and residency, 1996-1999

Fellowship: Cardiology
Dartmouth Hitchcock Medical Center, Lebanon, NH
1999-2000 (partial completion of program)

Subspecialty: Addiction Medicine
10/2015

Licensure and Certification:

Medical License, NH Board of Medicine:
#NH11060, expires 6/30/20

Board Certified, Addiction Medicine:
American Board of Preventive Medicine, #61-1430; 2018

Board Certified, Internal Medicine:
American Board of Internal Medicine, # 192453; 2005, 2015.

Diplomate, American Board of Addiction Medicine, #634405; Dec 2015

Licensure and Certification, continued:

DEA, #BH6949551, exp 10/31/21; DATA 2000 waiver 2014: # XH6949551; 275 cap

NPI # 1487742797

BLS, expires 10/2021

Academic Appointments:

Geisel School of Medicine at Dartmouth

2010 - 2015	Assistant Professor of Medicine and Pediatrics
2003 - 2010	Assistant Professor of Medicine
2000 - 2003	Instructor in Medicine and Pediatrics
1999 - 2000	Instructor in Cardiology

Hospital Appointments:

2000 - 2017	Mary Hitchcock Memorial Hospital Dartmouth Hitchcock Medical Center (DHMC) Active Clinical Professional Staff, Assistant Professor Department: Medicine
2001 - 2003	Department of Veterans Affairs Medical Staff with Clinical Privileges White River Junction, VT

Administrative Leadership Positions:

2017 - 2020	Medical Director, Sobriety Centers of NH (SCNH)- Antrim House
2017 - 2018	Medical Director for New England, Groups- Recover Together
2003 - 2011	Assoc Director for Clinical Affairs, Dartmouth College Health Svc
2002 - 2003	Acting Assoc Director for Clinical Affairs, Dartmouth College
2009 - 2011	Physician Director for CME, Regularly Scheduled Series conferences held at the Dartmouth College Health Service
2002 - 2011	Pharmacy and Therapeutics Committee, Co-Chair
2002 - 2011	OSHA - responsible for blood borne pathogen exposure control plan, policy development, implementation and staff education

Current position:

2017 - 2020 SCNH-Antrim House - Medical Director, Residential Treatment and Out-Patient Clinic - Serve as Medical Director, see residential patients weekly, manage all new admissions, prescribe MAT (buprenorphine, naltrexone/ Vivitrol, Sublocade, acamprosate) and necessary meds for comfort and dual diagnoses/primary care needs.

Committees, Innovations, Special Projects:

2017 - 2018 Medical Director for New England, Groups- Recover Together; Developed a program for monthly provider calls, including physicians in NH and ME, to discuss cases, policies, concerns in treatment of opioid use disorder. Co-developed a Peer Review process for 60-70 physicians in NH and Maine, Groups-Recover Together

Sept 2017 Washington DC - On the Hill - Spoke with US Senators and Congressmen, and their aids, about pending legislation - related to healthcare and treatment of opioid use disorder

2010 - 2011 Mental health in primary care at Dartmouth College Health Service - sharing selective mental health records in the EMR

2010 - 2011 Concussion evaluation template development - collaborative effort with Dartmouth College athletic trainers and primary care

2010 - 2011 Implementing PHQ-9 Depression screening at Dartmouth College Health Service

2006 - 2011 Anti-Coagulation Clinic - physician coordinator at Dartmouth College Health Service

2006 - 2011 Travel Clinic - Dartmouth College Health Service, director/ program development

2006 - 2011 Allergy Clinic - Dartmouth College Health Service, director/ desensitization program development

2006 - 2011 Immunization - physician consultant for annual updates

2008 - 2010 Research study co-investigator - "T-Spot Specificity Study in Students at Low Risk for LTBI at a College Health Service"

2006 - 2010 Electronic medical record committee - template design, training, physician liaison for clinicians, business office and pharmacy

2005 - 2010 Collaborative projects with infectious disease faculty at DHMC and Public Health - HPV vaccine trials, meningitis vaccine study, TB studies

2005 - 2010 Search committees for a variety of positions - physician, physician assistant, nurse practitioner, director of disability services, director of Native American studies, athletic trainer

2002 - 2005 Quality improvement committee

Teaching of Dartmouth College Undergraduate Students:

- 2007 Taught 20 Dartmouth College students in Namibia and So. Africa as part of an Environmental Studies Foreign Study Program.
- 2003 - 2011 Travel Preventive Medicine - educated groups of students on medical topics prior to foreign travel

Formal Teaching of Residents and Medical Students:

- 2006 - 2010 Adolescent Health, Eating Disorders - Primary Care Resident sessions - invited to discuss topics annually
- 2000 - 2002 On Doctoring Program - preceptor for a medical student
- 2000 - 2002 Cardiac Physical Exam - first year medical students

Clinical Supervisory and Training Responsibilities:

- 2013 - 2017 Attending Physician - General Internal Medicine, DHMC
Direct supervision of Internal Medicine resident physicians
- 2012 Attending Physician - General Internal Medicine, DHMC
Direct supervision of medical student and physician assistant student
- 2000 - 2011 Attending Physician - Dartmouth College Health Service
Direct supervision of Internal Medicine and Pediatric residents
Implemented daily "chart review" sessions for case presentations and informal teaching
- 2002 - 2011 Clinical Director - Dartmouth College Health Service
Direct supervision of clinical staff - physicians, nurse practitioners, PA's, nurses, medical assistants and support staff

Formal Teaching of Peers:

- 2016 Associate providers, DHMC - Opioid Dependence
- 2015 Internal Medicine faculty - Buprenorphine for Opioid Dependence
- 2014 Internal Medicine faculty - The Opioid Crisis
- 2011 Internal Medicine faculty - Eating Disorders in Primary Care
- 2010 Depression and Anxiety in Primary Care - including introduction of PHQ-9 survey tool, Health Service staff

2010 Dengue Fever - Case presentation to Infectious Disease staff, DHMC

Formal Teaching of Peers, continued:

2010 Reef Fish and Potential Neurotoxicity - Case presentation to Infectious Disease staff, DHMC
2008 Acute Pulmonary Tuberculosis - Case presentation and discussion
2008 Polio and Rabies – Health Service talk
2006 Atypical Pneumonias – Health Service talk
2004 HIV Seroconversion - Case presentation with staff
2004 Community Acquired Pneumonia – Health Service talk
2003 Antibiotics and Antibiotic Resistance – Health Service talk
2001 Cardiac Auscultation – Health Service talk

Regional Teaching and Presentations:

2008 "The Hook Up Culture"; NE College Health Assoc, Annual Meeting, Mystic, CT
2006 "Pneumonia in the College-Aged Student"; NE College Health Assoc, Annual Meeting, Portland, ME

Clinical Activities:

2017 - 2020 Physician - Residential Treatment – MAT, Mental Health, Sobriety Centers of NH - Antrim House, Antrim, NH
2017 - 2020 Outpatient Clinic Physician – MAT, Mental Health, Sobriety Centers of NH - Antrim House, Antrim, NH
2015 - 2018 Clinic Physician - Addiction, Groups- Recover Together, Keene, NH
2015 - 2017 Clinic Physician - Addiction, ROAD to a Better Life, Lebanon, NH
2015 - 2017 Physician - Resident Supervision, GIM, DHMC, Lebanon,
2011 - 2015 Primary Care Physician - General Internal Medicine, DHMC
2000 - 2011 Primary Care Physician - College Health, Outpatient clinic
2000 - 2011 Inpatient Care Physician - College Health, Infirmary

Professional Affiliations:

2006 – 2020 Fellow (FACP) in the American College of Physicians
2015 --2020 Fellow (FASAM) in the American Society of Addiction Medicine
2015 - 2020 Diplomate (DABAM) in the American Board of Addiction Medicine
2002--2018 Dartmouth Hitchcock Clinic; Senior Member
1997--2003 American College of Physicians

2003 - 2011: New England College Health Association, Board Member, 2010 - 2011

Professional Affiliations, continued:

1998 - 2019 NH Medical Society
1992 - 1996 Colorado Medical Society

Awards and Honors:

2005 Affiliate New Professional Award
American College Health Association
New England College Health Association
1996 Glaser Research Award
University of Colorado, School of Medicine
1996 Adler Scholar Award
University of Colorado, School of Medicine
1994 Scholarship for Merit, for Excellence in Community Service
University of Colorado, School of Medicine
1990 - 1992 Dean's Honor Roll - University of Colorado, Denver, CO
1990 - 1992 National Dean's List - University of Colorado, Denver, CO
1982 - 1983 Dean's Honor Roll - University of Nevada, Reno, NV
1977 - 1980 Dean's Honor Roll - San Jose State University, SJ, CA
1980 BA, with Honors and Great Distinction
San Jose State University, San Jose, CA
1976 Valedictorian - Camden High School, San Jose, California

Major Interests:

Opioid, alcohol and stimulant dependence, other substance use disorders, mental illness, trauma, prevention, behavioral health, meditation, healthy lifestyles.

Major Research Experience:

2008 Clinical Research involving Dartmouth College Health Service, Infectious Disease, DHMC, and State of NH.
Evaluation of IGRA specificity in college students at low risk for TB.
Published as co-author in Journal of American College Health
1995 Clinical and basic science research in medical oncology, University of Colorado, Health Sciences Center, Denver, Colorado
Investigation of the molecular mechanism for the occurrence of aggressive carcinoma in burn scars
Published as first author in Journal of Trauma
1995 Walter and Eliza Hall Institute, Melbourne, Australia
Analysis of the molecular structure of the signaling domain of G-CSF receptor in human acute myeloid leukemia

Primary Investigator

Bibliography:

Talbot EA, Harland D, Wieland-Alter W, Burrer S, Adams LV: Specificity of the tuberculin skin test and the T-SPOT.TB assay among students in a low-tuberculosis incidence setting. *J Am Coll Health* 60(1): 94, 2012.

Harland DL, Robinson WA, Franklin WA: Deletion of the P53 gene in a patient with aggressive burn scar carcinoma. *J Trauma* 42(1): 104, 1997.

Nicole Boudle, RN

SUMMARY of QUALIFICATIONS

- Critical thinker, assertive and proficient in Nursing care skills
- Strong team player with excellent communication skills
- Certifications: BLS, Honoring Care Decisions (first steps – Advanced Directives)

EDUCATION Quinnipiac University, Hamden, CT
BS Nursing, 2005

EXPERIENCE

9/19-3/22 School nurse, Keene High School

- Comprehensive care of the student including physical, mental, and emotional care.
- Collaborated with a multidisciplinary team including parents, school counselors, administrators, and staff.
- Managed and cared for students based on COVID protocols guided by the state of New Hampshire.

Cheshire Medical Center, Dartmouth Hitchcock

RN, Collaborative Care (Chronic care management) 8/14-present

- Using a team based approach to work together with different specialties to treat patients with chronic stable medical conditions
- Uses evidence based protocols for diabetic medications to titrate these medications to achieve controlled blood glucose levels

RN, Emergency Department

6/07 – 8/15

- Cared for patients of all ages from infant to elderly and their families
- Documented all patient care information in accordance with hospital policy and electronic medical records
- Acted as charge nurse of the department during shift.
- Performed sexual assault evidence collection and counseling

Home Healthcare Hospice and Community Service 8/09-5/12

RN, VNA Keene and Peterborough offices

- Providing care to a wide range of patients in the home care setting

Concord Hospital, Concord, NH

6/05-6/07

RN, Emergency Department

- Performed emergency care in a busy level 2 trauma center during the night shift in accordance with physician orders, hospital policy, and standard nursing practice

REFERENCES Furnished upon request

Paige Putnam



Objective

To obtain a position in a career that I may apply my skills for the purpose of improving the growth and success of a health care department.

Experience

Walpole Village Tavern—Busser

2009-2009

- Knowledge in restaurant operations
- Ability to uphold and implement service standards
- Ability to prioritize and organize work assignments
- Working with others in close environments
- Positive interpersonal skills with guests and co-workers
- Handled money and phone calls
- Seated customers and brought out food

Home Away From Home—Teacher Assistant

2009-2011

- Planned and scheduled daily activities
- Provided care and protection for assigned kids
- Reported conditions which required attention
- Monitored overall progress of assigned children and prepared end of day reports
- Picked up children from the bus stop
- Participated in staff meeting

Keene: The Children's Learning Center/Dartmouth-Hitchcock

2011-2013

- Provided a warm and accepting environment that promotes learning
- Supported class room instruction
- Assisted teacher in developing lesson plans and activities
- Observed and assessed students progress and behavior
- Performed basic administrative tasks
- Computer knowledge

Toddle Inn - Teacher Assistant

2013-2014

- Provide a warm and accepting environment that promotes learning
- Prepared and completed end of day reports
- Observed and assessed students progress and behavior
- Computer knowledge
- Report conditions when necessary
- Problem solving
- Reporting to parents children's progress and how their day went



Maplewood Nursing Home - LNA

August 2014-2018

- Provides safe care for residents
- Charting/computer knowledge
- ADLS care
- Breakfast, Lunch, and Dinner preparations
- Toilet and HS care
- Received two acknowledgements for exceptional care
- Assisting nurses with treatments
- Providing comfort to family and residents at end of life care
- Consoling family members on the death of their loved one
- Interacting with family, making sure they do not need anything while they are visiting
- Calling family when resident would like to speak to them

Dartmouth-Hitchcock Medical Center-LNA

- Checking patients in
- External Labs
- Vitals
- A1C checks
- Urine Dip Sticks
- Writing Pending orders
- Writing in results of tests
- Providing a warm environment for patients
- Helping comfort patients when needed

Dartmouth-Hitchcock Medical Center Keene-LNA

2018-2021

- Get patients settled into rooms
- Assist nurse in daily tasks
- Vitals
- Help patients feel comfortable
- Charting
- Answer phones
- Schedule patients for PAT phone call interviews
- Make charts for upcoming patient surgeries
- Filing consent forms
- Phlebotomy
- Answer phones
- Page doctors
- Directing patients in the right direction to speak to specific offices
- Sending out work requests
- Photocopying and faxing



- Ordering inventory for the unit.

Dartmouth Hitchcock Medical Center-Keene-LNA/Admin Assistant 2021-Present

- Checking patients in/out
- Urine Drug Screen
- PDMP
- Calling Pharmacies
- Calling Insurance companies
- Filing
- Making charts
- Vitals
- Assist MD and RN
- Photocopying and faxing
- Ordering supplies
- Charting UDS/BAC results
- Calling patients
- Answering phones

Education

Fall Mountain Regional High School
High School Diploma

2009-2012
Langdon, NH

Southern Maine Community College
Completed one semester

2012
South Portland, ME

River Valley Community College

2012-2014
Keene/Claremont, NH

(Courses taken Children With Special Needs, and Health, Safety, and Nutrition For Kids)

Red Cross

2013

LNA Program

Keene, NH

Water Safety

2014

Nicole Sangermano

Authorized to work in the US for any employer

Work Experience

Program Manager

Antrim House

June 2021 to Present

- Supervisor for recovery support staff
- Collaborate and develop program policies and procedures
- provide training and mentorship to all recovery support staff

- Facilitate monthly staff meetings
- Schedule shifts and client programming

Lead Recovery Support Worker

Sobriety Centers of NH Antrim House - Antrim, NH

March 2017 to Present

Job duties

- Medication Monitoring
- Record client vital signs
- Coordinate with medical team and perform EMR data entry.
- Perform admissions for new clients entering the program
- Facilitate and document recovery groups
- Participate in Interviewing and training new hires.
- Update client group schedule
- Assist program manager with daily operations
- Provide support 1:1 and in a group setting with clients and Recovery Support Staff

Home and health aide

Granite State Independent Living - Concord, NH

May 2019 to September 2019

- Assist with daily living activities
- Medications monitoring
- Companionship
- Pet care

Resident assistant

Summer Hill Assisted Living - Peterborough, NH

July 2015 to February 2017

Job duties

- Monitor and record client vital signs, weight and blood sugar.
- Work independently and report any concerns to the charge nurse.
- Assist clients with daily living skills..
- Assist clients with mobility and exercise.
- Record all data for each client and report findings to the next shift.
- Prepare meals for clients and assist with feeding as needed.

Weekend Concierge

Summer Hill Assisted Living - Peterborough, NH
July 2016 to January 2017

Job duties

- Greet visitors and direct them to the appropriate wing.
- Answer and transfer all incoming calls.
- File and maintain all paper inventory.
- Order and stock office supplies.
- Deliver mail and collect outgoing mail.
- Perform security checks at the end of each shift.

Laser/chemical etch technician

NHBB - Peterborough, NH
June 2013 to July 2015

Job duties

- Read and understand complex work orders/ drawings/diagrams.
- Operate and regularly maintain laser etch machines.
- Identifying and troubleshooting technical issues
- Properly dispose of and use numerous chemicals for chemical etch procedure.
- Regularly inspect for quality control.
- Inspect 5 piece samples from other etch technicians.
- Uphold cleanliness in a FED-STD-209E Class 7/ISO 14644 Class 10,000 clean room.

Back-up Supervisor/ Production Team Leader

Alene Candle - Milford, NH
October 2009 to April 2013

Job duties

- Supervise 30-40 production workers.
- Independently oversaw 2nd shift operations.
- Identify and troubleshoot technical issues for/with team members
- Train entry level production workers and Team leaders.
- Maintain supply and demand.
- Run and program automated production lines.
- Produce quality product to each individual customers standard.
- Read and understand complex work orders.
- Regularly inspect for quality control.

Education

Career Diploma in Social Services Assistant: Substance Abuse

Ashworth College

January 2017

Career Diploma in Home and Health Aide

Ashworth College

January 2015

High school in General

James Madison High School

Skills

- INTERVIEWING (4 years)
- CONTINUOUS IMPROVEMENT (5 years)
- PROCESS IMPROVEMENT (7 years)
- TIME MANAGEMENT (9 years)
- management (8 years)
- cleaning (3 years)
- cpr
- Disability
- Direct Support
- Direct Care
- Personal Care
- Medication Administration
- Motivational Interviewing (6 years)
- Animal Care (Less than 1 year)
- Crisis Intervention (6 years)
- Quality Inspection

Certifications and Licenses

CPR/First Aid

July 2017 to January 2019

AED

July 2017 to January 2019

Crisis Prevention Intervention

July 2017 to January 2019

Additional Information

Licensed Recovery Coach - in progress of completion

**KEY PERSONNEL SHEET
SOR/MOUD
FY23/FY24**

Employee Name	Annual Salary	9/30/22 - 6/30/23 (39 weeks) FY23 Amounts of Salary Paid by Contract		7/1/23 - 9/29/23 (13 weeks) FY24 Amounts of Salary Paid by Contract		Other Funding Source Annually SUD
		SOR	MOUD	SOR	MOUD	
Hayden, Nelson	108,202	60,863	8,115	20,288	2,705	16,230
Abbott, Tara	71,968	2,699	43,181	900	14,394	10,795
Butz-Meyerrose, Laurie	72,114	47,325	4,056	15,775	1,352	3,606
Grissom, Tracy	71,614	42,969	8,057	14,323	2,686	3,581
Trempe, Heather	64,189	38,513	6,018	12,838	2,006	4,814
Barnard, Martha	67,600	10,140	2,535	3,380	845	50,700
Sangermano, Nicole	43,035	32,276	0	10,759	0	0
Putnam, Paige	46,322	17,371	17,371	5,790	5,790	0
Iosue, Brodie	64,480	38,688	4,836	12,896	1,612	6,448
Boudle, Nicole	52,441	0	39,331	0	13,110	0
Gallagher, Judy	8,736	6,552	0	2,184	0	0
August, Danielle*	24,960	18,720	0	6,240	0	0
Harland, Dawn	130,000	0	70,200	0	23,400	36,400
	825,661	316,116	203,699	105,372	67,900	132,574

*Pending

39 mac



Lori A. Sibbette
Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
GOVERNOR'S COMMISSION ON ALCOHOL & OTHER DRUGS

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9564 1-800-804-0909
Fax: 603-271-6105 TDD Access: 1-800-735-2964 www.dhhs.nh.gov/dcbcs/bdas

August 30, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, on behalf of the Governor's Commission on Alcohol and Other Drugs, to amend existing contracts with the Contractors listed below in bold to continue providing a statewide network of Doorways for substance use disorder treatment and recovery support services access, by exercising contract renewal options by increasing the total price limitation by \$11,190,088 from \$37,617,414 to \$48,807,502 and extending the completion dates from September 29, 2021 to September 29, 2022, effective upon Governor and Council approval. 97.28% Federal Funds, 2.72% Other Funds.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Androscoggin Valley Hospital, Inc.	177220-B002	Berlin	\$1,949,517	\$669,740	\$2,619,257	O: 10/31/18 Item #17A A1: 8/28/19 Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
The Cheshire Medical Center	155405-B001	Keene	\$3,063,740	\$1,045,046	\$4,108,786	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Concord Hospital, Inc.	177653-B003	Concord	\$2,688,794	\$735,271	\$3,424,065	O: 10/31/18 Item #17A A1: 8/28/19, Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Mary Hitchcock Memorial Hospital	177651-B001	Lebanon	\$5,312,531	\$1,504,500	\$6,817,031	O: 10/31/18 Item #17A A1: 11/14/18 Item #1 A2: 9/18/19 Item #20 A3: 6/24/20 Item #31 A4: 2/17/21 Item #18
*LRGHealthcare	177161-B006	Laconia	\$2,317,076	\$0	\$2,317,076	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
*Granite Pathways Manchester	228900-B001	Manchester	\$3,831,170	\$0	\$3,831,170	O: 10/31/18 Item #17A A1: 9/18/19 Item #20
*Granite Pathways Nashua	228900-B001	Nashua	\$3,364,709	\$0	\$3,364,709	O: 10/31/18, Item #17A A1: 9/18/19, Item #20
Littleton Hospital Association	177162-B011	Littleton	\$2,160,689	\$712,612	\$2,873,301	O: 10/31/18, Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

His Excellency, Governor Christopher T. Sununu
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Wentworth-Douglass Hospital	177187-B001	Dover	\$4,109,399	\$1,153,475	\$5,262,874	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Catholic Medical Center	177240-B003	Greater Manchester	\$4,919,123	\$2,926,711	\$7,845,834	O: 3/11/20 Item #9A A1: 2/3/21 Item #10
Southern New Hampshire Health System, Inc.	177321-R004	Greater Nashua	\$3,339,704	\$1,696,196	\$5,035,900	O: 3/11/20 Item #9A A1: 2/17/21 Item #18
Concord Hospital, Inc. – Laconia	355356	Laconia	\$560,962	\$746,537	\$1,307,499	O: 6/2/21 Item #28
		Total:	\$37,617,414	\$11,190,088	\$48,807,502	
<i>*Indicates contracts that are okay to expire or have been terminated.</i>						

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is to continue to provide a network of Doorway programs to ensure access to substance use disorder treatment and recovery services within sixty (60) minutes of State residents' homes.

Approximately 4,000 individuals will be served between September 30, 2021 to September 29, 2022.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire at a minimum has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week.

The Doorways provide resources to strengthen existing prevention, treatment and recovery programs by ensuring access to critical services in order to decrease the number of opioid and/or stimulant-related misuses, overdoses and deaths in New Hampshire as well as promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants also are being served and referred to the appropriate services.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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The Department continues to monitor services by reviewing, analyzing and engaging in quality improvements based on:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language, or Exhibit A, Revisions to Standard Contract Provisions in the cases of Catholic Medical Center and Southern New Hampshire Health System, Inc. and Concord Hospital – Laconia, of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the one (1) year available.

Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care, which would negatively impact recovery and increase the risk of relapse.

Source of Federal Funds: Assistance Listing Number #93.788, FAIN #H79TI083326 and CFDA #93.959, FAIN #B08TI083509.

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

Respectfully submitted,

DocuSigned by:
Lori A. Weaver
4C1A8229A125473

for
Lori A. Shibinette
Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

05-02-02-020510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HMS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT

100% Federal Funds

Vendor Name: Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$218,250.00	\$0.00	\$218,250.00
2020	102/500731	Contracts for Program Services	92057040	\$652,985.00	\$0.00	\$652,985.00
2021	102/500731	Contracts for Program Services	92057040	\$201,283.00	\$0.00	\$201,283.00
2021	102/500731	Contracts for Program Services	92057047	\$181,000.00	\$0.00	\$181,000.00
2021	102/500731	Contracts for Program Services	92057048	\$438,668.00	\$0.00	\$438,668.00
2022	102/500731	Contracts for Program Services	92057048	\$218,333.00	\$0.00	\$218,333.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$489,806.00	\$489,806.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$163,269.00	\$163,269.00
Sub Total				\$1,908,617.00	\$653,075.00	\$2,561,692.00

Vendor Name: Concord Hospital, Inc.				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$262,773.00	\$0.00	\$262,773.00
2020	102/500731	Contracts for Program Services	92057040	\$1,325,131.00	\$0.00	\$1,325,131.00
2021	102/500731	Contracts for Program Services	92057040	\$238,916.00	\$0.00	\$238,916.00
2021	102/500731	Contracts for Program Services	92057047	\$168,000.00	\$0.00	\$168,000.00
2021	102/500731	Contracts for Program Services	92057048	\$400,000.00	\$0.00	\$400,000.00
2022	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$538,954.00	\$538,954.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$179,652.00	\$179,652.00
Sub Total				\$2,590,820.00	\$718,608.00	\$3,309,428.00

Vendor Name: Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$611,287.00	\$0.00	\$611,287.00
2020	102/500731	Contracts for Program Services	92057040	\$1,127,557.00	\$0.00	\$1,127,557.00
2021	102/500731	Contracts for Program Services	92057040	\$205,033.00	\$0.00	\$205,033.00
2021	102/500731	Contracts for Program Services	92057047	\$229,925.00	\$0.00	\$229,925.00
2021	102/500731	Contracts for Program Services	92057048	\$532,304.00	\$0.00	\$532,304.00
2022	102/500731	Contracts for Program Services	92057048	\$266,152.00	\$0.00	\$266,152.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$771,286.00	\$771,286.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$257,095.00	\$257,095.00
Sub Total				\$2,972,258.00	\$1,028,381.00	\$4,000,639.00

Vendor Name: Granite Pathways Manchester				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,331,471.00	\$0.00	\$1,331,471.00
2020	102/500731	Contracts for Program Services	92057040	\$2,349,699.00	\$0.00	\$2,349,699.00
Sub Total				\$3,681,170.00	\$0.00	\$3,681,170.00

Vendor Name: Granite Pathways Nashua				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,348,973.00	\$0.00	\$1,348,973.00
2020	102/500731	Contracts for Program Services	92057040	\$1,865,736.00	\$0.00	\$1,865,736.00
Sub Total				\$3,214,709.00	\$0.00	\$3,214,709.00

Vendor Name: Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$223,135.00	\$0.00	\$223,135.00
2020	102/500731	Contracts for Program Services	92057040	\$882,805.00	\$0.00	\$882,805.00
2021	102/500731	Contracts for Program Services	92057040	\$203,750.00	\$0.00	\$203,750.00
2021	102/500731	Contracts for Program Services	92057047	\$175,000.00	\$0.00	\$175,000.00
2021	102/500731	Contracts for Program Services	92057048	\$423,333.00	\$0.00	\$423,333.00
2022	102/500731	Contracts for Program Services	92057048	\$211,668.00	\$0.00	\$211,668.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$521,960.00	\$521,960.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$173,987.00	\$173,987.00
Sub Total				\$2,119,689.00	\$695,947.00	\$2,815,636.00

Vendor Name: LRGHealthcare				Vendor # 177161		
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$500,000.00	\$0.00	\$500,000.00
2020	102/500731	Contracts for Program Services	92057040	\$642,114.00	\$0.00	\$642,114.00
2021	102/500731	Contracts for Program Services	92057040	\$205,000.00	\$0.00	\$205,000.00
2021	102/500731	Contracts for Program Services	92057047	\$178,000.00	\$0.00	\$178,000.00
2021	102/500731	Contracts for Program Services	92057048	\$430,000.00	\$0.00	\$430,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
		Sub Total		\$2,170,114.00	\$0.00	\$2,170,114.00

Vendor Name: Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$449,937.00	\$0.00	\$449,937.00
2020	102/500731	Contracts for Program Services	92057040	\$2,575,109.00	\$0.00	\$2,575,109.00
2021	102/500731	Contracts for Program Services	92057040	\$383,958.00	\$0.00	\$383,958.00
2021	102/500731	Contracts for Program Services	92057047	\$430,000.00	\$0.00	\$430,000.00
2021	102/500731	Contracts for Program Services	92057048	\$947,333.00	\$0.00	\$947,333.00
2022	102/500731	Contracts for Program Services	92057048	\$473,886.00	\$0.00	\$473,886.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,115,876.00	\$1,115,876.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$371,959.00	\$371,959.00
		Sub Total		\$3,260,003.00	\$1,487,835.00	\$6,747,838.00

Vendor Name: Wentworth Douglass				Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$537,063.00	\$0.00	\$537,063.00
2020	102/500731	Contracts for Program Services	92057040	\$1,806,752.00	\$0.00	\$1,806,752.00
2021	102/500731	Contracts for Program Services	92057040	\$240,875.00	\$0.00	\$240,875.00
2021	102/500731	Contracts for Program Services	92057047	\$299,000.00	\$0.00	\$299,000.00
2021	102/500731	Contracts for Program Services	92057048	\$691,360.00	\$0.00	\$691,360.00
2022	102/500731	Contracts for Program Services	92057048	\$345,880.00	\$0.00	\$345,880.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$652,807.00	\$652,807.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$284,203.00	\$284,203.00
		Sub Total		\$3,620,330.00	\$1,138,810.00	\$5,057,340.00

Vendor Name: Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$345,019.00	\$0.00	\$345,019.00
2021	102/500731	Contracts for Program Services	92057040	\$724,814.00	\$0.00	\$724,814.00
2021	102/500731	Contracts for Program Services	92057047	\$802,501.00	\$0.00	\$802,501.00
2021	102/500731	Contracts for Program Services	92057048	\$1,848,000.00	\$0.00	\$1,848,000.00
2022	102/500731	Contracts for Program Services	92057048	\$923,000.00	\$0.00	\$923,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$2,182,534.00	\$2,182,534.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$727,512.00	\$727,512.00
		Sub Total		\$4,641,134.00	\$2,910,048.00	\$7,551,180.00

Vendor Name: Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$223,242.00	\$0.00	\$223,242.00
2021	102/500731	Contracts for Program Services	92057040	\$522,272.00	\$0.00	\$522,272.00
2021	102/500731	Contracts for Program Services	92057047	\$580,000.00	\$0.00	\$580,000.00
2021	102/500731	Contracts for Program Services	92057048	\$1,280,000.00	\$0.00	\$1,280,000.00
2022	102/500731	Contracts for Program Services	92057048	\$640,000.00	\$0.00	\$640,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,259,848.00	\$1,259,848.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$419,883.00	\$419,883.00
		Sub Total		\$3,245,514.00	\$1,679,531.00	\$4,925,045.00

Vendor Name: Concord Hospital - Leconia				Vendor # 355358		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
2022	074/500585	Contracts for Program Services	92057048	\$0.00	\$547,404.00	\$547,404.00
2023	074/500585	Contracts for Program Services	92057048	\$0.00	\$182,488.00	\$182,488.00
		Sub Total		\$415,000.00	\$729,872.00	\$1,144,872.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

SOR Total	\$38,139,458.00	\$11,040,193.00	\$47,179,651.00
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05-82-82-820510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SABG ADDITIONAL

100% Federal Funds

Vendor Name Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Concord Hospital, Inc.				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Cheahire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Wentworth Douglass				Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

Vendor Name Concord Hospital, Inc. - Laconia				Vendor # 355356		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00
		Sub Total		\$0.00	\$18,665.00	\$18,665.00

SABG Total	\$0.00	\$149,985.00	\$149,985.00
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05-85-82-820510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

100% Other Funds

Vendor Name Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92056501	\$18,750.00	\$0.00	\$18,750.00

Governor and Council Letter Attachment:

Financial Detail

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		Sub Total		\$25,000.00	\$0.00	\$25,000.00

Vendor Name Concord				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$73,481.00	\$0.00	\$73,481.00
2022	102/500731	Contracts for Program Services	92058501	\$24,493.00	\$0.00	\$24,493.00
		Sub Total		\$97,974.00	\$0.00	\$97,974.00

Vendor Name Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$68,612.00	\$0.00	\$68,612.00
2022	102/500731	Contracts for Program Services	92058501	\$22,670.00	\$0.00	\$22,670.00
		Sub Total		\$91,482.00	\$0.00	\$91,482.00

Vendor Name Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		Sub Total		\$25,000.00	\$0.00	\$25,000.00

Vendor Name LRGHealthcare				Vendor # 177161		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$110,222.00	\$0.00	\$110,222.00
2022	102/500731	Contracts for Program Services	92058501	\$38,740.00	\$0.00	\$38,740.00
		Sub Total		\$148,962.00	\$0.00	\$148,962.00

Vendor Name Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$39,396.00	\$0.00	\$39,396.00
2022	102/500731	Contracts for Program Services	92058501	\$13,132.00	\$0.00	\$13,132.00
		Sub Total		\$52,528.00	\$0.00	\$52,528.00

Vendor Name Wentworth Douglas				Vendor # 177167		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$141,652.00	\$0.00	\$141,652.00
2022	102/500731	Contracts for Program Services	92058501	\$47,217.00	\$0.00	\$47,217.00
		Sub Total		\$188,869.00	\$0.00	\$188,869.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$208,492.00	\$0.00	\$208,492.00
2022	102/500731	Contracts for Program Services	92058501	\$69,497.00	\$0.00	\$69,497.00
		Sub Total		\$277,989.00	\$0.00	\$277,989.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$70,643.00	\$0.00	\$70,643.00
2022	102/500731	Contracts for Program Services	92058501	\$23,547.00	\$0.00	\$23,547.00
		Sub Total		\$94,190.00	\$0.00	\$94,190.00

Vendor Name Concord Hospital - Leconte				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$109,222.00	\$0.00	\$109,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
		Sub Total		\$145,962.00	\$0.00	\$145,962.00

GC Total				\$1,145,956.00	\$0.00	\$1,145,956.00
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05-85-02-020510-2569 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

100% Federal Funds

Vendor Name Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$16,000.00	\$0.00	\$16,000.00
<i>Sub Total</i>				\$16,000.00	\$0.00	\$16,000.00

Vendor Name Granite Pathways Manchester				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$150,000.00	\$0.00	\$150,000.00
<i>Sub Total</i>				\$150,000.00	\$0.00	\$150,000.00

Vendor Name Granite Pathways Nashua				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$150,000.00	\$0.00	\$150,000.00
<i>Sub Total</i>				\$150,000.00	\$0.00	\$150,000.00

Vendor Name Littleton Regional Hospital				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052561	\$16,000.00	\$0.00	\$16,000.00
<i>Sub Total</i>				\$16,000.00	\$0.00	\$16,000.00

STR Total	\$332,000.00	\$0.00	\$332,000.00
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GRAND TOTALS	\$37,617,414.00	\$11,190,088.00	\$48,807,502.00
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State of New Hampshire
Department of Health and Human Services
Amendment #4

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Cheshire Medical Center ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 31, 2018 (Item #17A), as amended on September 18, 2019 (Item #20), as amended June 24, 2020 (Item #31), as amended February 3, 2021, (Item #10); the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Section 3, Renewal, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$4,108,786.
3. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, Subsection 11.1., to read:
11.1. Reserved
4. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, Subsection 11.11., to read:
 - 11.11. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide marijuana or provide treatment using marijuana. The Contractor shall ensure:
 - 11.11.1. Treatment in this context includes the treatment of opioid use disorder (OUD).
 - 11.11.2. Grant funds are not provided to any individual who, or organization that, provides or permits marijuana use for the purposes of treating substance use or mental health disorders.
 - 11.11.3. This marijuana restriction applies to all subcontracts and memorandums of understanding (MOU) that receive SOR funding.
5. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, 11.12., to read:
 - 11.12. The Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes:
 - 11.12.1. Internal policies for the distribution of Fentanyl strips;
 - 11.12.2. Distribution methods and frequency; and
 - 11.12.3. Other key data as requested by the Department.

DB
KW

6. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, by adding Subsection 11.13., to read:

11.13. The Contractor shall provide a contingency management plan to the Department for approval prior to implementation of the contingency management plan. The Contractor shall ensure the contingency management plan includes:

11.13.1. Contingency management strategies to reward and incentivize individual treatment compliance;

11.13.2. Identified allowable contingency rewards, as approved by the Department, ensuring:

11.13.2.1. The maximum contingency value per contingency does not exceed \$15; and

11.13.2.2. The maximum number of contingencies per year per individual does not exceed five (5); and

11.13.2.3. The maximum dollar value of all contingencies per individual does not exceed \$75 per year; and

11.13.4. Other key data, as requested by the Department.

7. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, by adding Subsection 11.14., to read:

11.14. The Contractor shall refer to Exhibit B – Amendment #4 for grant terms and conditions including, but not limited to:

11.14.1. Invoicing.

11.14.2. Funding restrictions.

11.14.3. Billing

8. Modify Exhibit B Amendment #3, Methods and Conditions Precedent to Payment by replacing it in its entirety with Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, in order to update payment terms, billing standards and various references to budgets, which is attached hereto and incorporated by reference herein.
9. Add Exhibit B-9 Amendment #4 SOR II Budget, which is attached hereto and incorporated by reference herein.
10. Add Exhibit B-10 Amendment #4 SOR II Budget, which is attached hereto and incorporated by reference herein.

03
6/30/2021

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

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

State of New Hampshire
Department of Health and Human Services

8/30/2021

Date

DocuSigned by:

Katja Fox

ED9005004C83442...

Name: Katja Fox

Title: Director

The Cheshire Medical Center

8/30/2021

Date

DocuSigned by:

Kathryn Willbarger

6F91E2D181384FF...

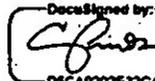
Name: Kathryn Willbarger

Title: COO

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

OFFICE OF THE ATTORNEY GENERAL

8/31/2021

DocuSigned by:


Date

Name: Catherine Pinos
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services



EXHIBIT B – Amendment #4

Methods and Conditions Precedent to Payment

1. This Agreement is funded by:

- 1.1. 97.37% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326; and
- 1.2. 0.41% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, CFDA #93.959, FAIN B08TI083509.
- 1.3. 2.23% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds effective from 9/30/2020 through 9/29/2021.

2. Governor Commission Funds

- 2.1. The Contractor shall utilize funds in Exhibit B-5 Amendment #3 GovComm and Exhibit B-7 Amendment #3 GovComm for the purpose of providing services and supports to clients whose needs do not make them eligible to receive SOR-funded services and supports.
- 2.2. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds

3. SABG FY21 COVID Emergency Funds

- 3.1. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.

4. For the purposes of this Agreement:

- 4.1. The Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR §200.330.
- 4.2. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.87.
- 4.3. The de minimis Indirect Cost Rate of 10% applies in accordance with 2 CFR §200.414.

5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit B-1, Budget through Exhibit B-10 Amendment #4 SOR II Budget.

The Cheshire Medical Center

Exhibit B – Amendment #4

Contractor Initials

SS-2019-BDAS-05-ACCES-02-A04

Page 1 of 5

8/30/2021

Date

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

6. The Contractor shall seek payment for services, as follows:
 - 6.1. First, the Contractor shall charge the client's private insurance or other payor sources.
 - 6.2. Second, the Contractor shall charge Medicare.
 - 6.3. Third, the Contractor shall charge Medicaid enrolled individuals, as follows:
 - 6.3.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
 - 6.3.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
 - 6.4. Fourth, the Contractor shall charge the client in accordance with the Sliding Fee Scale Program.
 - 6.5. Lastly, if any portion of the amount specified in the Sliding Fee Scale remains unpaid, charge the Department for the unpaid balance.
7. The Contractor shall submit an invoice and supporting backup documentation in a form satisfactory to the State by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment. Invoices shall be net any other revenue received towards the services billed in fulfillment of this agreement. The Contractor shall ensure:
 - 7.1. Backup documentation includes, but is not limited to:
 - 7.1.1. General Ledger showing revenue and expenses for the contract.
 - 7.1.2. Timesheets and/or time cards that support the hours employees worked for wages reported under this contract.
 - 7.1.2.1. Per 45 CFR Part 75.430(i)(1) Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed.
 - 7.1.2.2. Attestation and time tracking templates, which are available to the Department upon request.
 - 7.1.3. Invoices supporting expenses reported:
 - 7.1.3.1. Unallowable expenses include, but are not limited to:
 - 7.1.3.1.1. Amounts belonging to other programs.
 - 7.1.3.1.2. Amounts prior to effective date of contract.
 - 7.1.3.1.3. Construction or renovation expenses.
 - 7.1.3.1.4. Food or water for employees.
 - 7.1.3.1.5. Directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. *EW*

New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services



EXHIBIT B – Amendment #4

- 7.1.3.1.6. Fines, fees, or penalties.
- 7.1.3.1.7. Per SAMSHA requirements, meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed three dollars (\$3.00) per person for clients.
- 7.1.3.1.8. Cell phones and cell phone minutes for clients.
- 7.1.4. Receipts for expenses within the applicable state fiscal year.
- 7.1.5. Cost center reports.
- 7.1.6. Profit and loss report.
- 7.1.7. Remittance Advices from the insurances billed. Remittance Advices do not need to be supplied with the invoice, but should be retained to be available upon request.
- 7.1.8. Information requested by the Department verifying allocation or offset based on third party revenue received.
- 7.1.9. Summaries of patient services revenue and operating revenue and other financial information as requested by the Department.
- 8. The Contractor is responsible for reviewing, understanding, and complying with further restrictions included in the Funding Opportunity Announcement (FOA).
- 9. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to DHHS.DBHInvoicesBDAS@dhhs.nh.gov, or invoices may be mailed to:
 - SOR Financial Manager
 - Department of Health and Human Services
 - 105 Pleasant Street
 - Concord, NH 03301
- 10. The Contractor agrees that billing submitted for review after twenty (20) business days of the last day of the billing month may be subject to non-payment.
- 11. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
- 12. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
- 13. The Contractor must provide the services in Exhibit A – Amendment #3, Scope of Services, in compliance with funding requirements.
- 14. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit A – Amendment #3, Scope of Services, including failure to submit required monthly and/or quarterly reports.

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

15. Notwithstanding Paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

16. Audits

16.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:

16.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

16.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.

16.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

9.1. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

9.2. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

9.3. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.

9.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

17. Maintenance of Fiscal Integrity

17.1. In order to enable the Department to evaluate the Contractor's fiscal integrity, the Contractor agrees to submit to the Department monthly, the Balance Sheet, Profit and Loss Statement (total organization and program-level), and Cash Flow Statement for the Contractor. Program-level Profit and Loss Statement shall include all revenue sources and all related expenditures for that program. The program-level Profit and Loss

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

Statement shall include a budget column allowing for budget to actual analysis. Outside of the program-level Profit and Loss Statement and budget to actual analysis, all other statements shall be reflective of the entire Partnership for Successful Living organization and shall be submitted on the same day the reports are submitted to the Board, but no later than the fourth Wednesday of the month. Additionally, the contractor will provide interim profit and loss statements for every program area, reported as of the 20th of the month, by the last day of every month.

- 17.2. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement.
- 17.3. The Contractor shall inform the Department by phone and by email within five business days when any Executive Management, Board Officers, or Program Managers for Department contracts submits a resignation or leaves for any other reason.

08
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Exhibit B-4 Amendment #4 SOR II Budget

New Hampshire Department of Health and Human Services
 COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: The Chesire Medical Center

Project Title: Access and Delivery Hub for Optimal Use Diagnostic Services

Budget Period: SFY22 09/30/21-06/30/22

Line Item	Total Program Cost			Contractor Share / Match			Funded by D4HS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salaries/Wages	269,980.00	76,988.00	346,968.00	-	-	-	269,980.00	76,988.00	346,968.00
2. Employee Benefits	116,185.00	11,618.00	127,803.00	-	-	-	116,185.00	11,618.00	127,803.00
3. Consultants	-	-	-	-	-	-	-	-	-
4. Equipment	-	-	-	-	-	-	-	-	-
Rental	-	-	-	-	-	-	-	-	-
Repair and Maintenance	-	-	-	-	-	-	-	-	-
Purchase/Depreciation	4,716.00	472.00	5,188.00	-	-	-	4,716.00	472.00	5,188.00
5. Supplies:	-	-	-	-	-	-	-	-	-
Educational	-	-	-	-	-	-	-	-	-
Lab	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-
Medical	4,844.00	467.00	5,311.00	-	-	-	4,844.00	467.00	5,311.00
Office	2,875.00	292.00	3,167.00	-	-	-	2,875.00	292.00	3,167.00
6. Travel	543.00	50.00	593.00	-	-	-	543.00	50.00	593.00
7. Occupancy	42,972.00	4,297.00	47,269.00	-	-	-	42,972.00	4,297.00	47,269.00
8. Current Expenses:	-	-	-	-	-	-	-	-	-
Telephone	4,812.00	491.00	5,303.00	-	-	-	4,812.00	491.00	5,303.00
Postage	19.00	1.00	20.00	-	-	-	19.00	1.00	20.00
Subscriptions	539.00	53.00	592.00	-	-	-	539.00	53.00	592.00
Audit and Legal	-	-	-	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-	-	-
Board Expenses	-	-	-	-	-	-	-	-	-
9. Software	-	-	-	-	-	-	-	-	-
10. Marketing/Communications	-	-	-	-	-	-	-	-	-
11. Staff Education and Training	3,132.00	313.00	3,445.00	-	-	-	3,132.00	313.00	3,445.00
12. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
13. Other (Medical/Supplies)	100,000.00	10,000.00	110,000.00	-	-	-	100,000.00	10,000.00	110,000.00
14. Other (Flex Funds)	131,753.00	13,175.00	144,928.00	-	-	-	131,753.00	13,175.00	144,928.00
15. Other (Support Clients Unmet Needs)	15,150.00	1,515.00	16,665.00	-	-	-	15,150.00	1,515.00	16,665.00
TOTAL	718,318.00	71,832.00	790,150.00	-	-	-	718,318.00	71,832.00	790,150.00
Indirect As A Percent of Direct		10.0%							

Exhibit B-10 Amendment 04 SOR II Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: The Chesire Medical Center

Project Title: Access and Delivery Hub for Opioid Use Disorder Services

Budget Period: SFY23 07/01/2023-06/30/2023

Line Item	Total Program Cost			Contractor Share / Match			Funded by D-015 contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	117,480.00	11,748.00	129,228.00	-	-	-	117,480.00	11,748.00	129,228.00
2. Employee Benefits	5,732.00	5,732.00	11,464.00	-	-	-	5,732.00	5,732.00	11,464.00
3. Composites	-	-	-	-	-	-	-	-	-
4. Equipment	-	-	-	-	-	-	-	-	-
Rental	-	-	-	-	-	-	-	-	-
Repair and Maintenance	-	-	-	-	-	-	-	-	-
Purchase/Lease/Depreciation	-	-	-	-	-	-	-	-	-
5. Supplies:	-	-	-	-	-	-	-	-	-
Educational	-	-	-	-	-	-	-	-	-
Lab	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-
Medical	1,454.00	154.00	1,718.00	-	-	-	1,454.00	154.00	1,718.00
Office	872.00	87.00	959.00	-	-	-	872.00	87.00	959.00
Travel	189.00	19.00	208.00	-	-	-	189.00	19.00	208.00
7. Occupancy	14,337.00	1,434.00	15,771.00	-	-	-	14,337.00	1,434.00	15,771.00
8. Current Expenses	-	-	-	-	-	-	-	-	-
Telephone	1,337.00	134.00	1,471.00	-	-	-	1,337.00	134.00	1,471.00
Postage	-	-	-	-	-	-	-	-	-
Subscriptions	-	-	-	-	-	-	-	-	-
Audit and Legal	-	-	-	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-	-	-
Lease Expenses	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
10. Marketing/Communications	-	-	-	-	-	-	-	-	-
11. Staff Education and Training	499.00	49.90	548.90	-	-	-	499.00	49.90	548.90
12. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
13. Other (Medications)	8,134.00	813.40	8,947.40	-	-	-	8,134.00	813.40	8,947.40
14. Other (Aux Funds)	33,112.00	3,311.20	36,423.20	-	-	-	33,112.00	3,311.20	36,423.20
TOTAL	213,723.00	21,372.30	235,095.30	-	-	-	213,723.00	21,372.30	235,095.30

Indirect As A Percent of Direct

10.0%

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STATE OF NEW HAMPSHIRE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION FOR BEHAVIORAL HEALTH

Lori A. Shibley
 Commissioner

Katja S. Fox
 Director

129 PLEASANT STREET, CONCORD, NH 03301
 603-271-9544 1-800-852-3345 Ext. 9544

Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

January 19, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to **Retroactively** amend existing **Sole Source** contracts with the vendors listed in **bold** below to continue a statewide system of Doorways that provide access to substance use disorder treatment and recovery services and supports, by exercising renewal options by increasing the total price limitation by \$6,898,532 from \$27,125,987 to \$34,024,519 and by extending the completion dates from September 29, 2020 to September 29, 2021 effective retroactive to September 29, 2020 upon Governor and Council approval. 97.28% Federal and 2.72% Other Funds.

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

Vendor Name	Vendor Code	Area Served	Current Amount	Increase/ (Decrease)	New Amount	G&C Approval
Androscoggin Valley Hospital, Inc., Berlin, NH	177220 -B002	Berlin	\$1,670,051	\$279,466	\$1,949,517	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 6/24/20 (Item #31)
Concord Hospital, Inc., Concord, NH	177653 -B003	Concord	\$2,272,793	\$416,001	\$2,688,794	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 6/24/20 (Item #31)
Granite Pathways, Concord, NH	228900 -B001	Concord	\$6,895,879	\$0	\$6,895,879	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Littleton Regional Hospital, Littleton, NH	177162 -B011	Littleton	\$1,713,805	\$446,884	\$2,160,689	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)

LRGHealthcare - Laconia, NH	177161 -B006	Laconia	\$1,987,673	\$328,403	\$2,317,076	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Mary Hitchcock Memorial Hospital, Lebanon, NH	177651 -B001	Lebanon	\$4,349,314	\$0	\$4,349,314	O: 10/31/18 Item #17A A1:11/14/19 (Item #11) A2: 9/18/19, (Item #20) A3: 6/24/20 (Item #31)
The Cheshire Medical Center, Keene, NH	155405 -B001	Keene	\$1,947,690	\$1,116,050	\$3,063,740	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Wentworth- Douglass, Hospital, Dover, NH	177187 -B001	Dover	\$2,769,452	\$1,339,947	\$4,109,399	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Catholic Medical Center, Manchester, NH	177240 -B003	Greater Manchester	\$1,948,342	\$2,970,781	\$4,919,123	O: 3/11/20 (Item #9A)
Southern New Hampshire Health System, Inc., Nashua, NH	177321 -R004	Greater Nashua	\$1,570,988	\$0	\$1,570,988	O: 3/11/20 (Item #9A)
		Total	\$27,125,987	\$6,898,532	\$34,024,519	

Funds are available in the following accounts for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Years 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Retroactive** because sufficient funds in State Fiscal Year 2021 were not available in the operating budget considering the grant amount awarded, and due to delay by the Substance Abuse and Mental Health Services Administration in approving New Hampshire's requests for continued State Opioid Response Grant funding the efforts to add the state appropriations were deferred. This request is **Sole Source** because the contracts were originally approved as sole source and MOP-150 requires any subsequent amendments to be labelled as sole source.

The purpose of this request is to continue providing services through the Doorways by utilizing unexpended funds from the first round of State Opioid Response funding, adding funding from the second round of State Opioid Response, and adding funding to address the needs of individuals with substance use disorders not covered under State Opioid Response.

Approximately 2,000 individuals will be served from September 30, 2020 to September 29, 2021.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week, to ensure no one in New Hampshire has to travel more than 60 minutes to access services.

The Doorways' services provide resources to strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in New Hampshire; and promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants are also being seen and referred to the appropriate services by the Doorways.

The Department will monitor contracted services using the following methods:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Regular review and monitoring of Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language, Paragraph 3. Renewals, or Exhibit A, Revisions to Standard Contract Provisions, Subsection 1 – Revisions to Form P-37, General Provisions, in the case of Catholic Medical Center and Southern New Hampshire Health System, Inc., of the original contracts the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the two (2) years available.

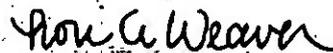
Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care that negatively impact recovery and increase the risk of relapse.

Areas served: Statewide.

Source of Funds: CFDA #93.788, FAIN #H79TI081685 and H79TI083326.

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

Respectfully submitted,



Lori A. Weaver
Deputy Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 SFY 2016 FINANCIAL DETAIL

03-05-02-020310-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: BEHAVIORAL HEALTH DIV OF BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT 100% Federal Funds CFDA #93.788 FAIN #79T001685 and #79T003326

Androscoggin Valley Vendor # 177220

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 619,850.00	\$ (385,600.00)	\$ 234,250.00
2020	102/500731	Contracts for Program Services	92057040	\$ 848,918.00	\$ (195,933.00)	\$ 652,985.00
2021	102/500731	Contracts for Program Services	92057040	\$ 201,283.00	\$ -	\$ 201,283.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 181,000.00	\$ 181,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 438,666.00	\$ 438,666.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 218,333.00	\$ 218,333.00
		Sub Total		\$ 1,670,051.00	\$ 254,466.00	\$ 1,924,517.00

Concord Vendor # 177853

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 710,748.00	\$ (447,973.00)	\$ 262,773.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,325,131.00	\$ -	\$ 1,325,131.00
2021	102/500731	Contracts for Program Services	92057040	\$ 236,916.00	\$ -	\$ 236,916.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 166,000.00	\$ 166,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 400,000.00	\$ 400,000.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 200,000.00	\$ 200,000.00
		Sub Total		\$ 2,272,793.00	\$ 318,027.00	\$ 2,590,820.00

Cheshire Vendor # 155405

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 615,100.00	\$ (3,813.00)	\$ 611,287.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,127,557.00	\$ -	\$ 1,127,557.00
2021	102/500731	Contracts for Program Services	92057040	\$ 205,033.00	\$ -	\$ 205,033.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 229,925.00	\$ 229,925.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 532,304.00	\$ 532,304.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 266,152.00	\$ 266,152.00
		Sub Total		\$ 1,947,690.00	\$ 1,024,568.00	\$ 2,972,258.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 SFY 2016 FINANCIAL DETAIL

Granite Pathways Manchester

Vendor #228900

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,331,471.00	\$ -	\$ 1,331,471.00
2020	102/500731	Contracts for Program Services	92057040	\$ 2,349,699.00	\$ -	\$ 2,349,699.00
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ -	\$ -
		Sub Total		\$ 3,681,170.00	\$ -	\$ 3,681,170.00

Granite Pathways Nashua

Vendor # 228900

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,348,973.00	\$ -	\$ 1,348,973.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,865,736.00	\$ -	\$ 1,865,736.00
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ -	\$ -
		Sub Total		\$ 3,214,709.00	\$ -	\$ 3,214,709.00

Litleton Regional

Vendor # 177162

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 627,750.00	\$ (388,115.00)	\$ 239,135.00
2020	102/500731	Contracts for Program Services	92057040	\$ 882,805.00	\$ -	\$ 882,805.00
2021	102/500731	Contracts for Program Services	92057040	\$ 203,750.00	\$ -	\$ 203,750.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 175,000.00	\$ 175,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 423,333.00	\$ 423,333.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 211,666.00	\$ 211,666.00
		Sub Total		\$ 1,714,305.00	\$ 421,884.00	\$ 2,136,189.00

LRG Westbury

Vendor # 177161

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 615,000.00	\$ (115,000.00)	\$ 500,000.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,167,673.00	\$ (525,559.00)	\$ 642,114.00
2021	102/500731	Contracts for Program Services	92057040	\$ 205,000.00	\$ -	\$ 205,000.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 178,000.00	\$ 178,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 430,000.00	\$ 430,000.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 215,000.00	\$ 215,000.00
		Sub Total		\$ 1,987,673.00	\$ 182,441.00	\$ 2,170,114.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
SFY 2016 FINANCIAL DETAIL**

Mary Hitchcock

Vendor # 177180

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,390,247.00		\$ 1,390,247.00
2020	102/500731	Contracts for Program Services	92057040	\$ 2,575,109.00		\$ 2,575,109.00
2021	102/500731	Contracts for Program Services	92057040	\$ 383,958.00		\$ 383,958.00
2021	102/500731	Contracts for Program Services	92057047	\$		\$
2021	102/500731	Contracts for Program Services	92057048	\$		\$
2022	102/500731	Contracts for Program Services	92057048	\$		\$
		Sub Total		\$ 4,349,314.00	\$	\$ 4,349,314.00

Wentworth Douglass

Vendor # 177187

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 722,025.00	\$ (184,962.00)	\$ 537,063.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,806,752.00		\$ 1,806,752.00
2021	102/500731	Contracts for Program Services	92057040	\$ 240,675.00		\$ 240,675.00
2021	102/500731	Contracts for Program Services	92057047	\$	\$ 299,000.00	\$ 299,000.00
2021	102/500731	Contracts for Program Services	92057048	\$	\$ 691,360.00	\$ 691,360.00
2022	102/500731	Contracts for Program Services	92057048	\$	\$ 345,680.00	\$ 345,680.00
		Sub Total		\$ 2,769,452.00	\$ 1,151,078.00	\$ 3,920,530.00

Catholic Medical Center

Vendor # 177240

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$	\$	\$
2020	102/500731	Contracts for Program Services	92057040	\$ 1,223,728.00	\$ (878,709.00)	\$ 345,019.00
2021	102/500731	Contracts for Program Services	92057040	\$ 724,614.00		\$ 724,614.00
2021	102/500731	Contracts for Program Services	92057047	\$	\$ 802,501.00	\$ 802,501.00
2021	102/500731	Contracts for Program Services	92057048	\$	\$ 1,846,000.00	\$ 1,846,000.00
2022	102/500731	Contracts for Program Services	92057048	\$	\$ 923,000.00	\$ 923,000.00
		Sub Total		\$ 1,948,342.00	\$ 2,692,792.00	\$ 4,641,134.00

Southern New Hampshire Health Systems, Inc.

Vendor # 177321

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$		\$
2020	102/500731	Contracts for Program Services	92057040	\$ 1,048,716.00		\$ 1,048,716.00
2021	102/500731	Contracts for Program Services	92057040	\$ 522,272.00		\$ 522,272.00
2021	102/500731	Contracts for Program Services	92057047	\$		\$
2021	102/500731	Contracts for Program Services	92057048	\$		\$
2022	102/500731	Contracts for Program Services	92057048	\$		\$
		Sub Total		\$ 1,570,988.00	\$	\$ 1,570,988.00
		Total SOR		\$ 27,125,887.00	\$ 6,045,256.00	\$ 33,171,143.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
\$FY 2018 FINANCIAL DETAIL**

05-05-02-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Vendor # 177220

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 18,750.00	\$ 18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 6,250.00	\$ 6,250.00
		Sub Total		\$ -	\$ 25,000.00	\$ 25,000.00

Vendor # 177853

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 73,481.00	\$ 73,481.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 24,493.00	\$ 24,493.00
		Sub Total		\$ -	\$ 97,974.00	\$ 97,974.00

Vendor # 155405

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 68,612.00	\$ 68,612.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 22,870.00	\$ 22,870.00
		Sub Total		\$ -	\$ 91,482.00	\$ 91,482.00

Vendor # 177182

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 18,750.00	\$ 18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 6,250.00	\$ 6,250.00
		Sub Total		\$ -	\$ 25,000.00	\$ 25,000.00

Vendor # 177181

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 110,222.00	\$ 110,222.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 36,740.00	\$ 36,740.00
		Sub Total		\$ -	\$ 146,962.00	\$ 146,962.00

Vendor # 177180

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
		Sub Total		\$ -	\$ -	\$ -

Vendor # 177187

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 141,652.00	\$ 141,652.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 47,217.00	\$ 47,217.00
		Sub Total		\$ -	\$ 188,869.00	\$ 188,869.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 SFY 2018 FINANCIAL DETAIL

Catholic Medical Center

Vendor # 177240

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 208,492.00	\$ 208,492.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 69,497.00	\$ 69,497.00
		Sub Total		\$ -	\$ 277,989.00	\$ 277,989.00

Southern New Hampshire Health Systems, Inc.

Vendor # 177321

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
		Sub Total		\$ -	\$ -	\$ -
		Total Gov Commission		\$ -	\$ 853,276.00	\$ 853,276.00
		Total All		\$ 27,125,887.00	\$ 6,898,532.00	\$ 34,024,319.00



Lori A. Shibleette
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

June 2, 2020

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing Sole Source contracts with the vendors listed below, except for Granite Pathways, that provide a statewide network of Doorways for substance use disorder treatment and recovery support services access, by adding budgets for State Fiscal Year 2021, with no change to the price limitation of \$23,606,657 and no change to the contract completion dates of September 29, 2020 effective upon Governor and Council approval.

The contracts were approved by the Governor and Executive Council as indicated in the table below:

Vendor Name	Vendor Code	Area Served	Current Amount	Increase/ (Decrease)	New Amount	G&C Approval
Androscoggin Valley Hospital, Inc., Berlin, NH	TBD	Berlin	\$1,670,051	\$0	\$1,670,051	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10)
Concord Hospital, Inc., Concord, NH	177653-B003	Concord	\$2,272,793	\$0	\$2,272,793	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10)
Granite Pathways, Concord, NH	228900-B001	N/A	\$6,895,879	\$0	\$6,895,879	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Littleton Regional Hospital, Littleton, NH	TBD	Littleton	\$1,713,805	\$0	\$1,713,805	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
LRGHealthcare, Laconia, NH	TBD	Laconia	\$1,987,873	\$0	\$1,987,873	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)

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

Page 2 of 3

Mary Hitchcock Memorial Hospital, Lebanon, NH	177651-B001	Lebanon	\$4,349,314	\$0	\$4,349,314	O: 10/31/18 Item #17A A1: 11/14/18 (Item #11) A2: O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
The Cheshire Medical Center, Keene, NH	155405-B001	Keene	\$1,947,690	\$0	\$1,947,690	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Wentworth-Douglass Hospital, Dover, NH	TBD	Dover	\$2,769,452	\$0	\$2,769,452	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
		Total	\$23,606,657	\$0	\$23,606,657	

Funds are available in the following accounts for State Fiscal Year 2021 with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details

EXPLANATION

This request is Sole Source because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labelled as sole source. Upon the initial award of State Opioid Response funding from the federal Substance Abuse and Mental Health Services Administration, the Department restructured the State's service delivery system to provide individuals a more streamlined process to access substance use disorder and opioid use disorder services. The vendors above were identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the restructured system. As part of the ongoing improvement of the Doorway system, Granite Pathways has been replaced as the Doorway provider in Manchester (Catholic Medical Center) and Nashua (Southern New Hampshire Medical Center). This action was approved by Governor and Executive Council on March 11, 2020, item 9A.

The purpose of this request is add budgets to the contracts for State Fiscal Year 2021. In accordance with the terms of Exhibit B Method and Conditions Precedent to Payment, the budgets are to be submitted to Governor and Executive Council for approval no later than June 30, 2020. State Fiscal Year 2019 budgets are being reduced by a total amount of \$2,271,726 which is identified as unspent funding that is being carried forward to fund activities in the contract for State Fiscal Year 2021, specifically July 1, 2020 through September 29, 2020. The new Manchester and Nashua Doorway contracts already include budgets for July 1, 2020 through September 29, 2020.

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

Approximately 2,000 individuals will be served from July 1, 2020 to September 30, 2020.

These contractors provide a network of Doorways to ensure that every resident in NH has access to substance use disorder treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for substance use disorders, in order to ensure no one in NH has to travel more than sixty (60) minutes to access services. The Doorways increase and standardize services for individuals with opioid use disorders; strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in NH; and promote engagement in the recovery process. Because no one will be turned away from the Doorway, individuals outside of opioid use disorders are also being seen and referred to the appropriate services.

The Department has been monitoring the contracted services using the following performance measures:

- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow-ups through the Web Information Technology System (WITS) database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is not exercising its option to renew at this time.

Should the Governor and Council not authorize this request, the Department may not have the ability to ensure proper billing and proper use of funding by the vendors.

Area served: Statewide

Respectfully submitted


Lori A. Shibanette
Commissioner

*The Department of Health and Human Services' Mission is to join communities and families
in providing opportunities for citizens to achieve health and independence.*

Financial Detail

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT					
100% Federal Funds CFDA #93.788 FAIN T1081685					
Activity Code: 92057040					
Androscoggin Valley					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 821,133.00	\$ (201,283.00)	\$ 619,850.00
2020	Contracts for Prog Svcs	102-500731	\$ 848,918.00		\$ 848,918.00
2021	Contracts for Prog Svcs	102-500731		\$ 201,283.00	\$ 201,283.00
Subtotal			\$ 1,670,051.00	\$ -	\$ 1,670,051.00
Concord					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 947,662.00	\$ (236,916.00)	\$ 710,746.00
2020	Contracts for Prog Svcs	102-500731	\$ 1,325,131.00		\$ 1,325,131.00
2021	Contracts for Prog Svcs	102-500731		\$ 236,916.00	\$ 236,916.00
Subtotal			\$ 2,272,793.00	\$ -	\$ 2,272,793.00
Cheshire					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 820,133.00	\$ (205,033.00)	\$ 615,100.00
2020	Contracts for Prog Svcs	102-500731	\$ 1,127,557.00		\$ 1,127,557.00
2021	Contracts for Prog Svcs	102-500731		\$ 205,033.00	\$ 205,033.00
Subtotal			\$ 1,947,690.00	\$ -	\$ 1,947,690.00
Mary Hitchcock					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 1,774,205.00	\$ (383,958.00)	\$ 1,390,247.00
2020	Contracts for Prog Svcs	102-500731	\$ 2,575,109.00		\$ 2,575,109.00
2021	Contracts for Prog Svcs	102-500731		\$ 383,958.00	\$ 383,958.00
Subtotal			\$ 4,349,314.00	\$ -	\$ 4,349,314.00
LRGHealthcare					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 820,000.00	\$ (205,000.00)	\$ 615,000.00
2020	Contracts for Prog Svcs	102-500731	\$ 1,187,673.00		\$ 1,187,673.00
2021	Contracts for Prog Svcs	102-500731		\$ 205,000.00	\$ 205,000.00
Subtotal			\$ 1,987,673.00	\$ -	\$ 1,987,673.00

Financial Detail

Granite Pathways Manchester					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,331,471.00		\$ 1,331,471.00
2020	Contracts for Prog Svs	102-500731	\$ 2,349,699.00		\$ 2,349,699.00
2021	Contracts for Prog Svs	102-500731			\$ -
Subtotal			\$ 3,681,170.00	\$ -	\$ 3,681,170.00
Granite Pathways Nashua					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,348,973.00		\$ 1,348,973.00
2020	Contracts for Prog Svs	102-500731	\$ 1,885,736.00		\$ 1,885,736.00
2021	Contracts for Prog Svs	102-500731			\$ -
Subtotal			\$ 3,214,709.00	\$ -	\$ 3,214,709.00
Provider name here					
Littleton Regional					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 631,000.00	\$ (203,750.00)	\$ 627,250.00
2020	Contracts for Prog Svs	102-500731	\$ 882,805.00		\$ 882,805.00
2021	Contracts for Prog Svs	102-500731		\$ 203,750.00	\$ 203,750.00
Subtotal			\$ 1,713,805.00	\$ -	\$ 1,713,805.00
Wentworth Douglass					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 882,700.00	\$ (240,675.00)	\$ 722,025.00
2020	Contracts for Prog Svs	102-500731	\$ 1,808,752.00		\$ 1,808,752.00
2021	Contracts for Prog Svs	102-500731		\$ 240,675.00	\$ 240,675.00
Subtotal			\$ 2,769,452.00	\$ -	\$ 2,769,452.00
Subtotal			\$ 23,606,657.00	\$ -	\$ 23,606,657.00



Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6110 1-800-852-3345 Ext. 6738
Fax: 603-271-6105 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

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September 5, 2019

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing sole source agreements with the six (6) vendors listed in bold below, to implement and operationalize a statewide network of Doorways for substance use disorder treatment and recovery support services access, by increasing the total price limitation by \$3,962,024 from \$19,644,633 to \$23,606,657, with no change to the completion date of September 29, 2020, effective upon Governor and Executive Council approval. 100% Federal Funds.

These agreements were originally approved by the Governor and Executive Council on October 31, 2018 (Item #17A), Mary Hitchcock Memorial Hospital amended on November 14, 2018 (Item #11); Androscoggin Valley Hospital, Inc and Concord Hospital Inc. amended on August 28, 2019 (Item #10).

Vendor Name	Vendor ID	Vendor Address	Current Budget	Increase/ (Decrease)	Updated Budget
Androscoggin Valley Hospital, Inc.	177220-B002	59 Page Hill Rd. Berlin, NH 03570	\$1,670,051	\$0	\$1,670,051
Concord Hospital, Inc.	177653-B003	250 Pleasant St. Concord, NH, 03301	\$2,272,793	\$0	\$2,272,793
Granite Pathways	228900-B001	10 Ferry St, Ste. 308, Concord, NH, 03301	\$5,008,703	\$1,887,176	\$6,895,879
Littleton Regional Hospital	177162-B011	600 St. Johnsbury Road, Littleton, NH 03561	\$1,572,101	\$141,704	\$1,713,805
LRGHealthcare	177161-B006	80 Highland St. Laconia, NH 003246	\$1,593,000	\$394,673	\$1,987,673
Mary Hitchcock Memorial Hospital	177160-B001	One Medical Center Drive Lebanon, NH 03756	\$4,043,958	\$305,356	\$4,349,314
The Cheshire Medical Center	155405-B001	580 Court St. Keene, NH 03431	\$1,593,611	\$354,079	\$1,947,690

Wentworth-Douglass Hospital	177187-B001	789 Central Ave. Dover, NH 03820	\$1,890,416	\$879,036	\$2,769,452
		Total	\$19,644,633	\$3,962,024	\$23,606,657

Funds to support this request are anticipated to be available in the following accounts for State Fiscal Years 2020 and 2021 upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified.

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

State Fiscal Year	Class/Account	Class Title	Job Number	Current Funding	Increase/(Decrease)	Updated Funding
2019	102-500731	Contracts for Prog Svc	92057040	\$9,325,277	\$0	\$9,325,277
2020	102-500731	Contracts for Prog Svc	92057040	\$9,987,356	\$3,962,024	\$14,880,912
2021	102-500731	Contracts for Prog Svc	92057040	\$0	\$0	\$0
			Sub-Total	\$19,312,633	\$3,962,024	\$23,274,657

05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

State Fiscal Year	Class/Account	Class Title	Job Number	Current Funding	Increase/(Decrease)	Updated Funding
2019	102-500731	Contracts for Prog Svc	92052561	\$332,000	\$0	\$332,000
2020	102-500731	Contracts for Prog Svc	92052561	\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	92052561	\$0	\$0	\$0
			Sub-Total	\$332,000	\$0	\$332,000
			Grand Total	\$19,644,633	\$3,962,024	\$23,606,657

EXPLANATION

This request is sole source because upon the initial award of State Opioid Response (SOR) funding from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Department restructured the State's service delivery system to provide individuals a more streamlined process to access substance use disorder (SUD) and Opioid Use Disorder (OUD) services. The vendors above were identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the restructured system.

The purpose of this request is to add funding for Naloxone kits to distribute to individuals and community partners; additional flexible funds to address barriers to care such as transportation and childcare; and respite shelter vouchers to assist in accessing short-term, temporary housing. This action will align evidence-based methods to expand treatment, recovery, and prevention services to individuals

with OUD in NH. During the first six (6) months of implementation, the Department identified these factors as inhibitors to the long-term success of the program. The outcomes from this amendment align with the original contract to connect individuals with needed services to lower the deaths from OUD in NH and increase the use of Medication Assisted Treatment.

Approximately 9,700 individuals are expected to be served from August 1, 2019 through June 30, 2020. During the first six (6) months of service, the vendors completed 1,571 clinical evaluations, conducted 2,219 treatment referrals, and served 3,239 individuals.

This request represents six (6) of the eight (8) amendments being brought forward for Governor and Executive Council approval. The Governor and Executive Council approved two (2) of the amendments on August 28, 2019 (Item #10).

These contracts will allow the Doorways to continue to ensure that every resident in NH has access to SUD treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for SUD, in order to ensure no one in NH has to travel more than sixty (60) minutes to access services. The Doorways increase and standardize services for individuals with OUD; strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in NH; and promote engagement in the recovery process. Because no one will be turned away from the Doorway, individuals outside of OUD are also being seen and referred to the appropriate services.

The Department will monitor the effectiveness and the delivery of services required under this agreement using the following performance measures:

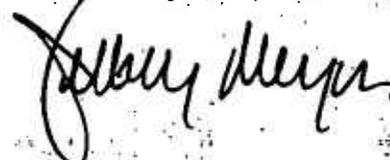
- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow ups through the Web Information Technology System (WITS) database.

Should Governor and Executive Council not authorize this request, individuals seeking help for OUD in NH may experience difficulty navigating a complex system, may not receive the supports and clinical services they need, and may experience delays in receiving care.

Area served: Statewide

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration. CFDA # 93.788; FAIN #H79TI081685 and FAIN #TI080246.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

100% Federal Funds

Activity Code: 92057040

Androscoggin Valley Hospital, Inc					
Vendor # 177220-B002					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 805,133.00		\$ 805,133.00
2020	Contracts for Prog Svs	102-500731	\$ 848,918.00	\$ -	\$ 848,918.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,654,051.00	\$ -	\$ 1,654,051.00
Concord Hospital, Inc					
Vendor # 177653-B003					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 947,662.00		\$ 947,662.00
2020	Contracts for Prog Svs	102-500731	\$ 1,325,131.00	\$ -	\$ 1,325,131.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 2,272,793.00	\$ -	\$ 2,272,793.00
Granite Pathways					
Vendor # 228900-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 2,380,444.00		\$ 2,380,444.00
2020	Contracts for Prog Svs	102-500731	\$ 2,328,259.00	\$ 1,887,176.00	\$ 4,215,435.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 4,708,703.00	\$ 1,887,176.00	\$ 6,595,879.00
Littleton Regional Hospital					
Vendor # 177162-B011					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 815,000.00		\$ 815,000.00
2020	Contracts for Prog Svs	102-500731	\$ 741,101.00	\$ 141,704.00	\$ 882,805.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,556,101.00	\$ 141,704.00	\$ 1,697,805.00
LRGHealthcare					
Vendor # 177161-B006					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,000.00		\$ 820,000.00
2020	Contracts for Prog Svs	102-500731	\$ 773,000.00	\$ 394,673.00	\$ 1,167,673.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,593,000.00	\$ 394,673.00	\$ 1,987,673.00

Financial Detail

Mary Hitchcock Memorial Hospital					
Vendor # 177160-B016					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,774,205.00	\$ -	\$ 1,774,205.00
2020	Contracts for Prog Svs	102-500731	\$ 2,269,753.00	\$ 305,356.00	\$ 2,575,109.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 4,043,958.00	\$ 305,356.00	\$ 4,349,314.00
The Cheshire Medical Center					
Vendor # 155405-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,133.00	\$ -	\$ 820,133.00
2020	Contracts for Prog Svs	102-500731	\$ 773,478.00	\$ 354,079.00	\$ 1,127,557.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,593,611.00	\$ 354,079.00	\$ 1,947,690.00
Wentworth-Douglas Hospital					
Vendor # 177187-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 962,700.00	\$ -	\$ 962,700.00
2020	Contracts for Prog Svs	102-500731	\$ 927,716.00	\$ 879,036.00	\$ 1,806,752.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,890,416.00	\$ 879,036.00	\$ 2,769,452.00
SUB TOTAL			\$ 19,312,633.00	\$ 3,962,024.00	\$ 23,274,657.00

05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT					
100% Federal Funds					
Activity Code: 92052561					
Androscoggin Valley Hospital, Inc					
Vendor # 177220-B002					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00	\$ -	\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 16,000.00	\$ -	\$ 16,000.00
Concord Hospital, Inc					
Vendor # 177653-B003					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ -	\$ -	\$ -

Financial Detail

Granite Pathways					
Vendor # 228900-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 300,000.00		\$ 300,000.00
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ 300,000.00	\$ -	\$ 300,000.00
Littleton Regional Hospital					
Vendor # 177162-B011					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00		\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ 16,000.00	\$ -	\$ 16,000.00
LRGHealthcare					
Vendor # 177181-B008					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -
Mary Hitchcock Memorial Hospital					
Vendor # 177160-B016					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -
The Cheshire Medical Center					
Vendor # 155405-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -
Wentworth-Douglas Hospital					
Vendor # 177187-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -
SUB TOTAL			\$ 332,000.00	\$ -	\$ 332,000.00
TOTAL			\$ 19,644,633.00	\$ 3,962,024.00	\$ 23,606,657.00

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Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF DRUG AND ALCOHOL SERVICES

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6110 1-800-852-3345 Ext. 6738
Fax: 603-271-6105 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

October 17, 2018

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, Bureau of Drug and Alcohol Services, to enter into sole source agreements with the eight (8) vendors listed below, in an amount not to exceed \$16,606,487, to develop, implement and operationalize a statewide network of Regional Hubs for opioid use disorder treatment and recovery support services, effective upon date of Governor and Council approval, through September 29, 2020. Federal Funds 100%.

Vendor Name	Vendor ID	Vendor Address	Amount
Androscoggin Valley Hospital, Inc.	TBD	59 Page Hill Rd. Berlin, NH 03570	\$1,559,611
Concord Hospital, Inc.	177653-8003	250 Pleasant St. Concord, NH, 03301	\$1,845,257
Granite Pathways	228900-8001	10 Ferry St. Ste. 308, Concord, NH, 03301	\$5,008,703
Littleton Regional Hospital	TBD	600 St. Johnsbury Road Littleton, NH 03561	\$1,572,101
LRGHealthcare	TBD	80 Highland St. Laconia, NH 003246	\$1,593,000
Mary Hitchcock Memorial Hospital	177651-8001	One Medical Center Drive Lebanon, NH 03756	\$1,543,788
The Cheshire Medical Center	155405-8001	580 Court St. Keene, NH 03431	\$1,593,611
Wentworth-Douglass Hospital	TBD	789 Central Ave. Dover, NH 03820	\$1,890,416
		Total	\$16,606,487

Funds are available in the following account(s) for State Fiscal Year (SFY) 2019, and are anticipated to be available in SFY 2020 and SFY 2021, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from the Governor and Executive Council.

**05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS;
HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID
RESPONSE GRANT**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2019	102-500731	Contracts for Prog Svc	92057040	\$8,281,704
SFY 2020	102-500731	Contracts for Prog Svc	92057040	\$7,992,783
SFY 2021	102-500731	Contracts for Prog Svc	92057040	\$0
			Sub-Total	\$16,274,487

**05-95-92-920510-2659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS;
HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR
GRANT**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2019	102-500731	Contracts for Prog Svc	92052561	\$332,000
SFY 2020	102-500731	Contracts for Prog Svc	92052561	\$0
SFY 2021	102-500731	Contracts for Prog Svc	92052561	\$0
			Sub-Total	\$332,000
			Grand Total	\$16,606,487

EXPLANATION

This request is sole source because the Department is seeking to restructure its service delivery system in order for individuals to have more rapid access to opioid use disorder (OUD) services. The vendors above have been identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the service restructure. Presently, the Department funds a separate contract with Granite Pathways through December 31, 2018 for Regional Access Points, which provide screening and referral services to individuals seeking help with substance use disorders. The Department is seeking to re-align this service into a streamlined and standardized approach as part of the State Opioid Response (SOR) grant, as awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). With this funding opportunity, New Hampshire will use evidence-based methods to expand treatment, recovery, and prevention services to individuals with OUD in NH. The establishment of nine (9) Regional Hubs (hereafter referred to as Hubs) is critical to the Department's plan.

The Hubs will ensure that every resident in NH has access to SUD treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for substance use disorders. The statewide telephone coverage will be accomplished

evaluations for substance use disorders. The statewide telephone coverage will be accomplished through a collaborative effort among all of the Hubs for overnight and weekend access to a clinician, which will be presented to the Governor and Executive Council at the November meeting. The Hubs will be situated to ensure that no one in NH has to travel more than sixty (60) minutes to access their Hub and initiate services. The vendors will be responsible for providing screening, evaluation, closed loop referrals, and care coordination for clients along the continuum of care.

In the cities of Manchester and Nashua, given the maturity of the Safe Stations programs as access points in those regions, Granite Pathways, the existing Regional Access Point contractor, was selected to operate the Hubs in those areas to ensure alignment with models consistent with ongoing Safe Station's operations. To maintain fidelity to existing Safe Stations operations, Granite Pathways will have extended hours of on-site coverage from 8am-11pm on weekdays and 11am-11pm on weekends.

The Hubs will receive referrals for OUD services through a new contract with the crisis call center (2-1-1 NH) operated by Granite United Way and through existing referral networks. Consumers and providers will also be able to directly contact their local Hub for services. The Hubs will refer clients to services for all American Society of Addiction Medicine (ASAM) levels of care. This approach eliminates consumer confusion caused by multiple access points to services and ensures that individuals who present for help with OUD are receiving assistance immediately.

Funds for each Hub were determined based on a variety of factors, including historical client data from Medicaid claims and State-funded treatment services based on client address, naloxone administration and distribution data, and hospital admissions for overdose events. Funds in these agreements will be used to establish the necessary infrastructure for Statewide Hub access and to pay for naloxone purchase and distribution. The vendors will also have a flexible needs fund for providers to access for OUD clients in need of financial assistance for services and items such as transportation, childcare, or medication co-pays not otherwise covered by another payer.

Unique to this service redesign is a robust level of client-specific data that will be available. The SOR grant requires that all individual served receive a comprehensive assessment at several time intervals, specifically at intake, three (3) months, six (6) months and upon discharge. Through care coordination efforts, the Regional Hubs will be responsible for gathering data on items including, but not limited to recovery status, criminal justice involvement, employment, and housing needs at the time intervals listed above. This data will enable the Department to measure short and long-term outcomes associated with SOR-funded initiatives and to determine which programs are generating the best results for the clients served.

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

Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 and SFY 2022-2023 biennia.

Should Governor and Executive Council not authorize this request, individuals seeking help for OUD in NH may experience difficulty navigating a complex system, may not receive the supports and clinical services they need, and may experience delays in receiving care.

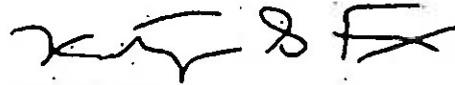
Area served: Statewide

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration: CFDA # 93.788, FAIN #H79TI081685 and FAIN #TI080246

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

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

Respectfully submitted,



Katja S. Fox
Director

Approved by:



Jeffrey A. Meyers
Commissioner

*The Department of Health and Human Services' Mission is to join communities and families
in providing opportunities for citizens to achieve health and independence.*

Financial Detail

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT			
100% Federal Funds			
Activity Code: 92057040			
Androscoggin Valley Hospital, Inc			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svcs	102-500731	\$ 805,133.00
2020	Contracts for Prog Svcs	102-500731	\$ 738,478.00
2021	Contracts for Prog Svcs	102-500731	\$
Subtotal			\$ 1,643,611.00
Concord Hospital, Inc			
Vendor # 177653-B003			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svcs	102-500731	\$ 947,662.00
2020	Contracts for Prog Svcs	102-500731	\$ 897,595.00
2021	Contracts for Prog Svcs	102-500731	\$
Subtotal			\$ 1,845,257.00
Granite Pathways			
Vendor # 228900-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svcs	102-500731	\$ 2,380,444.00
2020	Contracts for Prog Svcs	102-500731	\$ 2,328,259.00
2021	Contracts for Prog Svcs	102-500731	\$
Subtotal			\$ 4,708,703.00
Littleton Regional Hospital			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svcs	102-500731	\$ 815,000.00
2020	Contracts for Prog Svcs	102-500731	\$ 741,101.00
2021	Contracts for Prog Svcs	102-500731	\$
Subtotal			\$ 1,556,101.00
LRGHealthcare			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svcs	102-500731	\$ 820,000.00
2020	Contracts for Prog Svcs	102-500731	\$ 773,000.00
2021	Contracts for Prog Svcs	102-500731	\$
Subtotal			\$ 1,593,000.00

Financial Detail

Mary Hitchcock Memorial Hospital			
Vendor # 177651-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 730,632.00
2020	Contracts for Prog Svs	102-500731	\$ 813,156.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,543,788.00
The Cheshire Medical Center			
Vendor # 155405-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,133.00
2020	Contracts for Prog Svs	102-500731	\$ 773,478.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,593,611.00
Wentworth-Douglas Hospital			
Vendor # 157797			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 962,700.00
2020	Contracts for Prog Svs	102-500731	\$ 927,716.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,890,416.00

SUB TOTAL			\$ 16,274,487.00
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05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT			
100% Federal Funds			
Activity Code: 92052561			
Androscoggin Valley Hospital, Inc			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 16,000.00
Concord Hospital, Inc			
Vendor # 177653-B003			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -

Financial Detail

Granite Pathways			
Vendor # 228900-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 300,000.00
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 300,000.00
Littleton Regional Hospital			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 16,000.00
LRGHealthcare			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$
Mary Hitchcock Memorial Hospital			
Vendor # 177651-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$
The Cheshire Medical Center			
Vendor # 155405-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$
Wentworth-Douglas Hospital			
Vendor # 157797			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$
SUB TOTAL			\$ 332,000.00
TOTAL			\$ 16,606,487.00

**State of New Hampshire
Department of Health and Human Services
Amendment #5**

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Wentworth-Douglass Hospital ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 31, 2018 (Item #17A), as amended on September 18, 2019 (Item #20), as amended on June 24, 2020 (Item #31), as amended on February 3, 2021 (Item #10), and most recently amended on October 13, 2021 (Item #39), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2023
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$6,647,410
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
Robert W. Moore, Director
4. Modify Exhibit A – Amendment #3, Scope of Services, Section 8. Reporting, Subsection 8.4., by adding Paragraph 8.4.11. to read:
8.4.11. Client demographic data.
5. Modify Exhibit A – Amendment #3, Scope of Services, Section 10. Contract Management, by adding Subsection 10.4. to read:
10.4. The Contractor shall participate in meetings with Department leadership and State Opioid Response (SOR) staff on a quarterly basis, or as otherwise requested by the Department, to discuss program sustainability and ongoing access to vulnerable populations.
6. Modify Exhibit A – Amendment #3, Scope of Services, Section 11. SOR Grant Standards, by adding Subsection 11.15. to read:
11.15. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve Government Performance and Results Act (GPRA) collection.
7. Add Exhibit A-1 – Amendment #5, Additional Scope of Services, which is attached hereto and incorporated by reference herein.
8. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1 95.44% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse

and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, as awarded on 09/23/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI085759.

- 1.2 0.93% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, CFDA #93.959, FAIN B08TI083509.
 - 1.3 0.79% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG, as awarded on 02/10/2022, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, FAIN TI084659.
 - 1.4 2.84% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds. (effective dates 9/30/2020-9/29/2021).
9. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 5, to read:
5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit B-1, Budget through Exhibit B-14 – Amendment #5, SOR II MOUD Budget.
10. Modify Exhibit B – Amendment #1, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1, Paragraph 7.1.3, Subparagraph 7.1.3.1, Part 7.1.3.1.4. to read:
- 7.1.3.1.4. Food or water.
11. Modify Exhibit B – Amendment #1, Methods and Conditions Precedent to Payment, Section 7, Subsection 7.1, Paragraph 7.1.3, Subparagraph 7.1.3.1, Part 7.1.3.1.7. to read:
- 7.1.3.1.7. RESERVED
12. Add Exhibit B-11 – Amendment #5, SOR II Budget, which is attached hereto and incorporated by reference herein.
13. Add Exhibit B-12 – Amendment #5, SOR II MOUD Budget, which is attached hereto and incorporated by reference herein.
14. Add Exhibit B-13 – Amendment #5, SOR II Budget, which is attached hereto and incorporated by reference herein.
15. Add Exhibit B-14 – Amendment #5, SOR II MOUD Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to September 29, 2022, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

10/24/2022

Date

DocuSigned by:
Katja S. Fox
Name: Katja S. Fox
Title: Director

Wentworth-Douglass Hospital

10/14/2022

Date

DocuSigned by:
Jeffrey Hughes
Name: Jeffrey Hughes
Title: President & CEO

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

OFFICE OF THE ATTORNEY GENERAL

11/1/2022

Date

DocuSigned by:
Robyn Guarino
748734844041480
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

_____ Date

_____ Name:
Title:

New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services



EXHIBIT A-1 – Amendment #5

Additional Scope of Services

1. Medications for Opioid Use Disorder

- 1.1. The Contractor must provide comprehensive Medications for Opioid Use Disorder (MOUD) to individuals clinically diagnosed with Opioid Use Disorder (OUD).
- 1.2. The Contractor must ensure comprehensive MOUD includes, but is not limited to, outpatient or intensive outpatient treatment to individuals with OUD in accordance with Exhibit A - Amendment #3, Scope of Services.
- 1.3. The Contractor must provide on-site rapid assessment, treatment initiation, and stabilization services to clients with OUD that specifically focuses on equitable care to eliminate any disparities in access to or retention in treatment by race, ethnicity, or language.
- 1.4. The Contractor must ensure full staffing that includes, but is not limited to:
 - 1.4.1. A Physician or Advanced Registered Nurse Practitioner (ARNP) with a prescribing role.
 - 1.4.2. Therapist.
 - 1.4.3. A Recovery Coach or Certified Recovery Support Worker (CRSW).
 - 1.4.4. A Medical Assistant.
 - 1.4.5. Nurse Care Manager.
- 1.5. The Contractor must ensure:
 - 1.5.1. Any client initiating MOUD services is assessed by the MOUD team and a client-centered treatment plan is developed.
 - 1.5.2. Pharmacotherapy is initiated as deemed appropriate in accordance with Paragraph 1.5.1.
 - 1.5.3. Clients are connected to other clinical services as needed, and based on client preference, including, but not limited to:
 - 1.5.3.1. Therapy.
 - 1.5.3.2. Peer support.
 - 1.5.3.3. Harm reduction services.
 - 1.5.3.4. Nursing support.
 - 1.5.4. Clients receive case management services on a transitional basis while linkages are made to suitable and client-preferred level of care within the community.
 - 1.5.5. Clients who cannot directly be connected to ongoing treatment services continue receiving care with the MOUD team until linkage is successfully achieved.

DS
JBA

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT A-1 – Amendment #5

- 1.6. The Contractor must ensure client care includes, but is not limited to:
 - 1.6.1. Assessment.
 - 1.6.2. Diagnosis.
 - 1.6.3. Determination of treatment plan.
 - 1.6.4. Withdrawal management.
 - 1.6.5. Initiation of maintenance pharmacotherapy.
 - 1.6.6. Evaluation and management of SUD-associated medical complications.
- 1.7. The Contractor must demonstrate client-centered approach to care including, but not limited to:
 - 1.7.1. Engagement in clinical decision making with clients.
 - 1.7.2. Recognizing client subjective health needs.
 - 1.7.3. Understanding of client past experiences and preferences.
 - 1.7.4. Willingness and ability to engage with clients in all stages of readiness.
- 1.8. The Contractor must integrate harm reduction services into clinical care including, but not limited to, compassionate and trauma-informed approaches.
- 1.9. The Contractor must provide electronic consultations to primary care providers and other entities within the hospital system for clients with OUD, as needed. Consults may include, but are not limited to:
 - 1.9.1. Diagnostic clarification.
 - 1.9.2. Initiation of pharmacotherapy.
 - 1.9.3. General treatment recommendations.
- 1.10. The Contractor must ensure any client who is receiving MOUD services under this Exhibit A-1 – Amendment #5, Additional Scope of Services, is an established Doorway client prior to receiving services. MOUD services shall not be provided to non-Doorway clients.
- 1.11. The Contractor must ensure all general Doorway services as specified in Exhibit A – Amendment #3, Scope of Services, are available to all MOUD clients, as appropriate.

2. MOUD Reporting Requirements

- 2.1. The Contractor must submit monthly reports to the Department, in a format approved by the Department, on aggregate and non-identifiable client level data for MOUD Activities that includes, but is not limited to:
 - 2.1.1. The number of Doorway clients receiving MOUD.
 - 2.1.2. The number and type of MOUD services provided.
 - 2.1.3. Demographic information for individuals receiving MOUD.

DS
JBH

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT A-1 – Amendment #5

2.1.4. The number and type of support services and referrals provided as detailed in Subsection 1.5.3.

New Hampshire Department of Health and Human Services			
Complete one budget form for each budget period.			
Contractor Name:		Wentworth-Douglass Hospital	
Budget Request for:		Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services	
Budget Period:		FY23 - (September 30, 2022 - June 30, 2023)	
Indirect Cost Rate (if applicable):		10.00%	
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$405,000	\$58,500	\$463,500
2. Fringe Benefits	\$97,200	\$0	\$97,200
3. Consultants	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0	\$0
5.(e) Supplies Office	\$2,485	\$0	\$2,485
6. Travel	\$750	\$0	\$750
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$0	\$0
8. (b) Other - Education and Training	\$1,500	\$0	\$1,500
8. (c) Other - Other (please specify)			
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 3/14/23</i>	\$40,480	\$0	\$40,480
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23</i>	\$25,486	\$0	\$25,486
<i>Other - Naloxone</i>	\$202,500	\$0	\$202,500
<i>Other - Flex Funds</i>	\$30,000	\$0	\$30,000
<i>Other - Respite/Shelter</i>	\$35,663	\$0	\$35,663
9. Subcontracts	\$0	\$0	\$0
Total Direct Costs	\$841,064	\$58,500	\$899,564
Total 3/14 Indirect Costs	\$4,497	\$0	\$4,497
Total 9/29 Indirect Costs	\$2,831	\$0	\$2,831
Total SOR Indirect Costs	\$77,509	\$0	\$77,509
TOTAL	\$925,901	\$58,500	\$984,401

Contractor Initials JEA
 Date 10/14/2022

New Hampshire Department of Health and Human Services
 Complete one budget form for each budget period.

Contractor Name:	Wentworth-Douglass Hospital
Budget Request for:	Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services - MOUD (Medications for Opioid Use Disorder)
Budget Period:	FY23 - (September 30, 2022 - June 30, 2023)
Indirect Cost Rate (if applicable):	10.00%

Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$82,478	\$0	\$82,478
2. Fringe Benefits	\$19,795	\$0	\$19,795
3. Consultants	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0
5(a) Supplies - Educational	\$0	\$0	\$0
5(b) Supplies - Lab	\$0	\$0	\$0
5(c) Supplies - Pharmacy	\$0	\$0	\$0
5(d) Supplies - Medical	\$0	\$0	\$0
5(e) Supplies Office	\$0	\$0	\$0
6. Travel	\$0	\$0	\$0
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$0	\$0
8. (b) Other - Education and Training	\$0	\$0	\$0
8. (c) Other - Other (please specify)			
Other (please specify)	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0
9. Subcontracts	\$0	\$0	\$0
Total Direct Costs	\$102,273	\$0	\$102,273
Total Indirect Costs	\$10,227	\$0	\$10,227
TOTAL	\$112,500	\$0	\$112,500


 Contractor Initials _____
 Date 10/14/2022

New Hampshire Department of Health and Human Services			
Complete one budget form for each budget period.			
Contractor Name:		Wentworth-Douglass Hospital	
Budget Request for:		Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services	
Budget Period:		FY24 - (July 1, 2023 - September 29, 2023)	
Indirect Cost Rate (if applicable):		10.00%	
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$135,000	\$19,500	\$154,500
2. Fringe Benefits	\$32,400	\$0	\$32,400
3. Consultants	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0	\$0
5.(e) Supplies Office	\$828	\$0	\$828
6. Travel	\$250	\$0	\$250
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$0	\$0
8. (b) Other - Education and Training	\$500	\$0	\$500
8. (c) Other - Other (please specify)			
Other - Naloxone	\$67,500	\$0	\$67,500
Other - Flex Funds	\$10,000	\$0	\$10,000
Other - Respite/Shelter	\$11,888	\$0	\$11,888
Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23	\$21,989	\$0	\$21,989
9. Subcontracts	\$0	\$0	\$0
Total Direct Costs	\$280,355	\$19,500	\$299,855
Total Unmet needs Indirect Costs	\$2,443	\$0	\$2,443
Total SOR Indirect Costs	\$25,837	\$0	\$25,837
TOTAL	\$308,635	\$19,500	\$328,135

New Hampshire Department of Health and Human Services			
Complete one budget form for each budget period.			
Contractor Name:	Wentworth-Douglass Hospital		
Budget Request for:	Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services - MOUD (Medications for Opioid Use Disorder)		
Budget Period	FY24 - (July 1, 2023 - September 29, 2023)		
Indirect Cost Rate (if applicable):	10.00%		
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match	TOTAL Program Cost
1. Salary & Wages	\$27,493	\$0	\$27,493
2. Fringe Benefits	\$6,598	\$0	\$6,598
3. Consultants	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0	\$0
5.(e) Supplies Office	\$0	\$0	\$0
6. Travel	\$0	\$0	\$0
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$0	\$0
8. (b) Other - Education and Training	\$0	\$0	\$0
8. (c) Other - Other (please specify)			
Other (please specify)	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0
9. Subcontracts	\$0	\$0	\$0
Total Direct Costs	\$34,091	\$0	\$34,091
Total Indirect Costs	\$3,409	\$0	\$3,409
TOTAL	\$37,500	\$0	\$37,500


 Contractor Initials
 Date 10/14/2022

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that WENTWORTH-DOUGLASS HOSPITAL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on February 09, 1905. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 68727

Certificate Number: 0005874138



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 22nd day of September A.D. 2022.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, John Salmon, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Wentworth-Douglass Hospital.

2. The following is a true copy of an electronic vote taken of the Wentworth-Douglass Hospital Board of Trustees on October 19, 2022. Approval was received by those members entitled to vote thereon via electronic mail (15 of 15).

VOTED: That Jeffrey Hughes, President & CEO, is duly authorized on behalf of Wentworth-Douglass Hospital to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments, and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his judgment be desirable or necessary to affect the purpose of this vote.

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

Dated: 10/21/2022



Signature of Elected Officer

Name: John Salmon

Title: Chairman of the Board

crico

1325 Boylston Street • Boston, MA 02215
t 617.450.5500 f 617.450.8299
www.rmhf.harvard.edu

September 7, 2022

State of New Hampshire

DHHS, 129 Pleasant St.

Concord NH 03301

To Whom It May Concern:

Per the attached Blanket Additional Insured Endorsement ("BAIE") issued by the Controlled Risk Insurance Company of Vermont, Inc. (a risk retention group), Additional Insured coverage is hereby provided to the following party(ies), in connection with the relevant Insured Contract:

Additional Insured(s): State of New Hampshire, Department of Health and Human Services

For the effective date, time period, and purpose of this BAIE, please refer to the relevant Insured Contract.

Wentworth Douglas Hospital is participating in a State Opioid Response Grant with the State of New Hampshire Department of Health and Human Services.

The following are details for the General Liability insurance policy, issued by the Controlled Risk Insurance Company of Vermont, Inc. (a risk retention group), to which the party(ies) has(have) been added as an Additional Insured(s):

Named Insured: ***The Massachusetts General Hospital***

Policy Number: ***MGH-CRICO-C-GLPL-1556-2019***

Policy Limits: ***\$5,000,000 Per Claim and No Capped Annual Aggregate, or the limits that are required by the relevant Insured Contract, whichever is less.***

Note: This document is provided for informational purposes only; please reference the Blanket Additional Insured Endorsement for exact policy language.

**Controlled Risk Insurance Company of Vermont,
Inc. (A Risk Retention Group)
Burlington, Vermont**

Medical Professional Liability and General Liability Policy

Blanket Additional Insured Endorsement

Named Insured: THE MASSACHUSETTS GENERAL HOSPITAL
Policy No: MGH-CRICO-C-GLPL-1671-2022

Policy Effective Date: 1/1/2022
Endorsement No: 9

This Endorsement modifies the General Liability Policy.

Section V of the General Liability Policy, DEFINITIONS, is amended to add the following:

Additional Insured means a person, organization, or entity that the **Named Insured** has agreed in an **Insured Contract** to be named as an additional insured. Each **Additional Insured** shall be an **Insured** under this policy, but only with respect to liability for **Bodily Injury Liability (Coverage A)** or **Property Damage Liability (Coverage B)** caused by:

1. the negligence of the **Named Insured**; or
2. the negligence of others acting on behalf of the **Named Insured**.

Section IV of the General Liability Policy, PERSONS INSURED, is amended to add the following:

F. Any **Additional Insured**, but subject to the following:

The insurance afforded to an **Additional Insured** pursuant to this Endorsement:

1. Applies only to the extent permitted by law;
2. Applies only to a **Claim** resulting from an **Event** occurring within the **Policy Territory**, and subsequent to the **Endorsement Effective Date**;
3. Will not be broader than that which the **Named Insured** is required by the **Insured Contract** to provide to such **Additional Insured**.

The applicable limit of the Company's liability for a **Claim** shall not be increased by the inclusion of one or more **Additional Insureds**. Regardless of the number of **Claims** made, **Suits** brought, **Insureds**, **Additional Insureds**, persons injured, or persons asserting **Claims**, the limit of liability applicable to each **Claim** arising out of an **Event** is the amount required or evidenced by the **Insured Contract** or \$5,000,000, whichever is less. This amount is the most the Company will pay on behalf of the **Insureds**, **Additional Insureds**, and the **Named Insured** combined for all **Damages** and all **Claims Expense** for a **Claim**.

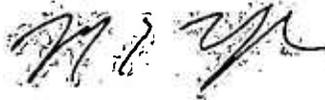
The Company hereby waives its rights of subrogation against such **Additional Insured**, but only to the extent any such subrogation is required by the **Insured Contract**.

All other terms and conditions, including but not limited to all obligations and all Exclusions, of the General Liability Policy shall remain unchanged by this Endorsement.

Terms appearing in bold in this Endorsement shall have the same meaning as the definition of that term in the General Liability Policy which this Endorsement modifies.

Notice: The Policy and this endorsement are issued by a risk retention group. A risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for risk retention groups.

IN WITNESS WHEREOF the Company has caused this Endorsement to be signed by its duly authorized representative.

A handwritten signature in black ink, appearing to be "M. J. Y.", written over a horizontal line.

Duly Authorized Representative



Mass General Brigham

Wentworth-Douglass Hospital

Mission Statement

We partner with individuals and families to attain their highest level of health.

Amended	Ratified
May 4, 1998	April 5, 2003
February 7, 2000	April 5, 2004
May 6, 2002	April 8, 2006
April 2, 2005	April 2, 2007
April 4, 2011	April 7, 2008
January 9, 2017	February 2, 2009
	April 5, 2010
	February 6, 2012
	February 4, 2013
	April 7, 2014
	April 6, 2015
	April 4, 2016
	August 6, 2018
	August 5, 2019
	August 3, 2020
	August 2, 2021
	August 1, 2022

Vision Statement

Wentworth-Douglass Hospital will be the regional hub for health care services on the Seacoast of New Hampshire and York County, Maine. We will be recognized for the breadth of clinical services provided, the quality of clinical outcomes, and the value of health care services delivered.

Amended	Ratified
April 5, 1999	April 5, 2004
June 3, 2002	April 2, 2007
September 12, 2005	April 7, 2008
April 5, 2010	February 2, 2009
February 6, 2012	April 4, 2011
October 6, 2012	February 4, 2013
April 6, 2015	April 7, 2014
January 9, 2017	April 4, 2016
	August 6, 2018
	August 5, 2019
	August 3, 2020
	August 2, 2021
	August 1, 2022

**Mass General Brigham
Incorporated and Affiliates**
Consolidated Financial Statements
(With Consolidating Financial Information)
September 30, 2021 and 2020

Mass General Brigham Incorporated and Affiliates
Index
September 30, 2021 and 2020

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Report of Independent Auditors

To the Board of Directors of
Mass General Brigham Incorporated

We have audited the accompanying consolidated financial statements of Mass General Brigham Incorporated (the Company) and its affiliates, which comprise the consolidated balance sheets as of September 30, 2021 and 2020, and the related consolidated statements of operations, changes in net assets and of cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

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

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



Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Mass General Brigham Incorporated and its affiliates as of September 30, 2021 and 2020, and the results of their operations, changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

PricewaterhouseCoopers LLP

Boston, Massachusetts

December 10, 2021

Mass General Brigham Incorporated and Affiliates
Consolidated Balance Sheets
September 30, 2021 and 2020

<i>(in thousands of dollars)</i>	2021	2020
Assets		
Current assets		
Cash and equivalents	\$ 177,259	\$ 2,129,189
Investments	3,395,005	1,142,275
Current portion of investments limited as to use	5,637,637	4,424,436
Patient accounts receivable, net	1,332,404	983,273
Research grants receivable, net	187,193	149,685
Other current assets	<u>684,632</u>	<u>589,078</u>
Total current assets	11,414,130	9,417,936
Investments limited as to use, less current portion	6,202,723	5,168,054
Long-term investments	2,950,684	2,179,220
Property and equipment, net	6,261,727	6,411,117
Right-of-use operating lease assets	1,108,275	1,139,626
Other assets	<u>1,027,593</u>	<u>724,410</u>
Total assets	\$ 28,965,132	\$ 25,040,363
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term obligations	\$ 381,987	\$ 436,166
Accounts payable and accrued expenses	1,730,310	1,885,784
Accrued medical claims and related expenses	87,289	84,638
Accrued employee compensation and benefits	1,414,036	1,219,905
Current portion of operating lease obligations	200,706	191,259
Unexpended funds on research grants	<u>345,403</u>	<u>367,858</u>
Total current liabilities	4,159,731	4,185,610
Accrued professional liability	588,402	567,770
Accrued employee benefits	729,924	2,044,913
Interest rate swaps liability	472,011	662,384
Accrued other	254,673	197,986
Operating lease obligations, less current portion	782,650	797,096
Long-term obligations, less current portion	<u>5,802,238</u>	<u>5,964,310</u>
Total liabilities	12,789,629	14,420,069
Commitments and contingencies		
Net assets		
Unrestricted	12,806,328	8,099,064
Donor restricted	<u>3,369,175</u>	<u>2,521,230</u>
Total net assets	16,175,503	10,620,294
Total liabilities and net assets	\$ 28,965,132	\$ 25,040,363

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

Mass General Brigham Incorporated and Affiliates
Consolidated Statements of Operations
Years Ended September 30, 2021 and 2020

(in thousands of dollars)

	2021	2020
Operating revenues		
Net patient service revenue	\$ 11,432,255	\$ 9,609,196
Premium revenue	910,312	830,191
Direct academic and research revenue	1,744,731	1,591,241
Indirect academic and research revenue	532,213	469,144
Other revenue	1,376,792	1,558,855
Total operating revenues	<u>15,996,303</u>	<u>14,058,627</u>
Operating expenses		
Employee compensation and benefit expenses	8,296,031	7,678,213
Supplies and other expenses	3,980,935	3,594,613
Medical claims and related expenses	645,514	610,310
Direct academic and research expenses	1,744,731	1,591,241
Depreciation and amortization expenses	724,477	742,187
Interest expense	162,128	192,576
Total operating expenses	<u>15,553,816</u>	<u>14,409,140</u>
Income (loss) from operations	<u>442,487</u>	<u>(350,513)</u>
Nonoperating gains (expenses)		
Income from investments	2,339,707	612,355
Change in fair value of interest rate swaps	190,373	(151,805)
Other nonoperating (expenses) income	(136,409)	(73,366)
Academic and research gifts, net of expenses	198,306	168,527
Non-service related pension income	127,735	58,317
Total nonoperating gains, net	<u>2,719,712</u>	<u>614,028</u>
Excess of revenues over expenses	3,162,199	263,515
Other changes in net assets		
Funds utilized for property and equipment	51,718	80,894
Change in funded status of defined benefit plans	1,486,475	376,740
Other changes in net assets	6,872	19,580
Increase in unrestricted net assets	<u>\$ 4,707,264</u>	<u>\$ 740,729</u>

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

Mass General Brigham Incorporated and Affiliates
Consolidated Statements of Changes in Net Assets
Years Ended September 30, 2021 and 2020

<i>(in thousands of dollars)</i>	Unrestricted	Donor Restricted	Total
Net assets at September 30, 2019	\$ 7,358,335	\$ 2,389,384	\$ 9,747,719
Increases (decreases)			
Loss from operations	(350,513)	-	(350,513)
Income from investments	612,355	85,376	697,731
Change in fair value of interest rate swaps	(151,805)	-	(151,805)
Other nonoperating (expenses) income	(73,366)	93,334	19,968
Academic and research gifts, net of expenses	168,527	-	168,527
Non-service related pension income	58,317	-	58,317
Funds utilized for property and equipment	80,894	(48,658)	32,236
Change in funded status of defined benefit plans	376,740	-	376,740
Other changes in net assets	19,580	1,794	21,374
Change in net assets	740,729	131,846	872,575
Net assets at September 30, 2020	\$ 8,099,064	\$ 2,521,230	\$ 10,620,294
Increases (decreases)			
Income from operations	442,487	-	442,487
Income from investments	2,339,707	466,855	2,806,562
Change in fair value of interest rate swaps	190,373	-	190,373
Other nonoperating (expenses) income	(136,409)	399,382	262,973
Academic and research gifts, net of expenses	198,306	-	198,306
Non-service related pension income	127,735	-	127,735
Funds utilized for property and equipment	51,718	(25,112)	26,606
Change in funded status of defined benefit plans	1,486,475	-	1,486,475
Other changes in net assets	6,872	6,820	13,692
Change in net assets	4,707,264	847,945	5,555,209
Net assets at September 30, 2021	\$ 12,806,328	\$ 3,369,175	\$ 16,175,503

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

Mass General Brigham Incorporated and Affiliates
Consolidated Statements of Cash Flows
Years Ended September 30, 2021 and 2020

(in thousands of dollars)

	2021	2020
Cash flows from operating activities		
Change in net assets	\$ 5,555,209	\$ 872,575
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Change in funded status of defined benefit plans	(1,486,475)	(376,740)
Loss on refunding of debt	-	24,817
Change in fair value of interest rate swaps	(190,373)	151,805
Depreciation and amortization	724,477	742,187
Amortization of bond discount, premium and issuance costs	(12,117)	(11,838)
Gain on disposal of property	(69)	(1,258)
Change in right-of-use operating lease assets	178,991	170,854
Net realized and change in unrealized appreciation on investments	(3,054,762)	(907,825)
Restricted contributions and investment income	(367,506)	(121,064)
Cash premium upon issuance of bonds	-	79,262
Increases (decreases) in cash resulting from a change in		
Patient accounts receivable	(349,131)	148,008
Other assets	(138,340)	29,700
Accounts payable and other accrued expenses	286,776	510,870
Accrued medical claims and related expenses	2,651	27,088
Operating lease obligations	(152,639)	(211,546)
Settlements with third-party payers	(29,328)	35,040
Medicare accelerated payments	(293,624)	1,018,093
Net cash provided by operating activities	<u>673,740</u>	<u>2,180,028</u>
Cash flows from investing activities		
Purchases of property and equipment	(575,288)	(563,746)
Proceeds from sale of property	3,548	1,353
Purchase of investments	(3,510,944)	(2,350,917)
Proceeds from sales of investments	1,293,642	1,867,763
Net cash used for investing activities	<u>(2,789,042)</u>	<u>(1,045,547)</u>
Cash flows from financing activities		
Borrowings under lines of credit	-	375,000
Repayments under lines of credit	-	(375,000)
Payments on long-term obligations	(234,119)	(83,806)
Proceeds from long-term obligations, net of financing costs	-	1,463,860
Decrease (increase) in auction rate securities holdings	29,985	(29,985)
Deposits into refunding trusts	-	(760,232)
Restricted contributions and investment income	367,506	121,064
Net cash provided by financing activities	<u>163,372</u>	<u>710,901</u>
Net (decrease) increase in cash and equivalents	(1,951,930)	1,845,382
Cash and equivalents		
Beginning of year	<u>2,129,189</u>	<u>283,807</u>
End of year	<u>\$ 177,259</u>	<u>\$ 2,129,189</u>

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

Mass General Brigham Incorporated and Affiliates

Notes to Consolidated Financial Statements

September 30, 2021 and 2020

(in thousands of dollars)

1. Organization and Community Benefit Commitments

Mass General Brigham Incorporated (the Company) is the parent organization and sole corporate member of numerous organizations whose financial condition and operations are described in these consolidated financial statements. The terms Mass General Brigham, We, Our or Us as used herein, unless otherwise stated or indicated by context, refer collectively to the Company and its affiliated organizations.

Mass General Brigham operates academic medical centers, community acute care hospitals, inpatient and outpatient mental health services facilities, urgent care centers, facilities that provide rehabilitation medicine and long-term care services, physician organizations, home health services, nursing homes and a graduate level program for health professions. Our mission is to provide world class health care services to the local communities in which we operate as well as to patients across the United States and the world. In addition, we are a nonuniversity-based non-profit private medical research enterprise and a principal teaching affiliate of the medical and dental schools of Harvard University. Our licensed, not-for-profit managed care organization and licensed, for-profit insurance company (collectively referred to as AllWays Health) provide health insurance products and administrative services to the Massachusetts Medicaid program (MassHealth), ConnectorCare (a state subsidized program for adults who meet income and immigration guidelines) and commercial populations.

Community Health

Through our community health programs we work with community residents and organizations to make measurable, sustainable improvements in the health status of underserved populations. In addition, we support initiatives related to equity, social determinants of health and work force development. Our hospitals and licensed affiliated health centers partner with the community to help low-income, vulnerable families overcome barriers to health and wellbeing.

Charity Care

We provide charity care to all emergent patients regardless of their ability to pay. The cost of and reimbursement for providing that care, as reflected in the consolidated statements of operations, is summarized below.

State Programs

Massachusetts

Acute care hospitals in The Commonwealth of Massachusetts (the Commonwealth or Massachusetts) are partially reimbursed for charity care services through the statewide Health Safety Net Trust Fund (HSN). A portion of the funding for the HSN is paid by an assessment on acute care hospitals' charges for private sector payers. The statewide assessment was \$165,308 in both 2021 and 2020 and the assessment expense on our acute care hospitals was \$60,818 and \$61,973 in 2021 and 2020, respectively.

Mass General Brigham Incorporated and Affiliates
Notes to Consolidated Financial Statements
September 30, 2021 and 2020

(in thousands of dollars)

Acute care hospitals are reimbursed for charity care based on claims for eligible patients and services that are submitted to and adjudicated by the HSN. Payments are based on Medicare rates and payment policies. The HSN was under-funded by approximately \$64,968 and \$42,738 in 2021 and 2020, respectively. This shortfall is allocated to acute care hospitals based on their share of total statewide patient care costs with our share being approximately \$22,086 and \$12,064 in 2021 and 2020, respectively. Each hospital's share of the overall state shortfall cannot exceed its total charity care reimbursement. Hospitals with a high proportion of charity care and government funding receive more favorable reimbursement, including limiting their shortfall allocation to no more than 15% of their payments for charity care. In aggregate, our acute care hospitals received charity care funding covering 60% and 62% of the estimated cost of charity care provided in 2021 and 2020, respectively.

The Commonwealth levies an additional assessment on Massachusetts hospitals that is redistributed to the hospitals based on pay-for-performance criteria. The total assessment was \$257,500 in both 2021 and 2020 and our assessment expense was \$94,734 and \$97,393 in 2021 and 2020, respectively. The total amount redistributed to hospitals was \$265,000 in both 2021 and 2020 of which we received \$55,469 and \$55,542 in 2021 and 2020, respectively. Additionally, there is a separate assessment for our post-acute hospitals which totaled \$3,178 and \$6,783 in 2021 and 2020, respectively.

New Hampshire

The State of New Hampshire (New Hampshire) imposes a Medicaid Enhancement Tax (MET) on hospital net patient service revenue. For both of New Hampshire's fiscal years ended June 30, 2021 and 2020, the MET imposed was 5.4%. We incurred \$20,330 and \$18,513 of MET in 2021 and 2020, respectively.

New Hampshire acute care hospitals receive disproportionate share payments based on a portion of their charity care relative to other acute care hospitals. We received \$10,950 and \$10,697 in 2021 and 2020, respectively.

Medicaid

Medicaid is a health insurance program jointly funded by the states and the federal government. Each state administers its own program and sets rules for eligibility, benefits and provider payments within broad federal guidelines and in some cases, including the Commonwealth and New Hampshire, within a Waiver Agreement between each state and the federal government. The program provides health care coverage to low-income adults and children. Eligibility is determined by a variety of factors which include income relative to the federal poverty line, age, immigrant status and assets.

Medicaid payments to our providers do not cover the full cost of services provided to Medicaid patients. In aggregate, reimbursement from Medicaid covered approximately 62% of the estimated cost of services provided in both 2021 and 2020.

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Federal Program

Medicare

Medicare is a federally sponsored health insurance program for people age 65 or older, under age 65 with certain disabilities and any age with End-Stage Renal Disease. Medicare's payments historically have not kept pace with increases in the cost of care provided at many hospitals. Compounding this shortfall in payments is the continued shift of care from higher paying inpatient services to lower paying outpatient services.

Consequently, Medicare payments to our providers do not cover the full cost of services provided. In aggregate, reimbursement from Medicare covered approximately 71% and 68% of the estimated cost of services provided in 2021 and 2020, respectively.

Summary

For charity care, Medicaid and Medicare, the estimated cost of services provided is either obtained directly from a costing system or based on an entity specific ratio of cost to gross charges. In the latter case, cost is derived by applying this ratio to gross charges associated with providing care to charity care, Medicaid and Medicare patients. The following summarizes, by program, the cost of services provided, net reimbursement and cost of services in excess of reimbursement for each year:

	<u>Years Ended September 30,</u>	
	<u>2021</u>	<u>2020</u>
Cost of services provided		
Charity care	\$ 92,362	\$ 90,473
Medicaid	1,517,575	1,275,389
Medicare	4,657,140	4,134,589
	<u>\$ 6,267,077</u>	<u>\$ 5,500,451</u>
Net reimbursement		
Charity care	\$ 44,256	\$ 45,632
Medicaid	933,518	795,865
Medicare	3,311,087	2,800,316
	<u>\$ 4,288,861</u>	<u>\$ 3,641,813</u>
Cost of services in excess of reimbursement		
Charity care	\$ 48,106	\$ 44,841
Medicaid	584,057	479,524
Medicare	1,346,053	1,334,273
	<u>\$ 1,978,216</u>	<u>\$ 1,858,638</u>

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In addition to charity care and inadequate funding from the Medicaid and Medicare programs, there are significant losses related to self-pay patients who fail to make payment for services rendered or insured patients who fail to remit co-payments and deductibles as required under the applicable health insurance arrangement. The estimated cost of providing these services was approximately \$66,215 and \$65,171 for 2021 and 2020, respectively.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting and include the accounts of the Company and its affiliates. Significant interaffiliate accounts and transactions have been eliminated.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates are made in the areas of patient accounts receivable, research grants receivable, investments, receivables and accrual for settlements with third-party payers, accrued medical claims and related expenses, accrued employee compensation and benefits, accrued professional liability, interest rate swaps liability and accrued other.

Income Taxes

The Company and substantially all of its affiliates are tax-exempt organizations under Sections 501(c)(3) or 501(c)(4) of the Internal Revenue Code (IRC) or are disregarded entities for tax purposes.

In December 2017, the U.S. Government enacted comprehensive tax legislation commonly referred to as the Tax Cuts and Jobs Act (Tax Act). The Tax Act, effective in phases beginning in 2018, made broad and complex changes to the U.S. tax code. Beginning in 2018, the Tax Act required us to consider certain transportation fringe benefits provided to employees as unrelated business taxable income (UBTI). In addition, beginning in 2019, we were required to determine unrelated business income or loss on an activity-by-activity basis. In December of 2019, the provision of the Tax Act that considered certain transportation fringe benefits provided to employees as UBTI was repealed retroactive to its enactment. As a result, we filed amended tax returns to refund the taxes paid relative to this provision.

Total income tax credit of \$5,357 and \$6,666 was recognized for the years ended September 30, 2021 and 2020, respectively.

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Fair Value of Financial Instruments

The fair value of financial instruments approximates the carrying amount reported in the consolidated balance sheets for cash and equivalents, investments and investments limited as to use, patient accounts receivable, research grants receivable, accounts payable and accrued expenses and interest rate swaps liability.

Cash and Equivalents

Cash and equivalents represent cash, registered money market funds and highly liquid debt instruments with a maturity at the date of purchase of three months or less. Our cash and equivalents are maintained with several national banks, and cash deposits typically exceed federal insurance limits. Our policy is to monitor these banks' financial strength on an ongoing basis, and no losses have been experienced to date.

Investments

Investments in equity securities with readily determinable fair values, debt securities and alternative investments are measured at fair value. Alternative investments, consisting of various hedge funds, private equity funds, private debt funds, other private partnerships and restricted securities of public companies that are not traded on a national securities exchange, are valued based on amounts reported by the fund manager and evaluated by management. Investments in securities sold short or traded on a national securities exchange are valued based on quoted market prices.

Income from investments (including realized gains and losses, unrealized change in value of investments, interest, dividends and endowment income distributions) is included in excess of revenues over expenses unless the income or loss is restricted by donor or law. Income from investments is reported net of investment-related expenses.

Each year as part of our endowment spending policy, we establish a fixed distribution rate for spending. Distributions will come from either income and/or net accumulated appreciation.

Investments Limited as to Use

Investments limited as to use primarily include assets whose use is contractually limited by external parties as well as assets set aside by the boards (or management) for identified purposes and over which the boards (or management) retain control such that the boards (or management) may, at their discretion, subsequently use such assets for other purposes. Certain investments corresponding to deferred compensation are accounted for such that all income and appreciation (depreciation) is recorded as a direct addition (reduction) to the asset and corresponding liability.

Derivative Instruments

Derivatives are recognized on the balance sheet at fair value with changes in the fair value recorded in excess of revenues over expenses.

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Patient Accounts Receivable

The payments received for healthcare services rendered from federal and state agencies (under the Medicare and Medicaid programs), managed care payers, commercial insurance companies and patients are subject to explicit and implicit discounts. These discounts are based on contractual agreements, discount policies and management's assessment of historical experiences and are reflected in the period of service.

Research Grants Receivable

Mass General Brigham receives direct and pass through research funding from the National Institutes for Health and other federal agencies, industry, corporate, foundation non-profits and other sponsors. Research grants receivable include amounts due from these sponsors of externally funded research. These amounts have been billed or are billable to the sponsor, or in limited circumstances, represent accelerated spending in anticipation of future funding. Research grants receivable are recognized at net realizable value.

As of September 30, 2021, and 2020, we have approximately \$4,066,168 and \$4,075,000, respectively, of conditional research grants for future research to be performed. The timing and amounts of funds received under such grants are subject to continued government funding and may change over time.

Other Current Assets

Other current assets include prepaid expenses, inventory, nonpatient receivables, current portion of receivable for settlements with third-party payers, current portion of pledges receivable and premiums receivable. Inventory (primarily supplies and pharmaceuticals) is accounted for on a first-in, first-out method basis and is recorded at the lower of average weighted cost or net realizable value.

Property and Equipment

Property and equipment is reported on the basis of cost less accumulated depreciation. Donated items are recorded at fair value at the date of contribution. All research grants received for capital are recorded in the year of expenditure as a change in unrestricted net assets. Property and equipment is reviewed for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. Depreciation of property and equipment is calculated by use of the straight-line method at rates intended to depreciate the cost of assets over their estimated useful lives, which generally range from three to fifty years. Interest costs incurred on borrowed funds during the period of construction of capital assets are capitalized, net of any interest earned, as a component of the cost of acquiring those assets.

Asset Retirement Obligations

Asset retirement obligations, reported in accrued other, are legal obligations associated with the retirement of long-lived assets. These liabilities are initially recorded at fair value and the related asset retirement costs are capitalized by increasing the carrying amount of the related assets by the same amount as the liability. Asset retirement costs are subsequently depreciated over the useful lives of the related assets. Any changes to the liability due either to the passage of time, better information or the settlement of an obligation are reflected in the current period.

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Other Assets

Other assets consist of long-term receivables, intangible assets, malpractice insurance receivables, receivable for settlements with third-party payers, investments in healthcare related limited partnerships and long-term pledges and contributions receivable. The carrying value of other assets is evaluated for impairment if the facts and circumstances suggest that the carrying value may not be recoverable.

Compensated Absences

In accordance with formal policies concerning vacation and other compensated absences, accruals of \$413,304 and \$375,627 were recorded as of September 30, 2021 and 2020, respectively.

Unexpended Funds on Research Grants

Research grants received in advance of corresponding grant expenditures are accounted for as a direct addition to investments limited as to use and unexpended funds on research grants.

Self-Insurance Reserves

We are generally self-insured for employee healthcare, disability, workers' compensation and certain other employee benefits. These costs are accounted for on an accrual basis to include estimates of future payments for claims incurred prior to year-end.

Net Assets

Donor restricted net assets include (a) the historical dollar amounts of contributions and the income and gains on such contributions which are required by donors to be retained and (b) contributions and the income and gains on these contributions which can be expended but for which restrictions have not yet been met. Such restrictions include purpose restrictions where donors have specified the purpose for which the net assets are to be spent, or time restrictions imposed by donors or implied by the nature of the contribution (capital projects, pledges to be paid in the future and life income funds) or by interpretations of law (gains available for appropriation but not appropriated in the current period). All remaining net assets are considered unrestricted.

Realized gains and losses are classified as unrestricted net assets unless they are restricted by the donor or law. Realized gains and net unrealized appreciation on donor restricted contributions are classified as donor restricted until appropriated for spending in accordance with policies established by Mass General Brigham and applicable provisions of the Uniform Prudent Management of Institutional Funds Acts (UPMIFA). Net losses on donor restricted endowment funds are classified as a reduction to donor restricted net assets.

Contributed Securities

Our policy is to sell securities contributed by donors upon receipt, unless prevented from doing so by donor request. For the years ended September 30, 2021 and 2020, contributed securities of \$53,872 and \$80,461, respectively, were received and liquidated. Donors restricted \$25,536 and \$10,787 of the proceeds received from the sale of these contributed securities for long-term purpose for the years ended September 30, 2021 and 2020, respectively.

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Statement of Operations

Activities deemed by management to be ongoing, major and central to the provision of healthcare services, teaching, research activities and health insurance are reported as operating revenues and expenses. Other activities are deemed to be nonoperating and include unrestricted contributions (net of fundraising expenses), external community benefit program support, net change in unexpended academic and research contributions, change in fair value of interest rate swaps, substantially all income (loss) from investments, interest on advanced borrowings and nonservice related pension income. Academic and research contributions largely consist of donor contributions (and the related investment income including realized gains and losses) designated to support the clinical, teaching or research efforts of a physician or department as directed by the donor. These contributions are reported as unrestricted, net of related support expenses, when donor restrictions are of a general nature that are inherent in the normal activities of the organization.

The consolidated statements of operations include excess of revenues over expenses. Changes in unrestricted net assets, which are excluded from excess of revenues over expenses, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for acquisition of such assets), change in funded status of defined benefit plans.

Revenues

To determine the appropriate revenue recognition policy, we first assess whether the transaction is an exchange or nonexchange transaction in accordance with accounting guidance. In general, an exchange transaction consists of an exchange of goods and/or services for commensurate value. Transactions that consist of transferring goods and/or services without receiving commensurate value in return are considered nonexchange transactions.

For exchange transactions, revenue is recognized as goods and/or services are provided and is based on the amount expected to be received in exchange for those goods and/or services. Revenue recognized as exchange transactions include net patient service revenue, premium revenue and other revenue.

Nonexchange transactions include contributions and grants for which the service provider does not receive commensurate value in return for the funding.

Contributions

Contributions are reported as other nonoperating gains in the consolidated statements of operations. Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give are recognized when the conditions are substantially met. Contributions are reported as donor restricted support if they are received with donor stipulations that limit the use of the donated assets. Donor restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the consolidated statements of operations.

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Contributions of long-lived assets with explicit restrictions that specify use of assets and contributions of cash or other assets that must be used to acquire long-lived assets are reported as additions to donor restricted net assets if the assets are not placed in service during the year.

Grants

Grants and contracts normally provide for the recovery of direct and indirect costs, subject to audit. Revenue associated with direct and indirect costs is recognized as direct costs are incurred. The recovery of indirect costs is based on predetermined rates for U.S. Government grants and contracts and negotiated rates for other grants and contracts.

Medical Claims and Related Expenses

AllWays Health contracts with various hospitals, community health centers, primary care and specialty physician practices and other health care providers for the delivery of services to its members and compensates these providers on a capitated, fee-for-service, per diem or diagnosis-related group basis.

The cost of contracted health care services is accrued in the period in which services are provided and include certain estimated amounts. The estimated liability for medical claims and related expenses is actuarially determined based on analysis of historical claims-paid experience, modified for changes in enrollment, inflation and benefit coverage. The liability for medical claims and related expenses represents the anticipated cost of claims incurred but unpaid at the balance sheet date. Estimates for claims expense may be more or less than the amounts ultimately paid when claims are settled. Such changes in estimates are reflected in the current period in the consolidated statements of operations.

In the normal course of business, overpayments are recouped through reductions in future payments made to hospitals and other providers. Such overpayments are the result of, among other things, coordination of benefits and provider claim audits. For the years ended September 30, 2021 and 2020, we recorded a reduction in medical claims expense of \$28,998 and \$19,968, respectively, for such overpayments. As of September 30, 2021 and 2020, respectively, approximately \$2,881 and \$1,629 are recorded as receivables related to such overpayments.

Reinsurance

Reinsurance premiums are reported in medical claims and related expenses and reinsurance recoveries are reported as reductions in medical claims and related expenses.

Settlements

AllWays Health contracts with certain providers at negotiated rates based on historical and anticipated experience. These methods of reimbursement result in settlements based on actual versus anticipated experience which could result in payments due from (to) these providers. Settlements receivable of \$4,446 and \$5,514 were recorded in other current assets as of September 30, 2021 and 2020, respectively. Settlements payable of \$1,223 and \$2,921 were recorded in accrued medical claims and related expenses as of September 30, 2021 and 2020, respectively. The settlements are intended to include both reported and unreported incurred claims as of September 30, 2021 and 2020.

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In 2014, the Affordable Care Act introduced new settlements related to a risk adjustment program, a risk corridor program and a reinsurance program designed to mitigate the transitional impact on insurers for new members. The risk corridor program and reinsurance program ended on December 31, 2016 in accordance with the provision of the Affordable Care Act. Our estimated net receivable due from the federal government for these programs was \$67,263 and \$65,753 at September 30, 2021 and 2020, respectively. Similar to the federal program, the Executive Office of Health and Human Services of the Commonwealth (EOHHS) has a risk corridor program, and our estimated net payable due to EOHHS was \$14,540 and \$2,186 as of September 30, 2021 and 2020, respectively.

Premium Deficiency Reserves

Premium deficiency reserves are assessed and recognized on a product line basis based upon expected premium revenue, medical expense and administrative expense levels, and remaining contractual obligations using historical experience. There were no premium deficiency reserves as of September 30, 2021 or 2020.

Claims Adjustment Expenses

Claims adjustment expenses (CAE) are those costs expected to be incurred in connection with the adjustment and recording of health claims. We have recorded an estimate of unpaid CAE associated with incurred but unpaid claims, which is included in medical claims and related expenses in the accompanying consolidated statements of operations. Management believes the amount of the liability for unpaid CAE as of September 30, 2021, is adequate to cover the cost for the adjustment and recording of unpaid claims; however, actual expenses may differ from those established estimates. Adjustments to the estimates for unpaid CAE are reflected in operating results in the period in which the change in estimate is identified.

3. Pandemic

On March 11, 2020, the World Health Organization designated COVID-19 as a global pandemic resulting in an extraordinary impact to patient activity in 2020. Federal and state policies, including declarations of a state of emergency by the governors of Massachusetts and New Hampshire on March 10 and March 27, respectively, were enacted to help contain the spread of COVID-19. Beginning on March 18, 2020, our Massachusetts facilities were prohibited from performing nonessential elective procedures. On June 8, 2020, Massachusetts entered phase two of its reopening plan, which permitted our Massachusetts facilities to provide in-person care for certain routine services. Our New Hampshire facilities generally followed a similar timeline.

In response to COVID-19, the Coronavirus Aid Relief and Economic Security (CARES) Act was enacted which provided different types of economic support to a wide variety of companies and individuals. Mass General Brigham employed several CARES Act provisions; with the most significant impacts summarized below.

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Medicare Accelerated Payments (MAP)

As of September 30, 2020, we received approximately \$1,018,093 in MAP funding which was recorded in accounts payable and accrued expenses as of September 30, 2020. Medicare started to recoup these payments beginning in April 2021 based upon the terms and conditions of this program and most will be recouped by the end of fiscal year 2022. As of September 30, 2021, we had \$724,469 in MAP funding recorded in accounts payable and accrued expenses.

Deferred Payment of Employer Payroll Taxes

As of September 30, 2021 and 2020, we have accumulated \$239,466 and \$165,088, respectively, of deferred employer payroll taxes within accrued employee compensation and benefits. The CARES Act allows for deferred payments of only the employer share of payroll taxes through December 31, 2020 and requires payment of 50% of these deferred taxes by December 31, 2021 and 50% by December 31, 2022.

Provider Relief Funds (PRF)

For the year ended September 30, 2021 and 2020, we recognized approximately \$232,063 and \$546,373, respectively, of permanent grants from the PRF within other operating revenue. PRF were used to prevent, prepare for and respond to COVID-19. Based on our interpretation of available information as of September 30, 2021 and 2020, we have deferred \$86,487 and \$51,759, respectively, of PRF we received. These estimates could change as additional guidance becomes available.

4. Operating Revenues

Net Patient Service Revenue

Mass General Brigham's providers maintain agreements with The Centers for Medicare and Medicaid Services under the Medicare program, the Commonwealth under the Medicaid program and various managed care payers that govern payment for services rendered to patients covered by these agreements. The agreements generally provide for per case or per diem rates or payments based on discounted charges for inpatient care and discounted charges or fee schedules for outpatient care. Certain contracts also provide for payments that are contingent upon meeting agreed upon quality and efficiency measures.

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We recognize net patient service revenue for services provided to patients who have third-party payer coverage based on contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, we recognize revenue based on our standard rates (subject to discounts) for services provided. Based on our historical experience, a significant portion of uninsured patients are unable or fail to pay for the services provided. Consequently, we have provided implicit discounts to uninsured patients. These discounts represent the difference between amounts billed to patients and amounts expected to be collected based on historical experience. The following summarizes net patient service revenue, net of contractual adjustments and discounts by significant payer:

	Years Ended September 30,			
	2021		2020	
Net patient service revenue (net of contractual adjustments and discounts)				
Medicare	\$ 2,614,786	23.0%	\$ 2,348,346	24.5%
Medicare managed care	696,301	6.1%	451,970	4.7%
Medicaid	698,353	6.1%	644,897	6.7%
Medicaid managed care	235,165	2.1%	150,968	1.6%
Massachusetts managed care organizations	4,192,422	36.6%	3,579,093	37.2%
Other commercial	2,310,323	20.2%	1,999,249	20.8%
All others	684,905	5.9%	434,673	4.5%
Total all payers	\$ 11,432,255	100.0%	\$ 9,609,196	100.0%

Net patient service revenue includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations. Contracts, laws and regulations governing the Medicare, Medicaid and charity care programs and managed care payer arrangements are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. A portion of the accrual for settlements with third-party payers has been classified as long-term because such amounts, by their nature or by virtue of regulation or legislation, will not be paid within one year.

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Third-party payers (accrual) receivable consists of the following:

	Balance Sheet Classification	September 30,	
		2021	2020
Current portion			
Receivable for settlements with third-party payers	Other current assets	\$ 104,874	\$ 70,633
Accrual for settlements with third-party payers	Accounts payable and accrued expenses	(785,917)	(1,080,524)
		<u>(681,043)</u>	<u>(1,009,891)</u>
Long-term portion			
Receivable for settlements with third-party payers	Other assets	4,315	15,340
Accrual for settlements with third-party payers	Accrued Other	(28,162)	(33,291)
		<u>(23,847)</u>	<u>(17,951)</u>
Third-party payers (accrual) receivable		<u>\$ (704,890)</u>	<u>\$ (1,027,842)</u>

We recognize changes in third-party payer settlements and other estimates in the year of the change in estimate. For the years ended September 30, 2021 and 2020, adjustments to prior year estimates resulted in an increase to income from operations of \$48,818 and \$28,474, respectively. Subsequent changes to estimated discounts are generally recorded as adjustments to net patient service revenue in the period of change.

We provide either full or partial charity care to patients who cannot afford to pay for their medical services based on income and family size. Charity care is generally available to qualifying patients for medically necessary services. We report certain bad debts related to emergency services as charity care. As there is no expectation of collection, there is no net patient service revenue recorded related to charity care.

Premium Revenue

Premiums are due monthly and are recorded as earned during the period in which members are eligible to receive services. Premiums received prior to the first day of the coverage period are recorded as unearned premiums in accounts payable and accrued expenses.

Academic and Research Revenue

Academic and research revenue is recognized as either an exchange or nonexchange transaction, depending on the contract type. The following table sets forth total academic and research revenue received by funding source:

	Years Ended September 30,			
	2021		2020	
National Institute of Health and other federal agencies	\$ 998,423	43.8%	\$ 873,811	42.4%
Federal subcontracts	230,702	10.1%	188,050	9.1%
Industry/Corporate	198,651	8.8%	159,593	7.8%
Foundations/non-profits and other sponsors	625,795	27.5%	589,261	28.6%
Total research revenue	<u>2,053,571</u>		<u>1,810,715</u>	
Academic revenue	223,373	9.8%	249,670	12.1%
Total academic and research revenue	<u>\$ 2,276,944</u>	<u>100.0%</u>	<u>\$ 2,060,385</u>	<u>100.0%</u>

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Other Revenue

Other revenue includes all other operating revenue sources, the most significant being the following:

	Years Ended September 30,	
	2021	2020
Provider relief funds (CARES)	\$ 232,063	\$ 546,373
Specialty and retail pharmacy operations	457,750	298,070
Intellectual property and royalties	23,314	92,301
Parking and office rentals	63,197	59,770
Tuition	64,480	59,216
Outsourced services	45,423	36,832
Cafeteria sales	25,356	27,959
Contract administrative fees	34,220	32,432
Blood factor sales	37,467	26,071
Accountable care organization administration fees	37,104	23,706
Consulting services	13,028	15,096
International contracts	7,421	18,971
Investment income	10,909	13,716
Other	325,060	308,342
Total other revenue	<u>\$ 1,376,792</u>	<u>\$ 1,558,855</u>

5. Liquidity and Availability

Cash and investments are managed centrally under policies developed by the Investment Committee and reviewed by the Finance Committee of the Company's Board of Directors. Wherever possible, funds are commingled and are assigned to one of three investment pools (the Money Market Pool, the Aggregate Bond Pool and the Long-Term Pool, collectively, the Pools) which have been structured to provide a range of investment objectives, risk profiles and rates of return appropriate for our assets. Funds are allocated among the Pools based on expected liquidity needs as determined by multi-year financial plans, restrictions and management judgment.

The tiered time horizon structure of the Pools is designed to meet anticipated and contingent liquidity needs. The following tables set forth the periods within which funds are available to meet liquidity needs and, based on redemption provisions with investment managers, the specific Pools from which such funds would be drawn as of:

Investment Pool	September 30, 2021						
	Same Day	1 Week	1 Month	3 Months	1 Year	> 1 Year	Total
Money market	\$ 387,288	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 387,288
Aggregate bond	1,798,123	348,702	-	-	-	-	2,146,825
Long-term	155,521	1,602,470	1,147,679	4,284,623	1,542,435	5,933,595	14,666,323
Total	<u>\$ 2,340,932</u>	<u>\$ 1,951,172</u>	<u>\$ 1,147,679</u>	<u>\$ 4,284,623</u>	<u>\$ 1,542,435</u>	<u>\$ 5,933,595</u>	<u>\$ 17,200,436</u>
Cumulative total	\$ 2,340,932	\$ 4,292,104	\$ 5,439,783	\$ 9,724,406	\$ 11,266,841	\$ 17,200,436	

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Investment Pool	September 30, 2020						Total
	Same Day	1 Week	1 Month	3 Months	1 Year	> 1 Year	
Money market	\$ 2,278,647	\$ -	\$ 29,985	\$ -	\$ -	\$ -	\$ 2,308,632
Aggregate bond	550,234	71,194					621,428
Long-term	1,559,855	524,340	1,729,144	1,995,487	1,463,834	3,791,263	11,063,723
Total	\$ 4,388,536	\$ 595,534	\$ 1,759,129	\$ 1,995,487	\$ 1,463,834	\$ 3,791,263	\$ 13,993,783
Cumulative total	\$ 4,388,536	\$ 4,984,070	\$ 6,743,199	\$ 8,738,686	\$ 10,202,520	\$ 13,993,783	

The market value of the Aggregate Bond Pool consisted of the following:

	September 30,	
	2021	2020
Short-term investments and U.S. Treasuries	\$ 424,763	\$ 317,812
Separately managed mortgage and asset-backed securities and corporate bonds	160,291	169,060
Commingled fixed income vehicles	1,561,771	134,556
Total of Aggregate Bond Pool	\$ 2,146,825	\$ 621,428

As of September 30, 2021 and 2020, we had cash and equivalents not included in the Pools of \$97,955 and \$79,817, respectively. As of September 30, 2021 and 2020, we had net patient accounts receivable of \$1,332,404 and \$983,273, respectively, that would be available for general expenditures within one year of the balance sheet dates.

In addition, we maintain two lines of credit aggregating \$375,000 as well as a \$500,000 Taxable Commercial Paper program that provide access to same day funds.

6. Investments and Investments Limited as to Use

Investments are either invested in the Pools or separately managed. Substantially all affiliates participate in the Pools. Their respective ownership interests are tracked and updated monthly and are accounted for using the fair value method. Income (including realized gains and losses) from the Pools is allocated to each participant on a monthly basis based on its proportionate interest in the Pools.

Oversight of the management of the investable assets, including the Pools and pension assets, is provided by the Investment Committee of the Company's Board of Directors which seeks to achieve incremental returns by manager selection and asset allocation (increasing/decreasing allocations within allowable ranges based on current and projected valuations). The Committee is supported by a professional staff, an outside investment consultant and a pension actuarial consultant.

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We utilize a target allocation policy and balance projected returns, correlation and volatility of various asset classes within the overall risk tolerance. Asset allocations are managed based on relative valuations among and within asset classes and the perceived ability of managers to outperform passive benchmarks. Exposure by asset class is the sum of allocation to those managers whose mandates most closely fit the listed asset classes. Asset allocation can and will deviate from target exposures and is regularly monitored for rebalancing.

The Pools invest in a variety of assets which include private partnerships whose assets include equity, fixed income and other investments. As of September 30, 2021, the Pools have unfunded commitments of approximately \$1,568,882 which will be drawn down by the various general partners over the next several years. The maximum annual drawdown is expected to be 3% to 5% of investments and investments limited as to use.

Investments and investments limited as to use are recorded in the balance sheet as follows:

	<u>September 30,</u>	
	<u>2021</u>	<u>2020</u>
Current assets		
Investments	\$ 3,395,005	\$ 1,142,275
Current portion of investments limited as to use	<u>5,637,637</u>	<u>4,424,436</u>
	9,032,642	5,566,711
Long-term assets		
Investments limited as to use, less current portion	6,202,723	5,168,054
Long-term investments	<u>2,950,684</u>	<u>2,179,220</u>
	<u>\$ 18,186,049</u>	<u>\$ 12,913,985</u>

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Investments limited as to use consist of the following:

	September 30, 2021		September 30, 2020	
	Current Portion	Long-Term Portion	Current Portion	Long-Term Portion
Internally designated funds				
Reserved for capital expenditures	\$ 1,414,284	\$ -	\$ 1,025,715	\$ -
Unexpended academic and research gifts	-	5,031,167	-	3,989,810
Deferred compensation	-	593,834	-	474,875
Other	3,693,511	531,205	2,721,020	666,489
	<u>5,107,795</u>	<u>6,156,206</u>	<u>3,746,735</u>	<u>5,131,174</u>
Externally limited funds				
Unexpended funds on research	345,403	-	367,858	-
Contributions held for others	2,864	-	1,742	-
Professional liability trust fund	-	46,517	-	36,880
Held by trustees under debt and other agreements	181,575	-	308,101	-
	<u>529,842</u>	<u>46,517</u>	<u>677,701</u>	<u>36,880</u>
	<u>\$ 5,637,637</u>	<u>\$ 6,202,723</u>	<u>\$ 4,424,436</u>	<u>\$ 5,168,054</u>

Investment activity included in excess of revenues over expenses consists of the following:

	Years Ended September 30,	
	2021	2020
Investment income included in operations and reported in other revenue	\$ 10,909	\$ 13,716
Investment income included in nonoperating gains and reported in:		
Income from investments		
Net realized gains on investments	303,166	212,690
Change in unrealized appreciation of investments	2,036,541	399,665
Academic and research gifts, net of expenses	<u>251,297</u>	<u>217,531</u>
Total investment activity included in excess of revenues over expenses	<u>\$ 2,601,913</u>	<u>\$ 843,602</u>

7. Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (also referred to as exit price). Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability. In determining fair value, the use of various valuation approaches, including market, income and cost approaches, is permitted.

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Fair Value Hierarchy

A fair value hierarchy has been established based on whether the inputs to valuation techniques are observable or unobservable. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the reporting entity's assumptions about the inputs market participants would use. The fair value hierarchy requires the reporting entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. In addition, for hierarchy classification purposes, the reporting entity should not look through the form of an investment to the nature of the underlying securities held by an investee.

The hierarchy is described below.

- Level 1** Valuations using quoted prices in active markets for identical assets or liabilities. Valuations of these products do not require a significant degree of judgment. Level 1 assets and liabilities primarily include debt and equity securities that are traded in an active exchange market.
- Level 2** Valuations using observable inputs other than Level 1 prices such as quoted prices in active markets for similar assets or liabilities; quoted prices for identical or similar assets or liabilities in markets that are not active; broker or dealer quotations; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Level 2 assets and liabilities primarily include debt securities with quoted prices that are traded less frequently than exchange-traded instruments as well as debt securities and derivative contracts whose value is determined using a pricing model with inputs that are observable in the market or can be derived principally from or corroborated by observable market data.
- Level 3** Valuations using unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities. Level 3 includes assets and liabilities whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques reflecting the reporting entity's assumptions about the assumptions market participants would use as well as those requiring significant management judgment.

Valuation Techniques

Pooled investments, separately invested short-term investments and debt and equity securities are classified within Level 1 or Level 2 of the fair value hierarchy as they are valued using quoted market prices, broker or dealer quotations, or other observable pricing sources. Certain types of investments are classified within Level 3 of the fair value hierarchy because they have little or no market activity and therefore have little or no observable inputs with which to measure fair value.

The valuation of interest rate swaps is determined using widely accepted valuation techniques, including discounted cash flow analysis on the expected cash flows of each derivative. This analysis reflects the contractual terms of the derivatives, including the period to maturity, and uses observable market-based inputs, including interest rate curves and implied volatilities.

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The following tables summarize financial assets and liabilities measured at fair value on a recurring basis as of:

	September 30, 2021				Total
	Fair Value Measurements Using				
	Quoted Prices In Active Markets for Identical Items (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Investments Valued Using NAV as a Practical Expedient	
Assets					
Pooled investments					
Short-term investments	\$ 485,457	\$ -	\$ -	\$ -	\$ 485,457
Separately managed investments	1,263,270	384,995	-	-	1,648,265
Mutual funds	1,561,770	-	-	-	1,561,770
Private partnerships, commingled funds and other	-	-	-	13,504,944	13,504,944
	<u>3,310,497</u>	<u>384,995</u>	<u>-</u>	<u>13,504,944</u>	<u>17,200,436</u>
Separately invested					
Short-term investments	41,339	-	-	-	41,339
Equities	38,045	-	-	-	38,045
Mutual funds	675,726	126,407	-	-	802,133
Beneficial interests in perpetual assets	-	-	61,316	-	61,316
	<u>755,110</u>	<u>126,407</u>	<u>61,316</u>	<u>-</u>	<u>942,833</u>
	<u>\$ 4,065,607</u>	<u>\$ 511,402</u>	<u>\$ 61,316</u>	<u>\$ 13,504,944</u>	<u>\$ 18,143,269</u>
Interest rate swaps					
Liabilities		\$ (472,011)			\$ (472,011)

	September 30, 2020				Total
	Fair Value Measurements Using				
	Quoted Prices In Active Markets for Identical Items (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Investments Valued Using NAV as a Practical Expedient	
Assets					
Pooled investments					
Short-term investments	\$ 1,628,674	\$ 679,958	\$ -	\$ -	\$ 2,308,632
Separately managed investments	1,693,788	732,375	-	-	2,426,163
Mutual funds	134,555	-	-	-	134,555
Commingled funds	-	1,164,116	-	-	1,164,116
Private partnerships and other	-	-	-	7,960,317	7,960,317
	<u>3,457,017</u>	<u>2,576,449</u>	<u>-</u>	<u>7,960,317</u>	<u>13,993,783</u>
Separately invested					
Short-term investments	103,865	-	-	-	103,865
Equities	66,803	-	-	-	66,803
Mutual funds	532,755	130,690	-	-	663,445
Beneficial interests in perpetual assets	-	-	52,864	-	52,864
	<u>703,423</u>	<u>130,690</u>	<u>52,864</u>	<u>-</u>	<u>886,977</u>
	<u>\$ 4,160,440</u>	<u>\$ 2,707,139</u>	<u>\$ 52,864</u>	<u>\$ 7,960,317</u>	<u>\$ 14,880,760</u>
Interest rate swaps					
Liabilities		\$ (662,384)			\$ (662,384)

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8. Pledges and Contributions Receivable

Pledges receivable represent unconditional promises to give and are net of allowances for uncollectible amounts. Pledges are recorded at the present value of their estimated future cash flows. Pledges collectible within one year are classified as other current assets, net of allowances, and total \$125,756 and \$101,517 as of September 30, 2021 and 2020, respectively. Estimated cash flows due after one year are discounted using published treasury bond and note yields that are commensurate with estimated collection risks. The blended discount rate was 0.6% and 0.2% for 2021 and 2020, respectively. Pledges are expected to be collected as follows:

	<u>September 30,</u>	
	2021	2020
Amounts due		
Within one year	\$ 153,120	\$ 128,375
In one to five years	170,934	151,247
In more than five years	69,461	51,820
Total pledges receivable	<u>393,515</u>	<u>331,442</u>
Less: Unamortized discount	5,700	1,401
	<u>387,815</u>	<u>330,041</u>
Less: Allowance for uncollectibles	32,035	31,473
Net pledges receivable	<u>355,780</u>	<u>298,568</u>
Contributions receivable from trusts	66,477	59,294
	<u>\$ 422,257</u>	<u>\$ 357,862</u>

9. Property and Equipment

Property and equipment consists of the following:

	<u>September 30,</u>	
	2021	2020
Land and land improvements	\$ 356,271	\$ 353,815
Buildings and building improvements	8,990,955	8,768,567
Equipment	2,868,709	2,858,382
Construction in progress	388,724	343,874
Finance right-of-use lease assets	70,350	1,992
	<u>12,675,009</u>	<u>12,326,630</u>
Less: Accumulated depreciation	6,413,282	5,915,513
Property and equipment, net	<u>\$ 6,261,727</u>	<u>\$ 6,411,117</u>

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Depreciation expense for the years ended September 30, 2021 and 2020 was \$721,199 and \$710,684, respectively. Interest costs, net of interest earned, aggregating \$1,257 and \$1,581 were capitalized in 2021 and 2020, respectively.

For the years ended September 30, 2021 and 2020, fully depreciated assets with an original cost of \$223,430 and \$433,402, respectively, were written off.

10. Levels of Capital and Surplus

Risk-based capital (RBC) is a methodology adopted by the National Association of Insurance Commissioners for determining the minimum level of capital and surplus deemed necessary for an insurer based upon the types of assets held and business written. The Company has guaranteed to the Massachusetts Division of Insurance (DOI) (the RBC Guaranty) to maintain AllWays Health's capital and surplus at a specified minimum level, measured quarterly in accordance with an RBC methodology permitted by DOI. The RBC Guaranty may be enforced by the DOI. In 2021 and 2020, AllWays Health returned capital of \$0 and \$50,000, respectively, to the Company. AllWays Health's current contract with EOHHS requires AllWays Health to maintain a minimum net worth and/or financial insolvency insurance in an amount equal to the Minimum Net Worth calculation as defined in Massachusetts General Law 176G, Section 25. At December 31, 2020 and 2019 (AllWays Health's statutory year end), the minimum net worth requirement, as determined in accordance with EOHHS guidelines, was \$43,702 and \$40,527, respectively. AllWays Health's statutory net worth was \$155,918 and \$160,753 at December 31, 2020 and 2019, respectively, and thus exceeded the EOHHS requirements by \$112,216 and \$120,226, respectively.

11. Accrued Medical Claims and Related Expenses

Accrued medical claims and related expenses include estimates of expected trends in claims severity, frequency, and other factors, which could vary as the claims are ultimately settled and are based principally upon historical experience. For the years ended September 30, 2021 and 2020, changes in estimates resulted in an increase (decrease) of accrued medical claims and related expense of (\$25,613) and \$3,874 respectively. Increases (decreases) of this nature occur as the result of claim settlements and recoveries during the current year and as additional information is received regarding individual claims, causing changes from the original estimates of the cost of these claims. Ongoing analysis of the recent loss development trends is also taken into account in evaluating the overall adequacy of the reserves.

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Changes in accrued medical claims and related expenses are as follows:

	2021	2020
Balance at beginning of year	\$ 84,638	\$ 57,550
Less:		
Accrual for claims adjustment expenses	(13,609)	(3,040)
Accrued medical payables - other	(1,475)	(1,154)
Plus: Settlements payable, net	67,491	35,610
Net balance at beginning of year	<u>137,045</u>	<u>88,966</u>
Incurred related to		
Current year	671,127	606,436
Prior years	(25,613)	3,874
Total incurred	<u>645,514</u>	<u>610,310</u>
Paid related to		
Current year	592,738	497,575
Prior years	59,728	64,656
Total paid	<u>652,466</u>	<u>562,231</u>
Net balance at end of year	130,093	137,045
Plus:		
Accrual for claims adjustment expenses	1,602	1,475
Accrued medical payables - other	17,281	13,609
Less: Settlements payable, net	(61,687)	(67,491)
Balance at end of year	<u>\$ 87,289</u>	<u>\$ 84,638</u>

Medical claims and related expenses in the accompanying consolidated statements of operations include other nonclaims related costs. These nonclaims related expenses were for directly delivered services and medical cost risk sharing and incentives.

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12. Long-Term Obligations

Mass General Brigham's long-term obligations consist of the following:

	Final Maturity	September 30,	
		2021	2020
Massachusetts Health and Educational Facilities Authority Revenue Bonds			
Series 1997 P*, variable interest rate of 0.05% and 0.09%	2027	\$ 150,000	\$ 150,000
Series 2005 F*, variable interest rate of 0.08% and 0.29%	2040	227,950	229,650
Series 2007 G*, variable interest rate of 0.20% and 0.20%	2042	75,000	75,000
Series 2008 H*, variable interest rate of 0.08% and 0.19%	2042	162,590	165,195
Massachusetts Development Finance Agency (Agency) Revenue Bonds			
Series 2011 K*, average fixed interest rate of 4.76%, variable interest rate of 0.05% and 0.12%	2048	100,000	110,720
Series 2012 L*, average fixed interest rate of 4.49%	2023	8,635	15,770
Series 2014 M*, average fixed interest rate of 4.34%	2028	21,835	28,835
Series 2014 N*, variable interest rate of 0.69% and 0.68%	2044	127,950	129,650
Series 2015 O*, average fixed interest rate of 4.39%	2045	187,065	193,545
Series 2016 Q*, average fixed interest rate of 4.80%	2047	415,390	417,845
Series 2016 R*, variable interest rate of 0.63% and 0.67%	2052	100,000	100,000
Series 2017 S*, average fixed interest rate of 4.61%, variable interest rate of 0.52% and 0.59%	2047	907,630	940,130
Series 2019 T*, variable interest rate of 0.59% and 0.66%	2049	158,250	158,250
Series 2020 A*, average fixed interest rate of 4.84%	2050	294,195	304,885
New Hampshire Health and Education Facilities Authority Revenue Bonds			
Series 2017, average fixed interest rate of 5.00%	2041	92,840	95,160
MGB Taxable Debt			
Series 2007 Bonds, fixed interest rate of 6.26%	2037	100,000	100,000
2012 Senior Notes, fixed interest rate of 4.11%	2052	400,000	400,000
2014 Senior Notes, fixed interest rate of 4.73%	2044	150,000	150,000
Series 2015 Bonds, fixed interest rate of 4.12%	2055	300,000	300,000
2016 Senior Notes, fixed interest rate of 3.69%	2046	225,000	225,000
Series 2017 Bonds, fixed interest rate of 3.77%	2048	303,644	303,644
2018 Senior Notes, fixed interest rate of 4.60%	2049	400,000	400,000
Series 2020 Bonds, average fixed interest rate of 3.29%	2060	1,017,135	1,017,135
2020 Term Loan, fixed interest rate of 2.42%		-	150,000
Other obligations		6,574	7,388
Total long-term obligations, par value		5,931,683	6,165,602
Net unamortized bond premiums		277,409	290,870
Deferred financing costs		(24,867)	(26,211)
Total long-term obligations, net		6,184,225	6,430,461
Less:			
Current portion		381,987	438,166
Auction rate securities held		-	29,985
		<u>\$ 5,802,238</u>	<u>\$ 5,964,310</u>

* Denotes series is issued in multiple subseries

Variable interest rates are presented at September 30, 2021 and 2020, respectively

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As of September 30, 2021 and 2020, we held \$0 and \$29,985, respectively, of the Series 2005 F and Series 2007 G Revenue Bonds issued as auction-rate securities. Although not legally extinguished, the bonds held by us have been reflected as extinguished under generally accepted accounting principles.

Scheduled maturities of long-term obligations (including the impact of net unamortized bond premiums and deferred financing costs) during the next five years and thereafter and other amounts classified as current liabilities, are as follows:

	Scheduled Maturities	Bonds Supported by Self Liquidity	Bonds Supported by Bank Facilities	Total
2022	\$ 103,222	\$ 210,015	\$ 68,750	\$ 381,987
2023	102,719	-	-	102,719
2024	105,782	-	-	105,782
2025	119,296	-	-	119,296
2026	67,436	-	-	67,436
Thereafter	5,407,005	-	-	5,407,005
	<u>\$ 5,905,460</u>	<u>\$ 210,015</u>	<u>\$ 68,750</u>	<u>\$ 6,184,225</u>

The scheduled maturities represent annual payments as required under debt repayment schedules. The current portion of long-term obligations includes the payments scheduled to be made in 2022, bonds supported by self-liquidity that can be tendered prior to September 30, 2022, and bonds supported by bank facilities with financial institutions (standby bond purchase agreements or letters of credit) that expire prior to September 30, 2022. The bonds supported by self-liquidity provide the bondholder with an option to tender the bonds to the Company. Accordingly, these bonds are classified as a current liability. The bonds supported by bank facilities provide the bondholder with an option to tender the bonds to the liquidity provider. Generally accepted accounting principles require bonds backed by bank facilities expiring within one year of the balance sheet date as well as potential principal amortization under bank facilities' term out provisions due within one year of the balance sheet date to be classified as a current liability.

If bonds supported by bank facilities cannot be remarketed, the repayment terms of those bank facilities would result in repayments of \$68,750 in 2022, \$142,650 in 2023, \$86,400 in 2024 and \$30,150 in 2025. If the bonds supported by self-liquidity cannot be remarketed, the bonds would be tendered to the Company on their respective earliest tender dates, which differ from scheduled maturity dates, and would result in payments of \$210,015 in 2022, \$119,870 in 2023, \$69,250 in 2024, \$61,935 in 2025, \$130,000 in 2026 and \$139,285 thereafter.

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Scheduled payments of long-term debt (excluding the impact of net unamortized bond premiums and deferred financing costs) for each of the next five years, assuming bonds backed by bank facilities are remarketed and the standby purchase agreements are renewed and bonds supported by self-liquidity are remarketed, are as follows:

2022	\$	103,222
2023		107,624
2024		110,887
2025		124,751
2026		93,686
Thereafter		5,391,513
	\$	<u>5,931,683</u>

Interest expense paid during the years ended September 30, 2021 and 2020 was \$243,020 and \$251,804, respectively.

In January 2020, we issued \$304,885 of Mass General Brigham Series 2020 A Revenue Bonds, plus bond premium of \$79,262. The bond proceeds, net of issuance costs of \$1,511, were used to refund portions of Series J Bonds (\$38,765), Series M Bonds (\$50,000) and Series O Bonds (\$50,000), and to finance certain capital projects (\$243,871).

In January 2020, we issued \$1,017,135 of Mass General Brigham Series 2020 Taxable Bonds. The bond proceeds, net of issuance costs of \$6,649, were used to refund portions of Series L Bonds (\$57,313), Series M Bonds (\$241,104) and Series O Bonds (\$68,559), to refund Series 2011 Taxable Bonds (\$250,000), and to finance certain capital projects (\$393,510).

Mass General Brigham bonds are general obligations of the Company supported by guarantees from Brigham Health, Inc., The Brigham and Women's Hospital, Inc., The Massachusetts General Hospital and The General Hospital Corporation which may be suspended under certain conditions.

Our debt agreements contain certain covenants, including a minimum debt service coverage ratio and limitations on additional indebtedness and asset transfers.

Lines of Credit

The Company maintains two lines of credit aggregating \$375,000 that provide access to same day funds. Advances under the lines of credit bear a variable rate of interest based on the London Interbank Offered Rate (LIBOR). As of September 30, 2021, there were no amounts outstanding under the lines of credit. The two lines of credit expire in June 2023.

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Term Loan

In May 2020, the Company executed a \$150,000 Term Loan with a fixed interest rate of 2.42% and final maturity in May 2022. The Term Loan was pre-paid in full in May 2021.

Taxable Commercial Paper

In September 2020, the Company established a \$500,000 Taxable Commercial Paper (CP) program. As of September 30, 2021, there were no amounts outstanding under the CP program.

13. Derivatives

Interest Rate Swaps

We utilize swap contracts to lock-in long-term synthetic fixed rates and manage fluctuations in cash flows resulting from interest rate risk on certain of our variable rate bonds. These bonds expose us to variability in interest payments due to changes in interest rates. Management believes that it is prudent to limit this variability. To meet this objective and to take advantage of low interest rates, we have entered into various swap contracts involving the exchange of fixed rate payments by us for variable rate payments from several counterparties that are based on a percentage of LIBOR.

By using swap contracts to manage the risk of changes in interest rates, we expose ourselves to credit risk and market risk. Credit risk is the failure of the counterparty to perform under the terms of the swap contracts. When the fair value of a swap contract is positive, the counterparty has a liability to us, which creates credit risk. We minimize our credit risk by entering into swap contracts with several counterparties and requiring the counterparty to post collateral for our benefit based on the credit rating of the counterparty and the fair value of the swap contract. Conversely, when the fair value of a swap contract is negative, we have a liability to the counterparty and, therefore, we do not have credit risk. Under certain circumstances, we may be required to post collateral for the benefit of the counterparty. Market risk is the adverse effect on the value of a financial instrument that results from a change in interest rates. The market risk associated with interest rate changes is managed by establishing and monitoring parameters that limit the types and degree of market risk that we may undertake.

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The following is a summary of the outstanding positions under our swap contracts as of September 30, 2021:

Effective Date	Notional Amount	Maturity	Rate Paid	Rate Received
5/1/03	\$ 150,000	7/1/45	3.40%	67% 1-month LIBOR
10/15/03	9,945	1/1/31	3.85%	70% 1-month LIBOR
7/1/05	150,000	7/1/50	3.09%	67% 1-month LIBOR
7/1/05	15,700	7/1/25	5.11%	67% 6-month LIBOR
9/1/05	1,510	1/1/23	3.26%	70% 1-month LIBOR
7/1/07	150,000	7/1/52	2.96%	67% 1-month LIBOR
7/1/09	100,000	7/1/50	3.58%	67% 1-month LIBOR
7/1/11	100,000	7/1/50	3.66%	67% 1-month LIBOR
7/1/13	100,000	7/1/48	3.80%	67% 1-month LIBOR
7/1/15	50,000	7/1/50	3.80%	67% 1-month LIBOR
4/1/16	100,000	7/1/52	3.76%	67% 1-month LIBOR
7/1/17	50,000	7/1/52	3.74%	67% 1-month LIBOR
7/1/19	50,000	7/1/49	1.85%	67% 1-month LIBOR
7/1/21	50,000	7/1/51	1.84%	67% 1-month LIBOR
7/1/23	50,000	7/1/53	1.80%	67% 1-month LIBOR
7/1/24	100,000	7/1/54	1.81%	67% 1-month LIBOR
7/1/25	50,000	7/1/55	1.77%	67% 1-month LIBOR
7/1/26	100,000	7/1/56	1.78%	67% 1-month LIBOR
7/1/27	100,000	7/1/57	1.79%	67% 1-month LIBOR
	<u>\$ 1,477,155</u>			

Our swap contracts contain provisions that require collateral to be posted if the fair value of the swap exceeds certain thresholds. The collateral thresholds reflect the current credit ratings issued by major credit rating agencies on our and the counterparty's debt. Declines in our or the counterparty's credit ratings would result in lower collateral thresholds and, consequently, the potential for additional collateral postings by us or the counterparty. As of September 30, 2021 and 2020, we have posted collateral of \$181,396 and \$307,469, respectively. We have established procedures to ensure that liquidity and securities are available to meet collateral posting requirements.

Upon the occurrence of certain events of default or termination events identified in the swap contracts, either the Company or the counterparty could terminate the contracts in accordance with their respective terms. Termination results in the payment of a termination amount by one party that attempts to compensate the other party for its economic losses. If interest rates at the time of termination are lower than those specified in the swap contract, we would make a payment to the counterparty. Conversely, if interest rates at such time are higher, the counterparty would make a payment to us.

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14. Leases

We lease property and equipment under both finance and operating lease agreements. We recognize leases with a term greater than twelve months on the balance sheet.

Some lease agreements require us to pay variable costs including property taxes, insurance, maintenance and repairs. Variable costs are excluded from the right-of-use asset and liability. Lease and nonlease components of agreements are not separated. Some leases contain rental escalation clauses and renewal options that are included in lease payment calculations when appropriate. The estimated incremental borrowing rate is used to discount the lease payment amounts.

The components of lease expense consist of the following:

	Year Ended September 30, 2021		
	Supplies and Other Expenses	Academic and Research Gifts, Net of Expenses	Total
Operating lease expense	\$ 215,745	\$ 7,380	\$ 223,125
Short-term lease expense	12,575	130	12,705
Variable lease expense	69,352	1,448	70,800
Finance lease expense			
Amortization of leased assets	6,633	58	6,691
Interest on lease liabilities	2,827	9	2,836
Total lease expense	\$ 307,132	\$ 9,025	\$ 316,157

	Year Ended September 30, 2020		
	Supplies and Other Expenses	Academic and Research Gifts, Net of Expenses	Total
Operating lease expense	\$ 204,709	\$ 7,687	\$ 212,396
Short-term lease expense	14,415	117	14,532
Variable lease expense	69,930	1,009	70,939
Finance lease expense			
Amortization of leased assets	593		593
Interest on lease liabilities	65		65
Total lease expense	\$ 289,712	\$ 8,813	\$ 298,525

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Lease related assets and liabilities are as follows:

	Balance Sheet Classification	September 30, 2021	September 30, 2020
Operating lease assets	Right-of-use operating lease assets	\$ 1,108,275	\$ 1,139,626
Finance lease assets	Property and equipment, net	63,067	1,400
Total lease assets		\$ 1,171,342	\$ 1,141,026
Current operating lease liability	Current portion of operating lease obligations	\$ 200,706	\$ 191,259
Current finance lease liability	Accounts payable and accrued expenses	10,391	597
Noncurrent operating lease liability	Operating lease obligation, less current portion	782,650	797,096
Noncurrent finance lease liability	Accrued other	61,872	633
Total lease liabilities		\$ 1,055,619	\$ 989,585

Supplemental cash flow and other information related to leases are as follows:

	Years Ended September 30,	
	2021	2020
Cash paid for amounts included in the measurement of lease liabilities		
Operating cash flow for operating leases	\$ 205,986	257,165
Operating cash flow for finance leases	1,583	51
Financing cash flows for finance leases	748	404
Weighted-average remaining term (years)		
Operating leases	11.7	12.8
Finance leases	18.8	1.5
Weighted-average discount rate		
Operating leases	4.10 %	4.17%
Finance leases	4.10 %	4.17%

Commitments related to noncancelable operating and finance leases for each of the next five years and thereafter are as follows:

	Operating Leases	Finance Leases
2022	\$ 200,706	\$ 10,391
2023	183,161	9,978
2024	154,254	9,251
2025	138,311	7,058
2026	126,543	3,684
Thereafter	371,786	102,759
Total minimum future payments	1,174,761	143,121
Less: Amount representing interest	(191,405)	(70,858)
Present value of minimum future payments	983,356	72,263
Less: Current portion	(200,706)	(10,391)
Long-term lease obligations	\$ 782,650	\$ 61,872

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We are also a lessor and sublessor of real estate under operating leases. Lease income for the year ended September 30, 2021 and 2020 was \$14,220 and \$12,831, respectively, and is included in other revenue in the consolidated statements of operations. Some of these leases include expenses such as utilities and maintenance costs in rent charges, however this variable lease income is not considered material. We do not separate lease and nonlease components by class of underlying asset for all asset classes. The underlying real estate assets are included in property and equipment, net in the consolidated balance sheets.

The future undiscounted cash flows to be received from these leases for each of the next five years and thereafter is as follows:

2022	\$ 6,067
2023	4,480
2024	4,121
2025	3,721
2026	2,442
Thereafter	<u>164,204</u>
	<u>\$ 185,035</u>

15. Construction Project

The Ragon Institute of Massachusetts General Hospital, Massachusetts Institute of Technology and Harvard University (the Ragon Institute) is constructing a new research facility at Kendall Square in Cambridge, Massachusetts. This new 318,000 square foot building (including 120 spaces of sub-level parking) is being built to meet both the current and future needs of the Ragon Institute, facilitating the important work that lies ahead in harnessing the power of the human immune systems to prevent and cure disease. It will include three floors of state-of-the-art laboratories supporting 60-open lab modules and 60-support lab modules, a vivarium, a Biosafety Level 3 laboratory, a translational research clinic and administrative space. As of September 30, 2021, accumulated costs incurred related to this project are approximately \$15,946 with approximately \$265,336 in outstanding commitments. The total cost of the project is expected to be approximately \$387,000 with occupancy scheduled in the winter or spring of 2024. The General Hospital Corporation (the General) serves as the administrative home of Ragon Institute, and therefore the constructions costs are carried on the books of the General.

16. Pension and Postretirement Healthcare Benefit Plans

Substantially all Mass General Brigham employees are covered under noncontributory defined benefit pension plans and various defined contribution pension plans. In addition, certain affiliates provide subsidized healthcare benefits for retired employees on a self-insured basis, with the benefit obligation being partially funded. These retiree healthcare benefits are administered through an insurance company and are accounted for on the accrual basis, which includes an estimate of future payments for claims incurred.

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Total expense for Mass General Brigham plans consists of the following:

	<u>Years Ended September 30,</u>	
	<u>2021</u>	<u>2020</u>
Defined benefit plans	\$ 266,338	\$ 350,894
Defined contribution plans	181,462	181,972
Postretirement healthcare benefit plans	1,513	1,069
	<u>\$ 449,313</u>	<u>\$ 533,935</u>

Information regarding benefit obligations, plan assets, funded status, expected cash flows and net periodic benefit cost is as follows:

Benefit Obligations

	<u>Defined Benefit Pension Plans</u>		<u>Postretirement Healthcare Benefit Plans</u>	
	<u>2021</u>	<u>2020</u>	<u>2021</u>	<u>2020</u>
Change in benefit obligations				
Benefit obligations at beginning of year	\$ 9,177,862	\$ 8,683,960	\$ 222,780	\$ 201,237
Service cost	391,654	406,668	3,932	3,612
Interest cost	293,418	303,374	5,692	6,170
Plan amendments (gain) loss	70,068	-	-	-
Actuarial (gain) loss	300,699	64,352	2,666	8,978
Benefits paid	(277,251)	(266,939)	(8,471)	(8,615)
Expenses paid	(11,333)	(13,670)	(505)	-
Employee contributions	110	117	11,130	11,398
Benefit obligations at end of year	<u>\$ 9,945,227</u>	<u>\$ 9,177,862</u>	<u>\$ 237,224</u>	<u>\$ 222,780</u>

The accumulated benefit obligation for all defined benefit pension plans at the end of 2021 and 2020 was \$9,605,264 and \$8,902,070, respectively.

	<u>Defined Benefit Pension Plans</u>		<u>Postretirement Healthcare Benefit Plans</u>	
	<u>2021</u>	<u>2020</u>	<u>2021</u>	<u>2020</u>
Weighted-average assumptions used to determine end of year benefit obligation				
Discount rate	3.15%	3.16%	2.75% - 3.00%	2.50% - 3.00%
Rate of compensation increase	3.00% - 4.45%	3.00% - 4.45%	N/A	N/A
Postretirement healthcare cost trend rate for next year	N/A	N/A	6.25%	5.00%
Rate to which the cost trend rate is to decline	N/A	N/A	5.00%	5.00%
Year that rate reaches the ultimate trend rate	N/A	N/A	2027	2020

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Assumed healthcare cost trend rates have a significant effect on the amounts reported for the postretirement healthcare plans. A one-percentage-point change in assumed healthcare cost trend rates would have the following effect:

	<u>One-Percentage-Point</u>	
	Increase	Decrease
Effect on postretirement benefit obligation	\$ 3,834	\$ (4,429)

Plan Assets

	<u>Defined Benefit</u>		<u>Postretirement</u>	
	<u>Pension Plans</u>		<u>Healthcare Benefit Plans</u>	
	2021	2020	2021	2020
Change in plan assets				
Fair value of plan assets at beginning of year	\$ 7,759,494	\$ 6,799,224	\$ 131,770	\$ 121,772
Actual return on plan assets	2,252,417	813,785	34,339	4,147
Employer contributions	439,642	426,977	2,790	3,068
Employee contributions	110	117	11,130	11,398
Benefits paid	(277,251)	(266,939)	(8,471)	(8,615)
Expenses paid	(11,333)	(13,670)	(505)	-
Fair value of plan assets at end of year	<u>\$ 10,163,079</u>	<u>\$ 7,759,494</u>	<u>\$ 171,053</u>	<u>\$ 131,770</u>

The assets of the defined benefit pension plans are aggregated in a single master trust (Master Trust) and managed as one asset pool. The investment objective for the Master Trust is to achieve the highest reasonable total return after considering (i) plan liabilities, (ii) funding status and projected cash flows, (iii) projected market returns, valuations and correlations for various asset classes and (iv) ability and willingness to incur market risk.

Within the Master Trust, assets are allocated to managers with investment mandates that may range from a single sub-asset class to very broad mandates; with restrictions that range from long-only to unconstrained; and with management structures ranging from separately managed funds to mutual/commingled funds to private partnerships. Less market sensitive managers employ long/short equity and diversified strategies. Investment risks (concentration, correlation, valuation, liquidity, leverage, mandate compliance, etc.) are monitored at the manager level as well as the pool level.

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The following table presents the capital allocations and reported exposures by manager mandate within the Master Trust. Some managers, particularly less market sensitive managers, invest capital among multiple asset classes. The Long-Term Policy Benchmark is 70% Morgan Stanley Capital International All Country World Index and 30% Barclays Global Aggregate Bond.

	September 30, 2021		September 30, 2020	
	Dollars	Reported Exposures	Dollars	Reported Exposures
Global equity	\$ 1,628,147	16.2 %	\$ 1,397,021	18.0 %
Traditional U.S. equity	1,305,206	13.0 %	876,049	11.3 %
Traditional foreign developed equity	472,562	4.7 %	582,253	7.5 %
Traditional emerging markets equity	997,268	10.0 %	775,927	10.0 %
Private equity	2,073,307	19.6 %	1,139,772	14.7 %
Real assets	491,369	4.6 %	306,262	4.0 %
Less Market Sensitive managers	2,747,090	27.4 %	2,305,636	29.7 %
Fixed income managers	448,130	4.5 %	376,574	4.8 %
	<u>\$ 10,163,079</u>	<u>100.0 %</u>	<u>\$ 7,759,494</u>	<u>100.0 %</u>

The postretirement healthcare benefit plans assets are invested in commingled funds with the objective of achieving returns to satisfy plan obligations and with a level of volatility commensurate with our overall financial profile.

The following tables summarize plan assets measured at fair value on a recurring basis (using the fair value hierarchy defined in Note 7) as of:

	September 30, 2021			Total
	Fair Value Measurements Using			
	Quoted Prices in Active Markets for Identical Items (Level 1)	Significant Other Observable Inputs (Level 2)	Investments Valued Using NAV as a Practical Expedient	
Defined benefit pension plans				
Short-term investments	\$ 241,571	\$ -	\$ -	\$ 241,571
Separately managed investments	598,063	211,118	-	809,181
Private partnerships and commingled funds			9,112,327	9,112,327
	<u>839,634</u>	<u>211,118</u>	<u>9,112,327</u>	<u>10,163,079</u>
Postretirement healthcare benefit plans				
Commingled funds	29,472		141,581	171,053
Total plan assets	<u>\$ 869,106</u>	<u>\$ 211,118</u>	<u>\$ 9,253,908</u>	<u>\$ 10,334,132</u>

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	September 30, 2020			Total
	Fair Value Measurements Using			
	Quoted Prices in Active Markets for Identical Items (Level 1)	Significant Other Observable Inputs (Level 2)	Investments Valued Using NAV as a Practical Expedient	
Defined benefit pension plans				
Short-term investments	\$ 63,627	\$ -	\$ -	\$ 63,627
Separately managed investments	651,353	236,350	-	887,703
Commingled funds	-	1,434,895	-	1,434,895
Private partnerships	-	-	5,373,269	5,373,269
	<u>714,980</u>	<u>1,671,245</u>	<u>5,373,269</u>	<u>7,759,494</u>
Postretirement healthcare benefit plans				
Commingled funds	25,388	97,318	9,064	131,770
Total plan assets	<u>\$ 740,368</u>	<u>\$ 1,768,563</u>	<u>\$ 5,382,333</u>	<u>\$ 7,891,264</u>

In evaluating the Level at which private partnerships have been classified within the fair value hierarchy, management has assessed factors including but not limited to price transparency, the ability to redeem these investments at net asset value at the measurement date and the existence or absence of certain restrictions at the measurement date. Investments in private partnerships generally have limited redemption options for investors and, subsequent to final closing, may or may not permit subscriptions by new or existing investors. These entities may also have the ability to impose gates, lockups and other restrictions on an investor's ability to readily redeem out of their investment interest in the fund. As of September 30, 2021 and 2020, we have excluded all assets from the fair value hierarchy for which fair value is measured using net asset value per share as a practical expedient.

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Funded Status

The funded status of the plans recognized in the balance sheet and the amounts recognized in unrestricted net assets is as follows:

	Defined Benefit Pension Plans		Postretirement Healthcare Benefit Plans	
	2021	2020	2021	2020
End of year				
Fair value of plan assets at measurement date	\$ 10,163,079	\$ 7,759,494	\$ 171,053	\$ 131,770
Benefit obligations at measurement date	(9,945,227)	(9,177,862)	(237,224)	(222,780)
Funded status	\$ 217,852	\$ (1,418,368)	\$ (66,171)	\$ (91,010)
Amounts recognized in the balance sheet consist of				
Noncurrent asset	\$ 250,167	\$ -	\$ -	\$ -
Current liabilities	(6,093)	(1,433)	(959)	(1,190)
Long-term liabilities	(26,222)	(1,416,935)	(65,212)	(89,820)
	\$ 217,852	\$ (1,418,368)	\$ (66,171)	\$ (91,010)
Amounts not yet recognized in net periodic benefit cost and included in unrestricted net assets consist of				
Actuarial net loss (gain)	\$ 867,560	\$ 2,434,412	\$ 20,629	\$ 49,478
Prior service cost (credit)	(123,852)	(227,789)	(8,353)	(13,642)
	\$ 743,708	\$ 2,206,623	\$ 12,276	\$ 35,836
Amounts recognized in unrestricted net assets consist of				
Current year actuarial (gain) loss	\$ (1,418,309)	\$ (255,997)	\$ (23,994)	\$ 11,917
Amortization of actuarial gain (loss)	(148,542)	(168,383)	(4,856)	(3,661)
Current year prior service cost (credit)	70,068	-	-	-
Amortization of prior service (cost) credit	33,868	34,095	5,289	5,289
	\$ (1,462,915)	\$ (390,285)	\$ (23,561)	\$ 13,545

As of September 30, 2021 and 2020, the projected benefit obligation, accumulated benefit obligation and fair value of plan assets for pension plans with an accumulated benefit obligation in excess of plan assets were as follows:

	September 30,	
	2021	2020
Accumulated benefit obligation in excess of, or below plan assets		
Projected benefit obligation	\$ 9,945,227	\$ 9,177,862
Accumulated benefit obligation	9,605,264	8,902,070
Fair value of plan assets	10,163,079	7,759,494

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Expected Cash Flows

Information about the expected cash flows for the defined benefit and postretirement healthcare benefit plans is as follows:

	Defined Benefit Pension Plans	Postretirement Healthcare Benefit Plans	Medicare Subsidy
Expected employer contributions			
2022	\$ 312,288	\$ 4,066	
Expected benefit payments (receipts)			
2022	\$ 400,300	\$ 12,540	(25)
2023	421,501	13,048	(21)
2024	438,695	13,705	(18)
2025	462,604	14,433	(15)
2026	487,071	15,098	(12)
2027-2031	2,723,246	81,191	(34)

Net Periodic Benefit Cost

	Defined Benefit Pension Plans		Postretirement Healthcare Benefit Plans	
	2021	2020	2021	2020
Service cost	\$ 391,654	\$ 406,668	\$ 3,932	\$ 3,612
Interest cost	293,418	303,374	5,692	6,170
Expected return on plan assets	(533,408)	(493,436)	(7,678)	(7,085)
Amortization of				
Prior service cost (credit)	(33,868)	(34,095)	(5,289)	(5,289)
Actuarial net (gain) loss	148,542	168,383	4,856	3,661
Non-service related pension income	(125,316)	(55,774)	(2,419)	(2,543)
Net periodic benefit cost	\$ 266,338	\$ 350,894	\$ 1,513	\$ 1,069

Amounts expected to be amortized from unrestricted net assets into net periodic benefit cost during the year ending September 30, 2022 are as follows:

	Defined Benefit Pension Plans	Postretirement Healthcare Benefit Plans
Actuarial net loss (gain)	\$ 114,100	\$ 470
Prior service cost (credit)	(27,899)	(5,289)

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	Defined Benefit Pension Plans		Postretirement Healthcare Benefit Plans	
	2021	2020	2021	2020
Weighted-average assumptions used to determine net periodic pension and postretirement cost				
Discount rate	3.16 %	3.40 %	2.50% - 3.00%	3.05% - 3.30%
Expected return on plan assets	7.00 %	7.00 %	6.00 %	6.00 %
Rate of compensation increase	3.00% - 4.45%	3.00% - 4.45%	N/A	N/A
Healthcare cost trend rate for this year	N/A	N/A	5.00% - 6.25%	5.00% - 5.50%
Rate to which the cost trend rate is to decline	N/A	N/A	5.00 %	5.00 %
Year that rate reaches the ultimate trend rate	N/A	N/A	2027	2021

We use a long-term return assumption which is validated annually by obtaining long-term asset return, volatility and correlation projections for relevant asset class indexes; modifying volatility and correlations to reflect the actual historical experience of the active managers; calculating the expected return using benchmark weights and indexes; and comparing the return assumption to the sum of the expected return and the historical outperformance of the actual return versus the benchmark. We regularly monitor the active risk of the Master Trust by a statistical regression of the return series of the actual portfolio to that of the policy benchmark.

Assumed healthcare cost trend rates have a significant effect on the amounts reported for the postretirement healthcare plans. A one-percentage-point change in assumed healthcare cost trend rates would have the following effect:

	One-Percentage-Point	
	Increase	Decrease
Effect on service and interest cost	\$ 133	\$ (136)

17. Professional Liability Insurance

We insure substantially all of our professional and general liability risk on a claims-made basis in cooperation with other healthcare organizations in the Greater Boston area through a captive insurance company, Controlled Risk Insurance Company Ltd. (CRICO). The Company owns 11% of CRICO. The policies cover claims made during their respective terms, but not those occurrences for which claims may be made after expiration of the policy. Management intends to renew its coverage on a claims-made basis and has no reason to believe that it will be prevented from such renewal. During 2020, CRICO announced and paid a dividend to member organizations. As a result, we recognized dividend income of \$57,997 as a nonoperating gain. During 2020, CRICO also made a payment to member organizations for certain tail liabilities they had previously assumed on an occurrence basis, which was recorded as a reduction in the insurance receivable from CRICO of \$88,939.

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We follow the accounting policy of establishing reserves to cover the ultimate costs of medical malpractice claims, which include costs associated with litigating or settling claims. The liability also includes an estimated tail liability, established to cover all malpractice claims incurred but not reported to the insurance company as of the end of the year. The total malpractice liability of \$588,402 and \$567,770 as of September 30, 2021 and 2020, respectively, is presented as an accrued professional liability in the consolidated balance sheets. These reserves have been recorded on a discounted basis using an interest rate of 2.5% and 3.0% as of September 30, 2021 and 2020, respectively.

We also recognize an insurance receivable from CRICO at the same time that it recognizes the liability, measured on the same basis as the liability, subject to the need for a valuation allowance for uncollectible amounts. The insurance receivable of \$424,817 and \$397,017 as of September 30, 2021 and 2020, respectively, is reported as a component of other assets in the consolidated balance sheets.

Management is not aware of any claims against us or factors affecting CRICO that would cause the expense for professional liability risks to vary materially from the amount provided.

18. Concentration of Credit Risk

Financial instruments that potentially subject us to concentration of credit risk consist of patient accounts receivable, research grants receivable, pledges receivable, premiums receivable, certain investments and interest rate swaps.

Mass General Brigham provider organizations receive a significant portion of payments for services rendered from a limited number of government and commercial third-party payers, including Medicare, Medicaid, Blue Cross and Blue Shield of Massachusetts, Harvard Pilgrim Health Care and Tufts Health Plan. Research funding is provided through many government and private sponsors. AllWays Health receives a portion of premium revenue from the Commonwealth. Pledges receivable are due from multiple donors. We assess the credit risk for pledges based on history and the financial wherewithal of donors, most of which are individuals or organizations well known to us.

Investments, which include government and agency securities, stocks and corporate bonds, private partnerships and other investments, are not concentrated in any corporation or industry or with any single counterparty. Alternative investments are less liquid than other investments. The reported values of the alternative investments may differ significantly from the values that would have been used had a ready market for those securities existed. These instruments may contain elements of both credit and market risk. Such risks include, but are not limited to, limited liquidity, absence of oversight, dependence upon key individuals, emphasis on speculative investments and nondisclosure of portfolio composition.

We minimize our credit risk exposure under interest rate swap agreements by utilizing several counterparties and requiring the counterparties to post collateral for our benefit when the fair value of the swap is positive. We minimize our counterparty risk by contracting with nine counterparties, none of which accounts for more than 20% of the aggregate notional amount of the swap contracts.

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19. Net Assets

Donor restricted net assets are available for the following purposes:

	September 30,	
	2021	2020
Donor restricted		
Charity care	\$ 221,875	\$ 183,988
Buildings and equipment	392,886	126,464
Clinical care, research and academic	2,754,414	2,210,778
	<u>\$ 3,369,175</u>	<u>\$ 2,521,230</u>

Endowment

Our endowment consists of numerous individual funds established for a variety of purposes and includes both donor restricted endowment funds and funds designated by boards to function as endowment.

We have interpreted UPMIFA as requiring the preservation of the value of the original contribution of the donor restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, we classify as donor restricted net assets the original value of all contributions with donor stipulations to maintain in perpetuity, accumulated gains required to be maintained in perpetuity by explicit donor stipulation or accumulated gains which have been appropriated for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, we consider several factors in making a determination to appropriate or accumulate donor restricted endowment funds. These factors include: the duration and preservation of the fund; the purposes of the organization and the donor restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources of the organization; and the investment policies of the organization.

Endowment Funds with Deficits

From time to time, the value of assets associated with individual donor restricted endowment funds may fall below the value of the initial and subsequent donor contribution amounts. These deficits generally result from unfavorable market fluctuations that occurred after the investment of new donor restricted contributions or subsequent endowment additions. When such endowment deficits exist, they are classified as a reduction to donor restricted net assets.

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The following presents the endowment net asset composition by type of fund as of September 30, 2021 and 2020 and the changes in endowment assets for the years ended September 30, 2021 and 2020:

	Unrestricted	Donor Restricted	Total
Endowment net asset composition by type of fund as of September 30, 2021			
Donor restricted endowment funds	\$ -	\$ 2,543,776	\$ 2,543,776
Board designated endowment funds	1,582,262	-	1,582,262
Total funds	<u>\$ 1,582,262</u>	<u>\$ 2,543,776</u>	<u>\$ 4,126,038</u>

	Unrestricted	Donor Restricted	Total
Changes in endowment net assets			
Endowment net assets at September 30, 2020	<u>\$ 1,248,539</u>	<u>\$ 1,977,011</u>	<u>\$ 3,225,550</u>
Investment return			
Investment income	299	466	765
Net realized and unrealized appreciation	344,230	535,621	879,851
Total investment return	<u>344,529</u>	<u>536,087</u>	<u>880,616</u>
Contributions	5,460	109,292	114,752
Appropriation of endowment assets for expenditure	(46,338)	(73,488)	(119,826)
Other changes	30,072	(5,126)	24,946
Total changes	<u>333,723</u>	<u>566,765</u>	<u>900,488</u>
Endowment net assets at September 30, 2021	<u>\$ 1,582,262</u>	<u>\$ 2,543,776</u>	<u>\$ 4,126,038</u>

	Unrestricted	Donor Restricted	Total
Endowment net asset composition by type of fund as of September 30, 2020			
Donor restricted endowment funds	\$ -	\$ 1,977,011	\$ 1,977,011
Board-designated endowment funds	1,248,539	-	1,248,539
Total funds	<u>\$ 1,248,539</u>	<u>\$ 1,977,011</u>	<u>\$ 3,225,550</u>

Mass General Brigham Incorporated and Affiliates
Notes to Consolidated Financial Statements
September 30, 2021 and 2020

(in thousands of dollars)

	Unrestricted	Donor Restricted	Total
Changes in endowment net assets			
Endowment net assets at September 30, 2019	\$ 1,171,631	\$ 1,839,545	\$ 3,011,176
Investment return			
Investment income	640	977	1,617
Net realized and unrealized appreciation	101,300	150,734	252,034
Total investment return	101,940	151,711	253,651
Contributions	6,450	63,130	69,580
Appropriation of endowment assets for expenditure	(48,352)	(75,325)	(123,677)
Other changes	16,870	(2,050)	14,820
Total changes	76,908	137,466	214,374
Endowment net assets at September 30, 2020	\$ 1,248,539	\$ 1,977,011	\$ 3,225,550

20. Functional Expenses

Expenses by functional classification are allocated based on management's judgement, the nature of the expense and historical experience. Such classifications and allocations are as follows:

	Healthcare Services	Research and Academic	Insurance	General and Administrative	Year Ended September 30, 2021
Operating expenses					
Employee compensation and benefit expense	\$ 6,990,999	\$ -	\$ 59,405	\$ 1,245,627	\$ 8,296,031
Supplies and other expenses	3,816,656	-	61,836	102,443	3,980,935
Medical claims and related expenses	-	-	645,514	-	645,514
Direct academic and research expenses	-	1,744,731	-	-	1,744,731
Depreciation and amortization expenses	641,147	-	-	83,330	724,477
Interest expense	108,656	-	-	53,472	162,128
Total operating expenses	\$ 11,557,458	\$ 1,744,731	\$ 766,755	\$ 1,484,872	\$ 15,553,816

Direct academic and research expenses include \$1,065,480 of employee compensation and benefit expense and \$679,251 of supplies and other expenses for the year ended September 30, 2021.

	Healthcare Services	Research and Academic	Insurance	General and Administrative	Year Ended September 30, 2021
Nonoperating expenses					
Employee compensation and benefit expense	\$ -	\$ -	\$ -	\$ 72,264	\$ 72,264
Supplies and other expenses	-	-	-	35,048	35,048
Interest expense	-	-	-	68,426	68,426
Non-service related pension income	(95,602)	(14,329)	-	(17,804)	(127,735)
Total nonoperating expenses	\$ (95,602)	\$ (14,329)	\$ -	\$ 157,934	\$ 48,003

Mass General Brigham Incorporated and Affiliates
Notes to Consolidated Financial Statements
September 30, 2021 and 2020

(in thousands of dollars)

	Healthcare Services	Research and Academic	Insurance	General and Administrative	Year Ended September 30, 2020
Operating expenses					
Employee compensation and benefit expense	\$ 6,599,548	\$ -	\$ 58,877	\$ 1,019,788	\$ 7,678,213
Supplies and other expenses	3,491,578	-	65,424	37,611	3,594,613
Medical claims and related expenses	-	-	610,310	-	610,310
Direct academic and research expenses	-	1,591,241	-	-	1,591,241
Depreciation and amortization expenses	654,612	-	-	87,576	742,188
Interest expense	113,807	-	-	78,768	192,575
Total operating expenses	\$ 10,859,545	\$ 1,591,241	\$ 734,611	\$ 1,223,743	\$ 14,409,140

Direct academic and research expenses include \$1,008,098 of employee compensation and benefit expense and \$583,143 of supplies and other expenses for the year ended September 30, 2020.

	Healthcare Services	Research and Academic	Insurance	General and Administrative	Year Ended September 30, 2020
Nonoperating expenses					
Employee compensation and benefit expense	\$ -	\$ -	\$ -	\$ 69,202	\$ 69,202
Supplies and other expenses	-	-	-	29,194	29,194
Interest expense	-	-	-	46,948	46,948
Non-service related pension income	(44,599)	(6,458)	-	(7,260)	(58,317)
Total nonoperating expenses	\$ (44,599)	\$ (6,458)	\$ -	\$ 138,084	\$ 87,027

21. Contingencies

We are subject to complaints, claims and litigation which arise in the normal course of business. In addition, we are subject to reviews and investigations by various federal and state government agencies to assure compliance with applicable laws, some of which are subject to different interpretations. Governmental review of compliance by healthcare organizations has increased.

22. Subsequent Events

We have assessed the impact of subsequent events through December 10, 2021, the date the audited financial statements were issued. During this period, there were no subsequent events that require adjustment to the audited financial statements.

Other Financial Information



Report of Independent Auditors

To the Board of Directors of
Mass General Brigham Incorporated and Affiliates

We have audited the consolidated financial statements of Mass General Brigham Incorporated and its affiliates as of and for the years ended September 30, 2021 and 2020 and our report thereon appears on pages 1 and 2 of this document. That audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, changes in net assets and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations, changes in net assets and cash flows of the individual companies.

December 10, 2021

Mass General Brigham Incorporated and Affiliates
Consolidating Balance Sheets
September 30, 2021

(dollars in thousands)	BH and Affiliates	MGH and Affiliates	NSMC and Affiliates	NWHCS and Affiliates	MED and Affiliates	SRN and Affiliates	MOBCP	AWays Health and Affiliates	MGB	Eliminations	Consolidated
Assets											
Current assets											
Cash and equivalents	\$ 121,318	\$ 171,818	\$ 31,174	\$ 18,654	\$ 21,939	\$ 21,562	\$ 2,949	\$ 52,919	\$ (62,314)	\$ (202,860)	\$ 177,259
Investments	630,067	1,970,856	90,947	162,646	24,709	11,600	34,281	245,703	245,703	23,584	3,395,005
Current portion of investments limited as to use	999,274	1,767,563	79,097	109,044	67,174	67,394	39,185	2,300,690	179,266	179,266	5,637,637
Patient accounts receivable, net	488,016	638,257	61,288	63,493	26,711	54,086	5,711	-	(711)	(6,447)	1,332,404
Due from affiliates	-	-	-	-	-	-	-	285,423	-	(285,423)	-
Research grants receivable, net	72,025	108,931	50	-	3,957	1,330	-	-	(100)	-	187,193
Other current assets	163,315	232,563	18,798	17,165	14,498	11,958	5,200	151,158	125,999	(58,024)	684,632
Current portion of notes receivable from affiliates	-	29	-	-	-	-	-	-	310,303	-	(310,332)
Total current assets	2,674,615	4,911,117	281,354	371,004	160,968	167,931	67,306	204,078	3,213,963	(658,226)	11,414,130
Investments limited as to use, less current portion	1,558,945	3,546,901	63,438	46,062	193,415	62,190	1,607	154,270	585,895	-	6,202,723
Long-term investments	378,457	2,178,208	55,425	104,133	195,831	8,120	-	30,500	-	-	2,950,684
Property and equipment, net	1,784,362	2,749,523	362,872	236,244	168,747	258,700	8,005	1,720	710,554	-	6,261,727
Right-of-use operating lease assets	413,450	546,918	15,649	18,211	51,521	10,511	25,382	-	26,625	-	1,108,275
Other assets	79,791	246,843	3,630	2,268	10,788	3,690	124	-	662,438	(1,977)	1,027,593
Notes receivable from affiliates, less current portion	-	99	-	-	-	-	-	-	3,279,389	(3,279,488)	-
Total assets	\$ 6,869,620	\$ 14,179,608	\$ 782,368	\$ 777,922	\$ 781,290	\$ 502,142	\$ 122,434	\$ 360,068	\$ 8,529,371	\$ (3,938,691)	\$ 28,965,132
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term obligations	\$ -	\$ 76	\$ -	\$ -	\$ -	\$ 198	\$ -	\$ -	\$ 381,715	\$ -	\$ 381,967
Current portion of notes payable to affiliates	133,244	136,960	9,079	20,551	7,741	2,710	47	-	-	(310,332)	-
Accounts payable and accrued expenses	346,182	532,613	57,254	73,133	49,411	32,146	28,556	94,149	573,216	(58,350)	1,730,310
Accrued medical claims and related expenses	-	-	-	-	-	-	-	93,736	-	(6,447)	87,289
Accrued employee compensation and benefits	400,422	606,573	80,789	61,580	33,707	63,116	13,308	10,751	163,810	-	1,414,036
Current portion of operating lease obligations	73,946	92,121	4,411	5,272	7,136	4,912	5,902	-	7,006	-	200,706
Unexpended funds on research grants	178,529	148,654	254	777	8,442	892	-	-	8,855	-	345,403
Due to affiliates	80,052	101,985	11,377	17,054	9,958	2,309	20,506	1,732	40,124	(285,067)	-
Total current liabilities	1,212,375	1,616,962	143,144	168,367	117,395	96,261	68,319	200,368	1,194,726	(658,226)	4,158,731
Other liabilities											
Accrued professional liability	31,480	41,125	4,400	6,175	1,868	1,423	1,036	-	500,795	-	588,402
Accrued employee benefits	195,979	409,186	18,708	11,316	10,639	3,646	1,606	587	78,257	-	729,924
Interest rate swaps liability	-	-	-	-	-	-	-	-	472,011	-	472,011
Accrued other	15,657	57,606	4,864	5,351	7,937	1,667	-	-	161,591	-	254,673
Operating lease obligations, less current portion	251,989	408,705	10,776	14,685	44,831	5,434	19,894	-	26,336	-	782,650
Long-term obligations, less current portion	-	2,305	-	-	-	1,308	-	-	5,798,625	-	5,802,238
Notes payable to affiliates, less current portion	1,454,793	1,326,719	162,179	182,245	129,160	21,558	834	-	-	(3,279,488)	-
Total liabilities	3,162,273	3,864,628	344,071	388,139	311,930	131,317	91,689	200,955	8,232,341	(3,937,714)	12,789,629
Net assets											
Unrestricted	3,221,975	7,848,006	382,126	282,185	262,922	354,712	30,745	158,113	266,521	(1,977)	12,806,328
Donor restricted	485,372	2,466,974	56,171	107,598	206,438	16,113	-	-	30,500	-	3,369,175
Total net assets	3,707,347	10,314,980	438,297	389,783	469,360	370,825	30,745	158,113	297,021	(1,977)	16,175,503
Total liabilities and net assets	\$ 6,869,620	\$ 14,179,608	\$ 782,368	\$ 777,922	\$ 781,290	\$ 502,142	\$ 122,434	\$ 360,068	\$ 8,529,371	\$ (3,938,691)	\$ 28,965,132

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

Mass General Brigham Incorporated and Affiliates
Consolidating Balance Sheets
September 30, 2020

(dollars in thousands)	BH and Affiliates	MGH and Affiliates	NSMC and Affiliates	NWHCS and Affiliates	MEEI and Affiliates	SRN and Affiliates	MGBCP	AirWays Health and Affiliates	MGB	Eliminations	Consolidated
Assets											
Current assets											
Cash and equivalents	\$ 544,132	\$ 809,735	\$ 177,985	\$ 115,616	\$ 71,829	\$ 77,907	\$ (22,252)	\$ 19,236	\$ 335,002	\$ -	\$ 2,129,189
Investments	173,844	1,000,595	(46,733)	39,147	(37,617)	(55,478)	34,229	-	278,832	(241,543)	1,142,275
Current portion of investments limited as to use	891,230	1,485,149	91,751	105,873	63,341	87,463	34,304	-	1,453,787	211,558	4,424,436
Patient accounts receivable, net	349,815	479,093	45,468	50,723	17,348	43,680	5,217	-	(4,781)	(3,310)	963,273
Due from affiliates	-	-	-	-	2,269	-	-	-	270,744	(273,013)	-
Research grants receivable, net	58,930	86,340	-	-	3,629	886	-	-	(100)	-	149,685
Other current assets	146,134	196,283	17,403	15,164	13,558	11,534	5,570	146,795	85,067	(50,410)	589,078
Current portion of notes receivable from affiliates	-	28	-	-	-	-	-	-	293,386	(293,414)	-
Total current assets	2,164,085	4,059,203	285,874	326,523	134,356	165,991	57,068	166,031	2,708,837	(650,132)	9,417,936
Investments limited as to use, less current portion	1,204,394	2,996,506	54,962	36,901	137,255	42,176	1,081	146,778	547,941	-	5,168,054
Long-term investments	297,677	1,541,008	44,818	81,803	163,259	20,312	-	-	30,545	-	2,179,220
Property and equipment, net	1,873,126	2,785,117	381,192	244,792	161,157	275,383	8,098	2,092	660,180	-	6,411,117
Right-of-use operating lease assets	385,031	580,754	15,410	29,988	55,275	13,692	28,133	-	31,143	-	1,139,626
Other assets	98,259	205,722	3,958	2,683	12,612	5,800	198	-	408,443	(14,265)	724,410
Notes receivable from affiliates, less current portion	-	130	-	-	-	-	-	-	3,536,743	(3,536,873)	-
Total assets	\$ 6,023,572	\$ 12,168,498	\$ 786,014	\$ 722,690	\$ 683,914	\$ 523,554	\$ 94,578	\$ 314,901	\$ 7,923,912	\$ (4,201,270)	\$ 25,040,363
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term obligations	\$ -	\$ 115	\$ -	\$ -	\$ -	\$ 185	\$ -	\$ -	\$ 435,908	\$ -	\$ 436,100
Current portion of notes payable to affiliates	130,134	126,645	8,135	18,574	7,248	2,664	14	-	-	(293,414)	-
Accounts payable and accrued expenses	428,163	853,817	78,151	78,891	46,823	49,343	26,940	79,994	493,186	(49,524)	1,885,784
Accrued medical claims and related expenses	-	-	-	-	-	-	-	87,948	-	(3,310)	84,638
Accrued employee compensation and benefits	338,006	545,024	50,731	45,844	25,388	46,240	10,699	10,849	147,322	-	1,219,905
Current portion of operating lease obligations	-	-	-	49	12,308	2,418	-	-	-	191,259	191,259
Unexpended funds on research grants	217,295	130,412	(272)	-	-	-	-	-	5,648	-	367,856
Due to affiliates	80,867	109,864	26,091	19,966	7,328	5,706	15,954	1,449	6,478	(273,302)	-
Total current liabilities	1,194,267	1,565,677	162,836	163,324	98,063	106,556	53,607	180,040	1,068,501	(428,291)	4,185,610
Other liabilities											
Accrued professional liability	28,745	40,757	4,528	6,783	2,001	-	-	-	485,958	-	567,770
Accrued employee benefits	178,940	357,436	17,829	11,812	8,342	3,468	1,081	418	1,465,587	-	2,044,913
Interest rate swaps liability	-	-	-	-	-	-	-	-	662,364	-	662,364
Accrued other	13,496	56,123	5,274	4,588	8,391	950	-	-	108,781	(597)	197,966
Operating lease obligations, less current portion	268,983	525,736	14,949	30,226	55,267	13,808	28,385	-	31,221	(191,259)	797,066
Long-term obligations, less current portion	-	2,546	-	-	1,529	-	-	-	5,990,220	(29,965)	5,964,310
Notes payable to affiliates, less current portion	1,572,130	1,454,983	169,026	177,203	133,565	29,702	262	-	-	(3,536,873)	-
Total liabilities	3,278,541	4,003,258	374,444	392,936	307,659	155,613	83,335	180,458	9,832,630	(4,187,005)	14,420,069
Net assets											
Unrestricted	2,344,221	6,400,045	366,484	244,858	200,496	350,602	11,243	134,443	(1,939,263)	(14,265)	8,089,064
Donor restricted	402,810	1,765,195	45,066	84,896	175,759	16,939	-	-	30,545	-	2,521,230
Total net assets	2,747,031	8,165,240	411,570	329,754	376,255	367,741	11,243	134,443	(1,908,718)	(14,265)	10,610,294
Total liabilities and net assets	\$ 6,023,572	\$ 12,168,498	\$ 786,014	\$ 722,690	\$ 683,914	\$ 523,554	\$ 94,578	\$ 314,901	\$ 7,923,912	\$ (4,201,270)	\$ 25,040,363

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

Mass General Brigham Incorporated and Affiliates
Consolidating Statements of Operations
Year Ended September 30, 2021

(dollars in thousands)	BH and Affiliates	MGH and Affiliates	NSMC and Affiliates	NWHCS and Affiliates	MEEI and Affiliates	SRN and Affiliates	MOBCP	ARWays Health and Affiliates	MOB	Eliminations	Consolidated
Operating revenues											
Net patient service revenue	\$ 3,838,816	\$ 5,489,823	\$ 638,419	\$ 669,895	\$ 390,686	\$ 415,099	\$ 94,048	\$ -	\$ 87,436	\$ (201,667)	\$ 11,432,256
Premium revenue	-	-	-	-	-	-	-	913,557	-	(3,245)	910,312
Direct academic and research revenue	572,365	1,077,580	1,314	5,358	59,345	11,115	-	-	17,656	-	1,744,731
Indirect academic and research revenue	190,307	315,510	18	642	20,414	2,947	-	-	2,375	-	532,213
Other revenue	336,341	675,118	49,578	24,314	24,891	15,362	53,511	38,433	1,479,508	(1,320,265)	1,378,792
Total operating revenues	4,937,829	7,558,131	689,330	700,007	495,336	444,523	147,559	951,990	1,596,975	(1,525,177)	15,996,303
Operating expenses											
Employee compensation and benefit expenses	2,286,163	3,642,016	434,550	384,042	232,941	324,056	83,383	66,897	866,079	(28,096)	8,298,031
Supplies and other expenses	1,426,222	2,168,043	205,746	263,106	170,508	113,065	75,766	68,635	521,530	(1,030,688)	3,960,935
Medical claims and related expenses	-	-	-	-	-	-	-	807,447	-	(161,833)	645,614
Direct academic and research expenses	572,365	1,077,580	1,314	5,358	59,345	11,115	-	-	17,656	-	1,744,731
Depreciation and amortization expenses	215,236	317,296	38,446	35,915	21,631	22,624	1,548	702	71,079	-	724,477
Interest expense	53,157	45,414	7,084	4,785	5,788	1,149	37	-	161,452	(116,736)	162,128
Total operating expenses	4,553,143	7,248,349	687,140	693,206	490,211	472,009	180,734	944,681	1,639,796	(1,335,453)	15,553,816
Income (loss) from operations	384,686	309,782	2,190	6,801	5,125	(27,486)	(13,175)	7,309	(42,821)	(189,724)	442,487
Nonoperating gains (expenses)											
Income from investments	483,688	1,248,001	16,369	42,985	44,812	10,941	8,788	18,681	426,498	38,863	2,339,707
Change in fair value of interest rate swaps	-	-	-	-	-	-	-	-	190,373	-	190,373
Other nonoperating (expense) income	(7,863)	(71,306)	(1,471)	(4,945)	786	(3,604)	-	-	(76,404)	28,548	(136,408)
Academic and research gifts, net of expenses	101,696	111,588	4,263	2,169	17,639	5,882	-	-	(6,068)	(38,863)	198,306
Non-service related pension income	-	-	-	-	-	-	-	-	127,735	-	127,735
System development funding	(56,213)	(85,032)	(8,671)	(10,042)	(4,919)	(7,267)	-	(1,320)	-	173,464	-
Total nonoperating gains (expenses), net	521,178	1,203,251	10,490	30,167	58,398	5,952	8,788	17,361	652,135	202,012	2,719,712
Excess (deficit) of revenues over expenses	905,864	1,513,033	12,680	36,968	63,523	(21,534)	(4,407)	24,670	819,314	12,288	3,162,199
Other changes in net assets											
Funds utilized for property and equipment	14,153	33,849	-	333	1,507	1,878	-	-	-	-	51,718
Change in funded status of defined benefit plans	15,321	(2,347)	3,339	2,971	12	-	1	-	1,467,176	-	1,486,475
Other change in net assets	219	(578)	-	-	-	5	-	-	7,226	-	6,872
Transfers from (to) affiliates	(57,603)	(95,996)	(377)	(2,945)	(2,616)	23,563	23,908	-	112,066	-	-
Increase (decrease) in unrestricted net assets	\$ 877,754	\$ 1,447,961	\$ 15,042	\$ 37,327	\$ 62,426	\$ 3,910	\$ 19,502	\$ 24,670	\$ 2,205,784	\$ 12,288	\$ 4,707,264

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

Mass General Brigham Incorporated and Affiliates
Consolidating Statements of Operations
Year Ended September 30, 2020

(dollars in thousands)	BH and Affiliates	MGH and Affiliates	NSMC and Affiliates	NWHCS and Affiliates	MEEI and Affiliates	SRN and Affiliates	MGBCP	Airways Health and Affiliates	MOB	Eliminations	Consolidated
Operating revenues											
Net patient service revenue	\$ 3,214,546	\$ 4,685,655	\$ 539,806	\$ 550,584	\$ 299,039	\$ 360,431	\$ 74,209	\$ -	\$ 50,219	\$ (185,293)	\$ 9,608,196
Premium revenue								832,678		(2,485)	830,191
Direct academic and research revenue	533,680	949,722	1,514	5,823	63,393	10,268			26,841		1,581,241
Indirect academic and research revenue	171,180	273,061	1	581	19,065	2,530			1,786		469,144
Other revenue	380,379	780,589	106,631	58,795	28,979	27,733	49,213	29,047	1,315,896	(1,220,377)	1,558,655
Total operating revenues	4,299,785	6,689,047	649,952	615,783	411,396	420,962	123,422	861,723	1,394,712	(1,408,155)	14,058,627
Operating expenses											
Employee compensation and benefit expenses	2,073,955	3,310,568	395,365	356,759	207,778	312,711	75,714	68,382	694,322	(17,348)	7,678,213
Supplies and other expenses	1,301,759	1,941,734	169,781	240,037	144,686	127,025	65,966	75,966	431,159	(923,720)	3,594,613
Medical claims and related expenses								761,131		(150,821)	610,310
Direct academic and research expenses	533,680	949,722	1,514	5,823	63,393	10,268			26,841		1,581,241
Depreciation and amortization expenses	237,574	313,216	34,818	34,704	21,714	21,803	4,300	669	73,329		742,187
Interest expense	56,562	47,971	7,139	4,320	5,573	1,395	8		192,424	(122,816)	192,578
Total operating expenses	4,203,530	6,563,211	628,617	641,643	443,342	473,202	146,046	906,168	1,618,065	(1,214,705)	14,409,140
Income (loss) from operations	96,255	125,836	21,335	(25,860)	(31,946)	(52,240)	(22,626)	(44,445)	(223,373)	(193,449)	(350,513)
Nonoperating gains (expenses)											
Income from investments	83,532	242,285	4,903	11,364	7,273	3,021	2,503	10,648		10,577	612,355
Change in fair value of interest rate swaps									(151,805)		(151,805)
Other nonoperating (expenses) income	(41,446)	(58,365)	540	(4,016)	(1,161)	(3,753)		1	1,376	31,458	(73,366)
Academic and research gifts, net of expenses	15,736	155,236	3,587	2,043	16,714	4,344			(19,022)	(10,113)	188,527
Non-service related pension income									58,317		58,317
System development funding	(54,953)	(79,966)	(8,688)	(10,170)	(4,370)	(7,293)		(1,812)		167,262	
Total nonoperating gains (expenses), net	12,859	261,172	342	(759)	18,456	(3,681)	2,503	8,837	115,115	199,194	614,026
Excess (deficit) of revenues over expenses	109,114	387,008	21,677	(26,619)	(13,490)	(55,921)	(20,123)	(35,608)	(106,258)	5,735	263,515
Other changes in net assets											
Funds utilized for property and equipment	30,436	46,630	2,014	437	769	606					80,694
Change in funded status of defined benefit plans	(6,490)	(3,435)	(1,424)	207	(7)				387,689		376,740
Other change in net assets	2,225	(92)							17,446		19,580
Transfers from (to) affiliates	(321,040)	(460,136)	599,686	(50,191)	(5,914)	29,335	3,753	(50,000)	274,508	(20,000)	
Increase (decrease) in unrestricted net assets	\$ (185,755)	\$ (30,027)	\$ 621,953	\$ (76,166)	\$ (18,641)	\$ (25,978)	\$ (16,370)	\$ (85,806)	\$ 571,586	\$ (14,265)	\$ 740,729

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

Mass General Brigham Incorporated and Affiliates
Consolidating Statements of Changes in Net Assets
Year Ended September 30, 2021

(dollars in thousands)	BH and Affiliate	MGH and Affiliate	NSMC and Affiliate	NWHCS and Affiliate	MEEI and Affiliate	SRH and Affiliate	MOBCP	ARWay Health and Affiliate	MOB	Eliminations	Consolidated
Unrestricted											
Net assets at September 30, 2020	\$ 2,344,221	\$ 6,400,045	\$ 368,484	\$ 244,858	\$ 200,498	\$ 350,802	\$ 11,243	\$ 134,443	\$ (1,939,263)	\$ (14,285)	\$ 8,089,064
Increases (decreases)											
Income (loss) from operations	384,488	309,782	2,190	6,801	5,125	(27,486)	(13,175)	7,309	(42,821)	(189,724)	442,487
Income from investments	483,688	1,248,001	18,369	42,985	44,812	10,841	8,768	18,681	426,499	38,863	2,339,707
Change in fair value of interest rate swaps	-	-	-	-	-	-	-	-	190,373	-	190,373
Other nonoperating (expenses) income	(7,893)	(71,306)	(1,471)	(4,845)	788	(3,604)	-	-	(78,404)	(28,548)	(136,409)
Academic and research gifts, net of expenses	101,696	111,588	4,263	2,168	17,839	5,882	-	-	(6,068)	(38,863)	188,308
Non-service related pension income	-	-	-	-	-	-	-	-	127,735	-	127,735
System development funding	(56,213)	(85,032)	(8,871)	(10,042)	(4,919)	(7,267)	-	(1,320)	-	173,464	-
Funds utilized for property and equipment	14,153	33,848	-	333	1,507	1,878	-	-	-	-	51,718
Change in funded status of defined benefit plans	15,321	(2,347)	3,339	2,971	12	-	1	-	1,467,178	-	1,486,475
Other changes in net assets	219	(578)	-	-	-	5	-	-	7,228	-	-6,872
Transfers from (to) affiliates	(57,803)	(95,998)	(377)	(2,845)	(2,616)	23,563	23,908	-	112,098	-	-
Change in unrestricted net assets	877,754	1,447,961	15,842	37,327	62,428	3,910	18,502	24,670	2,205,784	12,288	4,707,264
Net assets at September 30, 2021	\$ 3,221,975	\$ 7,848,006	\$ 384,326	\$ 282,185	\$ 262,922	\$ 354,712	\$ 30,745	\$ 159,113	\$ 268,521	\$ (1,977)	\$ 12,809,328
Donor restricted											
Net assets at September 30, 2020	\$ 402,810	\$ 1,785,195	\$ 45,086	\$ 84,898	\$ 175,759	\$ 16,939	\$ -	\$ -	\$ 30,545	\$ -	\$ 2,521,230
Increases (decreases)											
Income from investments	64,782	343,988	7,280	20,563	27,463	2,815	-	-	(38)	-	466,855
Other nonoperating (expenses) income	24,087	374,314	1,620	2,448	630	(3,725)	-	-	-	-	399,382
Funds utilized for property and equipment	(6,317)	(18,488)	-	(307)	-	-	-	-	-	-	(25,112)
Other change in net assets	-	1,965	2,185	-	2,586	84	-	-	-	-	6,820
Change in donor restricted net assets	82,562	701,779	11,085	22,702	30,679	(826)	-	-	(38)	-	847,945
Net assets at September 30, 2021	\$ 485,372	\$ 2,486,974	\$ 56,171	\$ 107,598	\$ 206,438	\$ 16,113	\$ -	\$ -	\$ 30,509	\$ -	\$ 3,369,175

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

Mass General Brigham Incorporated and Affiliates
Consolidating Statements of Changes in Net Assets
Year Ended September 30, 2020

(dollars in thousands)	BH and Affiliates	MGH and Affiliates	HSMC and Affiliates	NWHCS and Affiliates	MEEI and Affiliates	SRH and Affiliates	MOBCP	AIRways Health and Affiliates	MOB	Eliminations	Consolidated
Unrestricted											
Net assets at September 30, 2019	\$ 2,529,076	\$ 6,430,072	\$ (255,468)	\$ 321,024	\$ 219,137	\$ 376,780	\$ 27,613	\$ 220,051	\$ (2,510,849)	\$ -	\$ 7,358,335
Increases (decreases)											
Income (loss) from operations	96,255	125,836	21,335	(25,800)	(31,846)	(52,240)	(22,626)	(44,445)	(223,373)	(193,449)	(350,513)
Income from investments	93,532	242,265	4,903	11,384	7,273	3,021	2,503	10,648	226,249	10,577	612,355
Change in fair value of interest rate swaps									(151,805)		(151,805)
Other nonoperating (expenses) income	(41,448)	(56,365)	540	(4,018)	(1,181)	(3,753)		1	1,378	31,458	(73,366)
Academic and research gifts, net of expenses	15,736	155,238	3,587	2,043	16,714	4,344			(19,022)	(10,113)	168,527
Non-service related pension income									58,317		58,317
System development funding	(54,963)	(79,906)	(8,688)	(10,170)	(4,370)	(7,293)		(1,812)		167,262	
Funds utilized for property and equipment	30,436	46,630	2,014	437	769	608					80,894
Change in funded status of defined benefit plans	(6,490)	(3,435)	(1,424)	207	(7)				387,889		378,740
Other changes in net assets	2,225	(92)			1				17,448		19,580
Transfers from (to) affiliate	(321,040)	(460,138)	599,586	(50,191)	(5,914)	29,335	3,753	(30,000)	274,509	(20,000)	
Change in unrestricted net assets	(185,755)	(30,027)	621,953	(76,166)	(18,641)	(25,978)	(18,370)	(65,608)	571,586	(14,265)	740,729
Net assets at September 30, 2020	\$ 2,344,221	\$ 8,400,045	\$ 366,484	\$ 244,858	\$ 200,496	\$ 350,802	\$ 11,243	\$ 134,443	\$ (1,939,263)	\$ (14,265)	\$ 8,099,064
Donor restricted											
Net assets at September, 2019	\$ 391,240	\$ 1,675,848	\$ 44,498	\$ 82,521	\$ 173,939	\$ 20,067	\$ -	\$ -	\$ 1,271	\$ -	\$ 2,389,384
Increases (decreases)											
Income from investments	7,412	40,848	1,200	2,704	3,225	713			29,274		65,376
Other nonoperating (expenses) income	20,541	80,029	(1,482)	109	(2,037)	(3,826)					83,334
Funds utilized for property and equipment	(16,383)	(31,837)		(438)							(48,658)
Other change in net assets		307	670		632	(15)					1,784
Change in donor restricted net assets	11,570	89,347	588	2,375	1,820	(3,128)	-	-	29,274	-	131,846
Net assets at September 30, 2020	\$ 402,810	\$ 1,765,195	\$ 45,086	\$ 84,896	\$ 175,759	\$ 16,939	\$ -	\$ -	\$ 30,545	\$ -	\$ 2,521,230

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

Mass General Brigham Incorporated and Affiliates
Note to Supplemental Consolidating Information
September 30, 2021 and 2020

1. Basis of Presentation

The accompanying supplemental consolidating information includes the consolidating balance sheets, statements of operations and statements of changes in net assets of Mass General Brigham Incorporated and its affiliates. Significant interaffiliate accounts and transactions have been eliminated. The consolidating information presented is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America consistent with the consolidated financial statements. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements and is not required as part of the basic financial statements.

Affiliates in the supplemental consolidating information include Brigham Health, Inc. (BH), The Massachusetts General Hospital (MGH), NSMC HealthCare, Inc. (NSMC), Newton-Wellesley Health Care System, Inc. (NWHCS), Foundation of the Massachusetts Eye and Ear Infirmary, Inc. (MEEI), Spaulding Rehabilitation, Inc. (SRN), Mass General Brigham Community Physicians, Inc. (MGBCP), AllWays Health and the Company.



Mass General Brigham Wentworth-Douglass Hospital

Wentworth-Douglass Hospital Board of Trustees Effective August 2022

Chairman – John Salmon
Vice Chairman – James Brannen
Treasurer – Anne Jamieson
Secretary – Atty. Michael Bolduc

Marcela del Carmen, M.D.
Debbie Dube Reed
Michael Ferrara, Ph.D.
James Heffernan
Jeffrey Hughes
Tony James
Michelle Kurtz
Terri Lally, M.D.
Arul Mahadevan, M.D.
John Novello, M.D.
Cynthia Paciulli-Barbarits, M.D.
Ingo Roemer
Andrew Warshaw, M.D.

JENNIFER STOUT
Work Experience

Senior Clinician

Hope on Haven Hill - Rochester, NH
September 2016 to Present

As a founding member of this organization, worked to build structure and programming from the ground up. Worked to develop policies and procedures, train staff, and develop curriculum for an 8-bed residential facility treating substance use and co-occurring disorders for pregnant and parenting women that opened 12/16. Currently oversee programming and facilitate treatment at 3 levels of care including residential, intensive outpatient, and outpatient individual and group therapy. Carry a caseload of individual clients. Supervise clinical staff towards licensure.

Intensive Outpatient Director

Goodwin Community Health - Somersworth, NH
March 2016 to September 2016

Worked with agency staff to design and implement an Intensive Outpatient program at Goodwin Community Health to treat co-occurring disorders. Developed a curriculum for a 3-phased program. Work with community agencies including hospitals, corrections, and health centers to screen, assess, and admit clients into the program, monitor their progress, and develop a plan for completion.

Therapist

ROAD To a Better Life - Somersworth, NH
June 2014 to June 2016

Provided initial assessment and treatment planning for clients participating in Suboxone treatment program.

Maintained a caseload of individual therapy clients diagnosed with co-occurring disorders. Planned and facilitated 3-4 therapy groups per week, including gender specific programming for women, exploring topics such as the science of addiction, relapse prevention, recovery skills and healthy relationships.

Substance Abuse and Mental Health Counselor

Manchester Community Health Center - Manchester, NH
March 2015 to March 2016

Provided individual assessment and treatment for individuals with mental health and substance use disorders in a community health care setting. Provide brief and longer term counseling, as well as specialized substance abuse and trauma treatment to clients as appropriate, including Seeking Safety, DBT, and Progressive Counting. Work with medical staff, interpreters, nutritionists and community workers to provide integrated care for a diverse population.

Supervise clinicians towards MLADC certification.

Substance Abuse Counselor

Families First, Healthcare for the Homeless - Portsmouth, NH
September 2010 to June 2014

Provided individual and group substance abuse counseling in the community to individuals who were homeless. Worked closely with medical and care coordination staff on the mobile health care van to meet and offer services to clients in a timely manner. Offered assessment, treatment planning and ongoing counseling using motivational interviewing, cognitive behavioral, DBT, and trauma-informed approaches. Offered crisis intervention services as needed, often working closely with other local agencies to respond best to clients needs.

Clinical Case Manager, Crisis Clinician
Counseling Services Inc - Biddeford, ME
September 2004 to August 2010

-Clinician, Crisis Response Services: Provided telephone support and assessment, as well as face-to-face assessments for adults and children experiencing psychiatric emergencies. Work with clients, agency supervisors and psychiatrists to create a disposition that maintains client safety in the least restrictive setting.

-Clinical Case Manager: Provided supportive counseling and case management services to adults with severe and persistent mental illness. As member of Intensive Community Integration team, worked with clients needing a high level of care. Facilitated family meetings, provided crisis intervention services, took part in weekly multi-disciplinary team meeting. Co-facilitated skills building and activity group weekly.

Education

MSW

Boston University - Boston, MA
September 2002 to May 2006

Master's in Sociology

University of Pennsylvania - Philadelphia, PA
September 1999 to January 2002

Bachelor's in Sociology

Haverford College - Haverford, PA
September 1993 to May 1997

Skills

Trained in DBT, EMDR Basic level, CBT

Trainings/ Presentations:

Home Visitor Conference, DHHS, NH, 2014: "The Impact of Adverse Childhood Experiences on Home Visiting in New Hampshire".

National Healthcare for the Homeless Annual Conference, 2014: "Understanding Homelessness, Adverse Childhood Experiences, and High Risk Behaviors".

Staff Training, Trauma-Informed Care, Ethics, and Healthy Boundaries: Crossroads House, Portsmouth NH, 2015, 2016, 2017.

Parkland Medical Center Behavioral Health Unit, Lunch and Learn: "Trauma Informed Care and Understanding Challenging Behaviors", 2017.

New Hampshire Addiction Summit, "Understanding High Risk Behaviors and Providing Trauma-Informed Care", 2017.

Mass General Hospital Institute of Health Professionals: "Trauma-Informed Care for Nurses", 2016, 2017.

UNH Department of Professional Development: "Trauma-Informed Care Training", Full-Day Training for Clinicians and School Professionals, 2017, 2018.

IDN-6 "Trauma Informed Care for Paraprofessionals", September 24th, October 30th, 2018: Frisbee Hospital and Community Campus

"Understanding Professional Ethics and Boundaries": October 2018, Crossroads House, Portsmouth, NH

Certifications/Licenses

LICSW, February 2019

MLADC, June 2020

**CCTP (Certified Clinical
Trauma Professional)**

PETER FIFIELD

**Relative
Work
Experience**

Manager of Behavioral Health Services
The Doorway at Wentworth-Douglass
Wentworth-Douglass Hospital

2018-Present

Dover, NH

- Manager of direct care services relative to all day-to-day operations of the Doorway and Integrated Behavioral Health
- Provide consultation and specialized education for all hospital staff members
- Supervise all Behavioral Health staff members at the Doorway and Integrated BH locations
- Create, manage and forecast budget spending
- Strategic planning for all Behavioral Health options within the Hospital System and within primary care settings

Adjunct Faculty
University of New England

2015-Present

Portland, ME

- Advisor for Doctoral cohorts within the Education Department
- Provided direct feedback and advice to students regarding doctoral dissertation process
 - Consulted directly with other UNE faculty, IRB members, and student affiliates regarding all phases of the dissertation process

Manager of Integrated Behavioral Health Services
Integrated Behavioral Health Specialist
Families First Health and Support Center

2012-2018

2008-2012

Portsmouth, NH

- Manager of all integration and collaborative services including mental health and substance abuse assessment and treatment, nutrition, care coordination, home visiting and other social services in an urban FQHC
- Responsible for startup of Integrated Behavioral Health program including creation of all operational, financial and clinical protocols
- Consulting member for local and regional integration projects regarding integrated care for clients of all ages
- Counseling therapist for low income individuals utilizing a wide range of therapeutic assessments and interventions for clients of all ages living with mental health and substance abuse disorders
- Member of Trauma Informed Care Integration Steering Committee
- Supervisor for all Behavioral Health and Home Visiting staff
- Member of regional collaborative network including local and regional hospitals, community mental health, specialty care and social services

Adjunct Faculty 2012-2016
University of MA, Medical School-Center for Integrated Primary *Worcester, MA*
Care

- Design and instruction of an online, interactive Motivational Interviewing class for university and Center for Behavioral Health students

Adjunct Faculty 2012-2014
New England College *Henniker, NH*

- Design and implementation of graduate level class on integrated primary care behavioral health
- Instruction of graduate students including lecture, grading, curriculum design and administrative duties
- Instructor of integrated care therapeutic approaches, billing and systems design, philosophy of care, and multidisciplinary communication models

Integrated Behavioral Health Specialist 2006-2008
Summit Community Care Clinic *Frisco, CO*

- Provide diagnostic evaluation, assessment and mental health counseling for adolescents and adults seeking individual and group treatment
- Substance Abuse and DUI Intake Assessment Coordinator
- Group counselor for Colorado Outpatient Eagle Summit (COPEs) substance dependence group therapy
- On-Call Emergency Mental Health Services Therapist
- Member of Summit Community Connections Integration Program

Operations Manager, Experiential Educator and Facilitator 1998-2006
Breckenridge Outdoor Education Center *Breckenridge, CO*

- Manager of plant, property and equipment for wilderness therapy facility, interns and wilderness staff
- Facilitator of wilderness therapy sessions with children and adults of all abilities including trauma survivors, individuals living with physical and mental disabilities, veterans and adjudicated youth
- Team Building Facilitator for Professional Challenge Program leading groups such as; The National Guard, Veterans Association, Denver Police Department, U.S. Ski and Swim Teams etc.

Education Ed. D: Educational/Medical Leadership 2012-2015
University of New England *Biddeford, ME*

Non-Matriculated Student 2009-2010

Rivier University

Nashua, NH

M.S. Counseling Psychology
University of West Alabama

2005-2008
Livingston, AL

B.S. Kinesiology; Experiential/Outdoor Education
University of New Hampshire

1994-1998
Durham, NH

Professional Presentations Motivational Interviewing for Health Behavior Change (2018). Harvard Institute of Lifestyle Medicine, Boston, MA.

Trauma Informed Care (2018). New Hampshire Behavioral Health Association Conference, Manchester, NH.

Motivational Interviewing for Medical Providers (2018). New England Ostomy Association Conference, Manchester, NH.

Motivational Interviewing for Health Behavior Change (2017). Harvard Institute of Lifestyle Medicine, Boston, MA

Motivational Interviewing for Health Behavior Change (2016). Harvard Institute of Lifestyle Medicine, Boston, MA

Motivational Interviewing for Health Behavior Change (2015). Harvard Institute of Lifestyle Medicine, Boston, MA

What is Next? Advancing Healthcare from Provider-Centered to Patient-Centered to Family-Centered. (2014). Collaborative Family Healthcare Association Washington, DC.

Motivational Interviewing for Health Behavior Change (2014). Harvard Institute of Lifestyle Medicine, Boston, MA

What is Next? Advancing Healthcare from Provider-Centered to Patient-Centered to Family-Centered. (2014). Collaborative Family Healthcare Association Washington, DC.

Integration of Smoking Cessation Protocols in Primary Care Using QuitWorks New Hampshire (2012). New Hampshire Health Association, Concord NH.

Patient-Centered Asthma Care: Making What we Know Works Operational—EMR Track Examples from the Field (2012). NH Asthma Conference, Concord, NH.

Navigating the Legal and ethical Foundations of Informed Consent and Confidentiality in Integrated Care (2012). Collaborative Family Healthcare Association, Austin TX.

Reducing Tobacco Use in New Hampshire: An Opportunity to Integrate the Work of Primary Care, Public Health, Oral Health and Behavioral Health (2012). New Hampshire Public Health Forum, Concord, NH.

Best Practices for Informed Consent and Confidentiality in Integrated Behavioral Health Setting: Results of a Standardized Survey of Experts and Practitioners (2011). Collaborative Family Healthcare Association, Philadelphia, PA.

Smoking Cessation Interventions and Treatment in the Primary Care Setting (2011). New Hampshire WIC Conference, Concord, NH.

Hard but not Impossible: Institutionalizing Ask, Assist and Refer to QuitWorks-into Primary Care (2011). New Hampshire Chronic Disease Conference, Concord, NH.

H.I.T. or MIS? Best Practices for Collaboration in a Health Information Technology Environment (2010). Collaborative Family Healthcare Association, Louisville, KY.

Data Blitz (2010). Collaborative Family Healthcare Association, Louisville, KY.

Helping Mental Health Practitioners Integrate into the Primary Care Setting (2008), West Slope Casa Psychiatry Symposium, Glenwood Springs, CO Presentations

Integrated Care in Summit County, Colorado (2008). Invited presentation at the Second National Learning Congress of the National Council for Community Behavioral Healthcare, Primary Care Mental Health Integration Project, Washington, DC.

Integrated Care in Summit County, CO (2007). Invited presentation at the Second National Learning Congress of the National Council for Community Behavioral Healthcare, Primary Care Mental Health Integration Project, Chicago, IL.

Professional Publications Fifield, P., Suzuki, J., Minski, S., Carty, J. (2019). Motivational Interviewing and Behavioral Change. In *Lifestyle Medicine*. Manuscript in preparation.

Hudgins, C., Rose, S., Fifield, P., & Arnault, S. (2014). The ethics of integration: Where policy and practice collide. In *Medical Family Therapy: Advanced applications* (pp. 381-402). New York, NY: Springer.

Hudgins, C., Rose, S., Fifield, P., & Arnault, S. (2013). Navigating the legal and ethical foundations of informed consent and confidentiality in integrated care. *Family, Systems & Health: The Journal of Collaborative Family Healthcare, Special Edition*.

Reitz, R., Common, K., Fifield, P., & Stiasny, E. (2011). Collaboration in the presence of an electronic health record. *Families, Systems, & Health: The Journal of Collaborative Family Healthcare*, 30 (1), 72-80.

Reitz, R., Fifield, P., & Whistler, P. (2011). Integrating a Behavioral Health Consultant into your practice. *Family Practice Management*, 18 (1), 18-21.

Fifield, P. (2010). Book Review: Behavioral consultation and primary care: A

guide to integrating services. *Families, Systems, & Health: The Journal of Collaborative Family Healthcare*, 28 (1), pp. 72-73.

**Licenses and
Certifications**

Licensed Clinical Mental Health Counselor: State of New Hampshire—2010
Present

Master Licensed Alcohol and Drug Counselor: State of Hampshire—2012-Present

Motivational Interviewing Network of Trainers: Member/Trainer—2011-Present

Crisis Prevention Institute: Nonviolent De-escalation Trainer

Certified Prime For Life Instructor: Prime For Life Training—2015

Critical Incident Stress Management: Group and Individual Certified—2008

**Professional
Affiliations**

Collaborative Family Healthcare Association; Member—Membership and IT
Committees & Former Editing Manager *CFHA Blog*

Family Medicine Education Consortium; Member

International Society for Traumatic Stress Studies; Member

American Mental Health Counselors Association; Member

The New Hampshire Mental Health Counselors Association; Member

**Community
Involvement**

Town of Kittery Maine: Kittery Travel Soccer U9-U12 Soccer Coach, U10

Baseball Coach, U9 Lacrosse Coach-2014-Present

Kittery Civil Rights Advocates: 2017-Present

Integrated Delivery Network Region 6: Integrated Care Clinical Advisory Team
Member, 2016-Present

Disaster Behavioral Health Response Team: Volunteer Response Team
member, 2012-Present

Seacoast Care Collaborative: Special Committee on Community Care
Coordination, 2012-2014

Seacoast Integrated Network of Care, Rockingham County New Hampshire;
Steering Committee Member, 2008-2012

New Hampshire Integrated Primary Care Learning Collaborative; Member, 2008-
Present

Veterans of Foreign Wars and American Legion Local Chapter; Member, 2004-
Present

Other

Assessment and integration of Trauma Informed Care concepts within an urban...

Research

FQHC, 2016-2018

Assessment of Relational Coordination factors in medical teams and the outcomes on activation levels in patients with chronic illness, 2013-2016

Integrated Care Effects on Hypertensive Patient's BioPsychoSocial Indicators in a Primary Care Setting, 2012-2014

Families First Health and Support Center and Antioch New England: Community Based Participatory Research Integrated Healthcare Outcomes Project, 2008-2011

Qualitative Delphi Study on Health Information Technology use and HIPAA in the Collaborative Healthcare Setting, 2010 -2011

Summit Community Care Clinic and The National Community Council for Behavioral Health: Collaborative for Integrated Care Improvement, 2007-2008

KATHLEEN BRETTON

Summary

Dedicated and focused administrative Assistant with over 20 years' experience. Who excels at prioritizing and completing multiple tasks. With great customer service with clients and coworkers.

Highlights

Self-directed

Professional and mature

Dedicated team player

Strong interpersonal skills

Medical terminology

Mail management

Meeting planning

Patient charting

Insurance eligibility verifications

Documentation

Customer Service

Strong work ethic Maintains strict confidentiality

Computer skills

Scheduling

Ordering supplies

Medical records

Referrals

Extensive phone skills

Strong problem solver

Time management

Problem resolution

Report analysis

Employee training and development

Insurance verification

Patient care advocacy

Accomplishments

Scheduling

Facilitated onboarding of new employees by scheduling training, answering questions and processing paperwork.

Multitasking

Administration

Answered multiple phone lines, transferred calls to corresponding departments, filed patient records and billed accordingly.

Demonstrated proficiencies in telephone, e-mail, fax and front-desk reception within high-volume environment.

Customer Service

Handled customers effectively by identifying needs, quickly gaining trust, approaching complex situations and resolving problems to maximize efficiency.

Administration

Performed administration tasks such as filing, developing spreadsheets, faxing reports, photocopying collateral and scanning documents for inter-departmental use.

Research

Investigated any necessary information for proper billing for insurance companies, patients and DMEs such as proper billing codes.

Experience

June 2006 to Current

Rochester Pulmonary Medicine Rochester , NH

Patient Service Rep

Completed registration quickly and cordially for all new patients. Scanning, importing medical documentation. Scheduled radiology/diagnostic testing. Provided administrative support for three physicians. Processed incoming and outgoing referrals. Scheduled surgeries and procedures in conjunction with Surgical Coordinator.

Maintained an organized logging system for tracking test results. Demonstrated knowledge of HIPAA Privacy and Security Regulations by appropriately handling patient information. Collected and posted copayments. Ordered office supplies/scheduled meetings. Purged outdated files. Disseminated information to correct department, individual or outside location. Trained new employees.

May 2006 to June 2008

Beacon Internal Medicine Portsmouth, NH

Medical Office Specialist

Insurance authorization/Scheduling testing and appointments/Medical Records/Customer Service/Billing

May 2003 to May 2006

Filenes Dept Store Newington , NH

Customer Service/Lead

Customer Service/cashier/Lead/trainer/Displayed stock/Signage

Education

1975 Spaulding High School Rochester, NH

High School Diploma Buisness

CASEY JOSEPH

Education:

Masters of Science in Operations & Project Management
Southern New Hampshire University, Manchester, NH
Anticipated Graduation: April 2019

Bachelor of Science in Psychology
Salem State College, Salem, MA
Graduation: May 2017

Associates of Science, Medical Training
McIntosh College, Dover NH
Graduation: December 2006

Employment History:

July 2014-Current

Lynn Community Health Center, Behavioral Health Department
BH Manager, Provider Scheduling & Productivity Analyst; EPIC Site Specialist

- Build/keep provider schedule templates
- Harpers payroll system
- Crystal & Business Objects reporting; statistical analysis of scheduling, appointments, billing, and no show rates.
- QI- Peer Review Process
- QI- Medication Adherence
- JCHO & Insurance audits
- Review and analysis of provider productivity and outcome measurements.
- EPIC EMR Workflows
- EPIC system issues & training
- Creating Policies and Protocols
- LEAN Principles

Feb 2014-July 2014

Lynn Community Health Center, Behavioral Health Department
Advanced Utilization Coordinator

- Identifying insurance issues
- Insurance denial reports
- Communication with Mass Health and Private insurance companies
- Obtaining prior authorization for behavioral health visits
- Billing

June 2011- Dec 2014

North Shore Medical Center, Salem Hospital
Pharmacy Technician

- Use of Omnicell computer system
- Performs arithmetical calculations required for the preparation of sterile products
- Manufacturing IV medication in a sterile field; Manufacturing Chemo Therapy IV
- Employee Satisfaction Team

- Developed a training program
- Knowledge of Joint Commission

**Sept 2010- June 2011 Express Scripts-Freedom Fertility Pharmacy
Pharmacy Technician**

- Answer patient questions related to pharmacy benefits, and pharmacy claim information
- Prepare and verify new prescription orders and refill orders while maintaining productivity and quality standards
- Select and retrieve appropriate medications, compound and dispense medical prescriptions, verify quantities, and prepare labels for bottles.
- Using a pharmacy claim system: verifying and processing prescription through insurance

July 2008- May 2010 Tufts Health Plan

Appeals and Grievances Analyst

- Responsible for identifying, investigating, and processing member appeals within NCQA and state mandated timelines
- Obtained all necessary medical records, benefit documents, and relevant information to create a case to process an appeal and present to a board of medical directors.

Aug 2007-July 2008 Tufts Health Plan

Member Services Specialist

- On first call resolution when taking incoming calls from Tufts Health Plan Members, Providers, and Pharmacies regarding benefits, claims, policies, and procedures
- Assisted in clarifying member's benefits, coverage and help callers obtain authorization for prescription drugs
- Researched all requests sent by member services specialists for possible backdates of primary care physicians for members who had claims denied due to not selecting primary physician

References:

References will be provided upon request

MIECHEN KINGSLEY

Professional Summary

Experienced human service professional passionate about helping children and families to live better lives. Skilled at crisis management techniques, efficient and accurate documentation and relationship building.

Skills

- Microsoft Office | Office Equipment
- Attention to Detail in Documentation
- Interviewing and Assessment
- Time Management
- Compassionate
- Empathetic
- Crisis Management
- Communication Skills

Education

Bachelor of Science, Psychology | *Granite State College, Concord, NH*

Associate in Arts, Liberal Arts Teacher Preparation | *Great Bay Community College, Portsmouth, NH*

Employment History

Parent Aide | Child and Family Services, Seacoast & Concord, NH

August 2017 - Present

- Provide supervised visitation, document cases and create reports
- Connect parents to resources in their community for food, transportation, utilities, education and job opportunities
- Provide Addiction support and community resources for counseling and groups.
- Collaborate with Department of Health and Human Services to meet Client goals and objectives.

Bus Driver | First Student, Dover, NH

January 2009 - Present

- Build positive relationships with students, teachers and parents
- Maintain safe environment during crisis situations using crisis management techniques
- Maintain records including attendance forms and clinical data and prepare reports

Personal Care Assistant | Atlantic Home Life Senior Care, Dover, NH

May 2017 – July 2018

- Provide home patient care and assistance including transportation and utilizing physical therapy techniques
- Teach daily living activities and offer emotional and social support

OLIVIA ROWELL

Education

University of Maine, Orono ME

May 2019

Bachelor's of Science in Social Work

GPA: 3.8

Minor: Sociology

Honors:

- The University of Maine Black Bear Award (2015- present)
- The University of Maine Chadbourne Award (2015- present)
- The Tiffany Chase-Scott Scholarship (2015)
- Honors Program (Fall 2015- Spring 2018)
- Dean's List (Fall 2016, Fall 2017- present)

Work Experience\Internships\Volunteer Experience

Intern | **Penobscot Nation Social Services, Indian Island ME** September 2018- Present

- Worked directly with clients, on policies, and outreach through; Child Support, Domestic Violence & Sexual Assault, Child Protective, and Promoting Safe & Stable Families offices
- Create weekly activities concerning mental health, healthy thinking habits, communicating emotions, and diversity in the Youth Program
- Involved in and assisted with numerous community events organized through the Penobscot Nation Social Services programs

Cashier | **Golden Harvest Produce Market, Kittery ME** May 2017- Present

- Provided quality customer service in a fast-paced environment
- Constantly multitasked in order to meet the demands of customers (expanding my knowledge on products to better inform customers) and the business (organizing and stocking products)

Intern | **Maine DHHS; Child Protective, Bangor ME** December 2017- May 2017

- Participated in the many departments within the DHHS Child Protective office in Bangor; permanency, placement, assessment, and administration.
- Observed; Family Facilitated Team Meetings, court cases, home visits, and assessments while learning about case files, documentation and case work.

Volunteer | **Westgate Center for Rehabilitation & Alzheimer's Care, Bangor ME**

- Volunteered thought my second and third year at the University of Maine at Westgate meeting with residents and assisted with their therapy animal events (bringing animals from the Bangor Humane Society into the carpenter for residents to visit with)

Server | **Shipyard Brew Pub, Eliot ME**

August 2013- August 2016

- Assisted in organizing promotional events
- Promoted from hostess to server, and later trained new employees for both positions

BRANDEE PREVOST

Education

UNIVERSITY OF NEW HAMPSHIRE

Master of Social Work

Durham, NH

Passed MLADC Licensure Exam: Expected Licensure, February 2020

SALEM STATE UNIVERSITY

Bachelor of Arts: Psychology

Salem, MA

Experience

Hope on Haven Hill

August 2018 to Current

Clinician

Rochester, NH

Provide clinical services to residential clients with dually diagnosed mental illness and substance use disorders.

- Complete assessments, treatment plans and maintain weekly individual counseling with residents
- Facilitate weekly group therapy for residents, to include Seeking Safety, Recovery Skills, Dialectical Behavioral Therapy, Cognitive Behavioral Therapy
- Collaborate with various community stakeholders, to include the Department of Children, Youth and Families, to promote client and children well-being and recovery
- Provide compassionate, holistic, evidence and trauma informed care to residents

Portsmouth Regional Hospital

October 2017 to July 2018

Intern

Portsmouth, NH

- Work directly with individuals admitted to both Portsmouth Regional Hospital's outpatient partial hospitalization program, as well as individuals requiring mental health evaluations in the hospital
- Become familiar with hospital based social work in terms of its function, and associated terminology
- Foster an understanding of the multidisciplinary team approach that is used in a hospital setting to treat individuals with mental health and substance misuse issues
- Co-facilitate daily groups with individuals
- Become familiar with evidence-based therapeutic interventions such as cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT)
- Interact with individuals and aid in the development of coping skills, symptom management (mental health) and assist with discharge planning
- Perform psychosocial assessments

NASW-NH

January 2017 to August 2017

Intern

Concord, NH

- Strived to advance the profession of social work, including name recognition and positive visibility in the media, including social media, press releases, etc.
- Worked to increase student and professional membership and involvement with NH-NASW. Was an active member of NH-NASW committees and regularly attended meetings including monthly board meetings; monthly Clinical Committee meetings; monthly Mental Health Coalition meetings; monthly Social and Legislative Action Committee meetings; and Diversity Awareness Committee meetings

- Learned about current legislative issues in NH, as well as lobbying skills and assisting with written testimony. Assisted Executive Directive with office tasks as needed such as taking minutes, preparing agendas, and meeting preparation, Assisted in expanding CEU topics and programming, learned how to write a CEU application. Assisted with increasing funding and locating additional sources of income available to NH-NASW. Attended all applicable workshops, trainings, committee, coalition, and board meetings when appropriate

Greengard Center for Autism
ABA Therapeutic Instructor
 Portsmouth, NH

May 2015 to March 2017

- Worked 1:1 with clients on the autism spectrum in the home/day center setting on increasing independence and self-advocacy skills
- Built community awareness and utilization
- Created and implemented programs which promoted goals of the client

Cooperative Middle School
Paraprofessional
 Stratham, NH

August 2014 to February 2015

- Provided classroom support for student with behavioral issues and learning disabilities
- Worked collaboratively with BCBA developing and implementing behavioral plan, as well as providing student with positive behavioral support in the classroom as well as unstructured times

Salem Public School District
Behavior Specialist
 Salem, MA

August 2011 to November 2013

- Conducted Teacher & Student Interviews, Narrative Observation, ABC Data Recording, Behavior Support Plan, Behavior Management Plan, FBA, Data Collection and Graphing
- Implemented Visuals using Boardmaker, wrote social stories, and taught self-regulation
- Implemented individual and class wide incentive plans working for preferred reinforcer
- Modeled plan for teachers and support staff to ensure fidelity of treatment
- Worked with School Adjustment Counselors to ensure plan was being followed through with and data collection was taking place in absence of Behavior Specialist
- Worked with students before and during plan implementation to ensure students were successfully earning reinforcer
- Attended IST and IEP meetings and worked closely with all facets of Administration and school staff
- Attended two day Brian Iwata conference, PBIS conference and in-house training during PDD, and CPI certified

Strengthening Families Program
Facilitator
 Danvers, MA

December 2010 to January 2012

SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills.

As facilitator, I oversaw the semester-long course in which families of children, ages 6 to 11, came together once a week to share a meal, learn new skills and then practice together as a family.

Great Oak Elementary School
Paraprofessional

September 2006 to June 2010

Danvers, MA

- Provided teacher support for integrated preschool classroom
- Incorporated therapy routine designed by occupational therapist, physical therapist and speech pathologist into curriculum
- Maintained activities of daily living for children with intellectual and developmental disabilities in the classroom

NAGLY

Youth Counselor

Salem, MA

- Provided support and counseling to lesbian, gay, bisexual, transgender and questioning youth

Hope on Haven Hill

Professional Trainings & Certifications

- Continuum: ASAM Criteria Assessment
- Suicide Prevention Training-Counseling on Access to Lethal Means
- Registered Behavior Technician Training (40 hours)
- Crisis Prevention Intervention Training
- Olweus Bullying Prevention Program

Carol Stiles

LICENSED CLINICAL SOCIAL WORKER

Highly skilled career professional with 25 years of experience in inpatient and outpatient settings, providing co-occurring mental health and substance misuse treatment to individuals and groups, utilizing evidence based treatment modalities.

PROFESSIONAL EXPERIENCE

Jan 15 – present **Integrated Care at Wentworth Health Partners, Dover, NH**

Behavioral Health Clinician: Provide individual, couples and family behavioral health interventions, participate in clinical peer collaboration, conduct intake assessments, document in electronic medical records, consults with health providers and other community professionals regarding patient care.

Dec 96 – Sept 2015 **Maine Behavioral Health Care, 474 Main St. Springvale, ME 04072**

Program Manager: Supervise 10 case managers in two different MBH locations, provide weekly supervision, conduct intakes, triage and assign clients, review cases to insure compliance with insurance regulations, carry caseload.

Clinical Supervisor Kittery Office for Assertive Community Treatment team: Provided clinical supervision to masters and bachelor level clinicians. Screened and referred clients to appropriate level of care, audited records to insure compliance with licensing and insurance regulations.

Emergency, Acute Care, and Outpatient Clinician, Kittery Office: Evaluated emergency walk-ins, conducted mobile crisis evaluations, and acute care follow up. Coordinated intake and cross program referrals. Provided individual, couples, and family therapy for those in need of brief as well as long term treatment. Supervised masters level student interns for the Kittery office.

Community Support Worker, Springvale Office: Developed and implemented client treatment plans, provided supportive therapy, psycho-education and advocacy to clients with chronic and persistent mental

illness. Referred clients to community supports and appropriate human service agencies.

Nov 95 – Dec 96

CMG Health. Inc., 1600 Hooksett Road Hooksett, NH 03106

Behavioral Health Care Case Manager: Acted as liaison between insurance carrier, provider, and patient. Authorized treatment and developed treatment plans with outpatient therapists and physicians. Managed mental health benefits on a computerized system.

Jan 88 – Nov 95

Portsmouth Pavilion, 343 Borthwick Av., Portsmouth, NH 03801

Psychiatric Social Worker: Treatment team leader for multi-disciplinary treatment team, performed psychosocial assessments provided therapeutic intervention, discharge planning, and referrals for inpatient and outpatient services. Conducted case conferences, acted as community liaison and conducted network meetings, monitored utilization management, supervised masters level interns, lead psycho educational and process groups for co-occurring clients, provided individual, couples and family therapy in both inpatient and outpatient settings.

June 84 – May 87

New Hampshire Hospital, 105 Pleasant Street Concord, NH 03301

Psychiatric Social Worker: Provided therapeutic intervention to patients with chronic and persistent mental illness in an inpatient setting. Collaborated with a team of case managers who were responsible for provided daily support, advocacy, discharge planning and interdisciplinary collaboration with other treatment providers. Performed psychosocial assessments, formulated treatment plans, discharge plans and referrals for patients. Documented evidence to support court petitions and provided court testimony. Provided services and support for geriatric patients and their families.

PROFESSIONAL LICENSURE

Licensed Independent Clinical Social Worker, NH# 418

Licensed Alcohol and Drug Counselor, ME#

Licensed Clinical Social Worker, ME # 4329

EDUCATIONAL EXPERIENCE

University of Connecticut
Master of Social Work

Storrs, CT

University of New Hampshire
Bachelor of Arts in Social Services

Durham, NH

PROFESSIONAL TRAININGS

New England Institute of Addiction Studies NEIAS
32 CEUS in Clinical Supervision Foundation, August 2014

Behavioral Tech LLC,
Ten-day intensive training course in Dialectical Behavioral Therapy, June 2012

References available upon request

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Peter Fifield	Manager of BH Services	\$108,160	50%	\$54,080
Jennifer Stout	Clinical Supervisor	\$101,275	100%	\$101,275
Carol Stiles	Clinician	\$65,924	40%	\$36,990
Brandee Prevost	Clinician	\$80,100	100%	\$80,100
Miechen Kingsley	CRSW	\$59,361	100%	\$59,361
Olivia Rowell	Care Coordinator	\$57,553	100%	\$57,553
Katheryn Miller	Care Coordinator	\$60,431	100%	\$60,431
Casey Joseph	Practice Coordinator	\$56,409	100%	\$56,409
Kathleen Bretton	Patient Access	\$40,601	100%	\$40,601



Lori A. Shibiette
Commissioner

39
MAC

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
GOVERNOR'S COMMISSION ON ALCOHOL & OTHER DRUGS

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9564 1-800-804-0909
Fax: 603-271-6105 TDD Access: 1-800-735-2964 www.dhhs.nh.gov/dcbcs/bdas

August 30, 2021.

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, on behalf of the Governor's Commission on Alcohol and Other Drugs, to amend existing contracts with the Contractors listed below in **bold** to continue providing a statewide network of Doorways for substance use disorder treatment and recovery support services access, by exercising contract renewal options by increasing the total price limitation by \$11,190,088 from \$37,617,414 to \$48,807,502 and extending the completion dates from September 29, 2021 to September 29, 2022, effective upon Governor and Council approval. 97.28% Federal Funds, 2.72% Other Funds.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Androscoggin Valley Hospital, Inc.	177220-B002	Berlin	\$1,949,517	\$669,740	\$2,619,257	O: 10/31/18 Item #17A A1: 8/28/19 Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
The Cheshire Medical Center	155405-B001	Keene	\$3,063,740	\$1,045,046	\$4,108,786	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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Concord Hospital, Inc.	177653-B003	Concord	\$2,688,794	\$735,271	\$3,424,065	O: 10/31/18 Item #17A A1: 8/28/19, Item #10 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Mary Hitchcock Memorial Hospital	177651-B001	Lebanon	\$5,312,531	\$1,504,500	\$6,817,031	O: 10/31/18 Item #17A A1: 11/14/18 Item #1 A2: 9/18/19 Item #20 A3: 6/24/20 Item #31 A4: 2/17/21 Item #18
*LRGHealthcare	177161-B006	Laconia	\$2,317,076	\$0	\$2,317,076	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
*Granite Pathways Manchester	228900-B001	Manchester	\$3,831,170	\$0	\$3,831,170	O: 10/31/18 Item #17A A1: 9/18/19 Item #20
*Granite Pathways Nashua	228900-B001	Nashua	\$3,364,709	\$0	\$3,364,709	O: 10/31/18, Item #17A A1: 9/18/19, Item #20
Littleton Hospital Association	177162-B011	Littleton	\$2,160,689	\$712,612	\$2,873,301	O: 10/31/18, Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10

His Excellency, Governor Christopher T. Sununu
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Wentworth-Douglass Hospital	177187-B001	Dover	\$4,109,399	\$1,153,475	\$5,262,874	O: 10/31/18 Item #17A A1: 9/18/19 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10
Catholic Medical Center	177240-B003	Greater Manchester	\$4,919,123	\$2,926,711	\$7,845,834	O: 3/11/20 Item #9A A1: 2/3/21 Item #10
Southern New Hampshire Health System, Inc.	177321-R004	Greater Nashua	\$3,339,704	\$1,696,196	\$5,035,900	O: 3/11/20 Item #9A A1: 2/17/21 Item #18
Concord Hospital, Inc. – Laconia	355356	Laconia	\$560,962	\$746,537	\$1,307,499	O: 6/2/21 Item #28
		Total:	\$37,617,414	\$11,190,088	\$48,807,502	
<i>*Indicates contracts that are okay to expire or have been terminated.</i>						

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is to continue to provide a network of Doorway programs to ensure access to substance use disorder treatment and recovery services within sixty (60) minutes of State residents' homes.

Approximately 4,000 individuals will be served between September 30, 2021 to September 29, 2022.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire at a minimum has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week.

The Doorways provide resources to strengthen existing prevention, treatment and recovery programs by ensuring access to critical services in order to decrease the number of opioid and/or stimulant-related misuses, overdoses and deaths in New Hampshire as well as promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants also are being served and referred to the appropriate services.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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The Department continues to monitor services by reviewing, analyzing and engaging in quality improvements based on:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language, or Exhibit A, Revisions to Standard Contract Provisions in the cases of Catholic Medical Center and Southern New Hampshire Health System, Inc. and Concord Hospital – Laconia, of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the one (1) year available.

Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care, which would negatively impact recovery and increase the risk of relapse.

Source of Federal Funds: Assistance Listing Number #93.788, FAIN #H79TI083326 and CFDA #93.959, FAIN #B08TI083509.

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

Respectfully submitted,

DocuSigned by:
Lori A. Weaver
eCAAS2984125473

for
Lori A. Shibinette
Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

05-02-02-020510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT

100% Federal Funds

Vendor Name: Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$218,250.00	\$0.00	\$218,250.00
2020	102/500731	Contracts for Program Services	92057040	\$652,985.00	\$0.00	\$652,985.00
2021	102/500731	Contracts for Program Services	92057040	\$201,283.00	\$0.00	\$201,283.00
2021	102/500731	Contracts for Program Services	92057047	\$181,000.00	\$0.00	\$181,000.00
2021	102/500731	Contracts for Program Services	92057048	\$438,666.00	\$0.00	\$438,666.00
2022	102/500731	Contracts for Program Services	92057048	\$218,333.00	\$0.00	\$218,333.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$489,806.00	\$489,806.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$163,269.00	\$163,269.00
Sub Total				\$1,908,517.00	\$653,075.00	\$2,561,592.00

Vendor Name: Concord Hospital, Inc.				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$262,773.00	\$0.00	\$262,773.00
2020	102/500731	Contracts for Program Services	92057040	\$1,325,131.00	\$0.00	\$1,325,131.00
2021	102/500731	Contracts for Program Services	92057040	\$238,918.00	\$0.00	\$238,918.00
2021	102/500731	Contracts for Program Services	92057047	\$188,000.00	\$0.00	\$188,000.00
2021	102/500731	Contracts for Program Services	92057048	\$400,000.00	\$0.00	\$400,000.00
2022	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$538,954.00	\$538,954.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$179,652.00	\$179,652.00
Sub Total				\$2,590,820.00	\$718,606.00	\$3,309,426.00

Vendor Name: Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$611,287.00	\$0.00	\$611,287.00
2020	102/500731	Contracts for Program Services	92057040	\$1,127,557.00	\$0.00	\$1,127,557.00
2021	102/500731	Contracts for Program Services	92057040	\$205,033.00	\$0.00	\$205,033.00
2021	102/500731	Contracts for Program Services	92057047	\$229,925.00	\$0.00	\$229,925.00
2021	102/500731	Contracts for Program Services	92057048	\$532,304.00	\$0.00	\$532,304.00
2022	102/500731	Contracts for Program Services	92057048	\$268,152.00	\$0.00	\$268,152.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$771,286.00	\$771,286.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$257,095.00	\$257,095.00
Sub Total				\$2,972,258.00	\$1,028,381.00	\$4,000,639.00

Vendor Name: Granite Pathways Manchester				Vendor # 226900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,331,471.00	\$0.00	\$1,331,471.00
2020	102/500731	Contracts for Program Services	92057040	\$2,349,699.00	\$0.00	\$2,349,699.00
Sub Total				\$3,681,170.00	\$0.00	\$3,681,170.00

Vendor Name: Granite Pathways Nashua				Vendor # 226900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$1,348,973.00	\$0.00	\$1,348,973.00
2020	102/500731	Contracts for Program Services	92057040	\$1,665,736.00	\$0.00	\$1,665,736.00
Sub Total				\$3,014,709.00	\$0.00	\$3,014,709.00

Vendor Name: Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$223,135.00	\$0.00	\$223,135.00
2020	102/500731	Contracts for Program Services	92057040	\$682,805.00	\$0.00	\$682,805.00
2021	102/500731	Contracts for Program Services	92057040	\$203,750.00	\$0.00	\$203,750.00
2021	102/500731	Contracts for Program Services	92057047	\$175,000.00	\$0.00	\$175,000.00
2021	102/500731	Contracts for Program Services	92057048	\$423,333.00	\$0.00	\$423,333.00
2022	102/500731	Contracts for Program Services	92057048	\$211,866.00	\$0.00	\$211,866.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$521,960.00	\$521,960.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$173,987.00	\$173,987.00
Sub Total				\$2,118,698.00	\$695,947.00	\$2,814,645.00

Vendor Name: LRGHealthcare				Vendor # 177161		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
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State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$500,000.00	\$0.00	\$500,000.00
2020	102/500731	Contracts for Program Services	92057040	\$642,114.00	\$0.00	\$642,114.00
2021	102/500731	Contracts for Program Services	92057040	\$205,000.00	\$0.00	\$205,000.00
2021	102/500731	Contracts for Program Services	92057047	\$178,000.00	\$0.00	\$178,000.00
2021	102/500731	Contracts for Program Services	92057048	\$430,000.00	\$0.00	\$430,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
		Sub Total		\$2,170,114.00	\$0.00	\$2,170,114.00

Vendor Name Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$449,937.00	\$0.00	\$449,937.00
2020	102/500731	Contracts for Program Services	92057040	\$2,575,109.00	\$0.00	\$2,575,109.00
2021	102/500731	Contracts for Program Services	92057040	\$383,958.00	\$0.00	\$383,958.00
2021	102/500731	Contracts for Program Services	92057047	\$430,000.00	\$0.00	\$430,000.00
2021	102/500731	Contracts for Program Services	92057048	\$947,333.00	\$0.00	\$947,333.00
2022	102/500731	Contracts for Program Services	92057048	\$473,866.00	\$0.00	\$473,866.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,115,876.00	\$1,115,876.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$371,959.00	\$371,959.00
		Sub Total		\$5,260,003.00	\$1,487,835.00	\$6,747,838.00

Vendor Name Wentworth Douglass				Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$537,063.00	\$0.00	\$537,063.00
2020	102/500731	Contracts for Program Services	92057040	\$1,806,752.00	\$0.00	\$1,806,752.00
2021	102/500731	Contracts for Program Services	92057040	\$240,875.00	\$0.00	\$240,875.00
2021	102/500731	Contracts for Program Services	92057047	\$299,000.00	\$0.00	\$299,000.00
2021	102/500731	Contracts for Program Services	92057048	\$691,360.00	\$0.00	\$691,360.00
2022	102/500731	Contracts for Program Services	92057048	\$345,680.00	\$0.00	\$345,680.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$852,607.00	\$852,607.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$284,203.00	\$284,203.00
		Sub Total		\$3,920,530.00	\$1,138,610.00	\$5,057,340.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$345,019.00	\$0.00	\$345,019.00
2021	102/500731	Contracts for Program Services	92057040	\$724,814.00	\$0.00	\$724,814.00
2021	102/500731	Contracts for Program Services	92057047	\$802,501.00	\$0.00	\$802,501.00
2021	102/500731	Contracts for Program Services	92057048	\$1,848,000.00	\$0.00	\$1,848,000.00
2022	102/500731	Contracts for Program Services	92057048	\$923,000.00	\$0.00	\$923,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$2,182,534.00	\$2,182,534.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$727,512.00	\$727,512.00
		Sub Total		\$4,841,134.00	\$2,910,048.00	\$7,551,180.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$0.00	\$0.00	\$0.00
2020	102/500731	Contracts for Program Services	92057040	\$223,242.00	\$0.00	\$223,242.00
2021	102/500731	Contracts for Program Services	92057040	\$522,272.00	\$0.00	\$522,272.00
2021	102/500731	Contracts for Program Services	92057047	\$580,000.00	\$0.00	\$580,000.00
2021	102/500731	Contracts for Program Services	92057048	\$1,280,000.00	\$0.00	\$1,280,000.00
2022	102/500731	Contracts for Program Services	92057048	\$640,000.00	\$0.00	\$640,000.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,259,848.00	\$1,259,848.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$419,883.00	\$419,883.00
		Sub Total		\$3,245,514.00	\$1,679,531.00	\$4,925,045.00

Vendor Name Concord Hospital - Lenoir				Vendor # 355356		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92057048	\$200,000.00	\$0.00	\$200,000.00
2022	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
2022	074/500585	Contracts for Program Services	92057048	\$0.00	\$547,404.00	\$547,404.00
2023	074/500585	Contracts for Program Services	92057048	\$0.00	\$182,468.00	\$182,468.00
		Sub Total		\$415,000.00	\$729,872.00	\$1,144,872.00

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
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ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

SOR Total	\$36,139,458.00	\$11,040,103.00	\$47,179,561.00
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05-03-02-020510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SABG ADDITIONAL

100% Federal Funds

Vendor Name Androscoggin Valley					Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00	
		Sub Total		\$0.00	\$18,665.00	\$18,665.00	

Vendor Name Concord Hospital, Inc.					Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00	
		Sub Total		\$0.00	\$18,665.00	\$18,665.00	

Vendor Name Cheshire					Vendor # 156405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00	
		Sub Total		\$0.00	\$18,665.00	\$18,665.00	

Vendor Name Littleton Regional					Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00	
		Sub Total		\$0.00	\$18,665.00	\$18,665.00	

Vendor Name Mary Hitchcock					Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00	
		Sub Total		\$0.00	\$18,665.00	\$18,665.00	

Vendor Name Wentworth Douglass					Vendor # 177187		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00	
		Sub Total		\$0.00	\$18,665.00	\$18,665.00	

Vendor Name Catholic Medical Center					Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00	
		Sub Total		\$0.00	\$18,665.00	\$18,665.00	

Vendor Name Southern New Hampshire Health Systems, Inc.					Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00	
		Sub Total		\$0.00	\$18,665.00	\$18,665.00	

Vendor Name Concord Hospital, Inc. - Laconia					Vendor # 355356		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2022	501-500425	Payments to Clients	TBD	\$0.00	\$18,665.00	\$18,665.00	
		Sub Total		\$0.00	\$18,665.00	\$18,665.00	

SABG Total	\$0.00	\$149,985.00	\$149,985.00
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05-03-02-020510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

100% Other Funds

Vendor Name Androscoggin Valley					Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount	
2021	102/500731	Contracts for Program Services	02058501	\$18,750.00	\$0.00	\$18,750.00	

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
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2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		Sub Total		\$25,000.00	\$0.00	\$25,000.00

Vendor Name Concord				Vendor # 177653		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$73,481.00	\$0.00	\$73,481.00
2022	102/500731	Contracts for Program Services	92058501	\$24,493.00	\$0.00	\$24,493.00
		Sub Total		\$97,974.00	\$0.00	\$97,974.00

Vendor Name Cheshire				Vendor # 155405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$68,612.00	\$0.00	\$68,612.00
2022	102/500731	Contracts for Program Services	92058501	\$22,870.00	\$0.00	\$22,870.00
		Sub Total		\$91,482.00	\$0.00	\$91,482.00

Vendor Name Littleton Regional				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$18,750.00	\$0.00	\$18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$6,250.00	\$0.00	\$6,250.00
		Sub Total		\$25,000.00	\$0.00	\$25,000.00

Vendor Name LRGHealthcare				Vendor # 177161		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$110,222.00	\$0.00	\$110,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
		Sub Total		\$146,962.00	\$0.00	\$146,962.00

Vendor Name Mary Hitchcock				Vendor # 177160		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$39,396.00	\$0.00	\$39,396.00
2022	102/500731	Contracts for Program Services	92058501	\$13,132.00	\$0.00	\$13,132.00
		Sub Total		\$52,528.00	\$0.00	\$52,528.00

Vendor Name Wentworth Douglas				Vendor # 177167		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$141,652.00	\$0.00	\$141,652.00
2022	102/500731	Contracts for Program Services	92058501	\$47,217.00	\$0.00	\$47,217.00
		Sub Total		\$188,869.00	\$0.00	\$188,869.00

Vendor Name Catholic Medical Center				Vendor # 177240		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$208,492.00	\$0.00	\$208,492.00
2022	102/500731	Contracts for Program Services	92058501	\$69,497.00	\$0.00	\$69,497.00
		Sub Total		\$277,989.00	\$0.00	\$277,989.00

Vendor Name Southern New Hampshire Health Systems, Inc.				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$70,643.00	\$0.00	\$70,643.00
2022	102/500731	Contracts for Program Services	92058501	\$23,547.00	\$0.00	\$23,547.00
		Sub Total		\$94,190.00	\$0.00	\$94,190.00

Vendor Name Concord Hospital - Leconia				Vendor # 177321		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$109,222.00	\$0.00	\$109,222.00
2022	102/500731	Contracts for Program Services	92058501	\$36,740.00	\$0.00	\$36,740.00
		Sub Total		\$145,962.00	\$0.00	\$145,962.00

GC Total				\$1,145,956.00	\$0.00	\$1,145,956.00
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05-03-02-020510-2569 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL DETAILS SHEET
ACCESS AND DELIVERY HUB FOR OPIOID USE DISORDER SERVICES**

100% Federal Funds

Vendor Name: Androscoggin Valley				Vendor # 177220		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052581	\$16,000.00	\$0.00	\$16,000.00
		<i>Sub Total</i>		\$16,000.00	\$0.00	\$16,000.00
Vendor Name: Granite Pathways Manchester				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052581	\$150,000.00	\$0.00	\$150,000.00
		<i>Sub Total</i>		\$150,000.00	\$0.00	\$150,000.00
Vendor Name: Granite Pathways Nashua				Vendor # 228900		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052581	\$150,000.00	\$0.00	\$150,000.00
		<i>Sub Total</i>		\$150,000.00	\$0.00	\$150,000.00
Vendor Name: Littleton Regional Hospital				Vendor # 177162		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92052581	\$16,000.00	\$0.00	\$16,000.00
		<i>Sub Total</i>		\$16,000.00	\$0.00	\$16,000.00
STR Total				\$332,000.00	\$0.00	\$332,000.00
GRAND TOTALS				\$37,617,414.00	\$11,180,088.00	\$48,807,502.00

**State of New Hampshire
Department of Health and Human Services
Amendment #4**

This Amendment to the Access and Delivery Hub for Opioid Use Disorder Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Wentworth-Douglass Hospital ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 31, 2018 (Item #17A), as amended on September 18, 2019 (Item #20), as amended June 24, 2020 (Item #31), as amended February 3, 2021, (Item #10), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Section 3, Renewal, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
September 29, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$5,262,874.
3. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, Subsection 11.1., to read:
11.1. Reserved.
4. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, Subsection 11.11., to read:
11.11. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide marijuana or provide treatment using marijuana. The Contractor shall ensure:
 - 11.11.1. Treatment in this context includes the treatment of opioid use disorder (OUD).
 - 11.11.2. Grant funds are not provided to any individual who, or organization that, provides or permits marijuana use for the purposes of treating substance use or mental health disorders.
 - 11.11.3. This marijuana restriction applies to all subcontracts and memorandums of understanding (MOU) that receive SOR funding.
5. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, 11.12., to read:
11.12. The Contractor shall provide a Fentanyl test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes:
 - 11.12.1. Internal policies for the distribution of Fentanyl strips;
 - 11.12.2. Distribution methods and frequency; and
 - 11.12.3. Other key data, as requested by the Department.

DS
JBH

6. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, by adding Subsection 11.13., to read:

11.13. The Contractor shall provide a contingency management plan to the Department for approval prior to implementation of the contingency management plan. The Contractor shall ensure the contingency management plan includes:

11.13.1. Contingency management strategies to reward and incentivize individual treatment compliance;

11.13.2. Identified allowable contingency rewards, as approved by the Department, ensuring:

11.13.2.1. The maximum value per contingency does not exceed \$15.

11.13.2.2. The maximum number of contingencies per year per individual does not exceed five (5); and

11.13.2.3. The maximum dollar value of all contingencies per individual does not exceed \$75 per year; and

11.13.3 Other key data, as requested by the Department.

7. Modify Exhibit A – Amendment #3, Scope of Services, Section 11, SOR Grant Standards, by adding Subsection 11.14., to read:

11.14. The Contractor shall refer to Exhibit B – Amendment #4 for grant terms and conditions including, but not limited to:

11.14.1. Invoicing.

11.14.2. Funding restrictions.

11.14.3. Billing.

8. Modify Exhibit B Amendment #3, Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment in order to update payment terms, billing standards and various references to budgets, which is attached hereto and incorporated by reference herein.
9. Add Exhibit B-9 Amendment #4, SOR II Budget, which is attached hereto and incorporated by reference herein.
10. Add Exhibit B-10 Amendment #4, SOR II Budget, which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire
Department of Health and Human Services

8/30/2021

Date

DocuSigned by:

Katja Fox

ED9D08204C83442

Name: Katja Fox

Title: Director

Wentworth-Douglass Hospital

DocuSigned by:

Jeffrey Hughes

C833FEAC09C8473

8/30/2021

Date

Name: Jeffrey Hughes

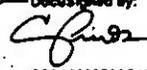
Title: President & CEO

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

OFFICE OF THE ATTORNEY GENERAL

8/30/2021

Date

DocuSigned by:


Name: Catherine Pinos

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

Methods and Conditions Precedent to Payment

1. This Agreement is funded by:
 - 1.1. 96.09% Federal funds from the State Opioid Response Grant, as awarded on 08/30/2018, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI081685, and as awarded on 09/30/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326, and as awarded on 08/09/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.788, FAIN H79TI083326;
 - 1.2. 0.32% Federal funds from the Substance Abuse Prevention & Treatment Block Grant-SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, CFDA #93.959, FAIN B08TI083509.
 - 1.3. 3.59% Other Funds from Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Funds. (effective dates 9/30/2020-9/29/2021)
2. Governor Commission Funds
 - 2.1. The Contractor shall utilize funds in Exhibit B-5 Amendment #3 GovComm and Exhibit B-3 Amendment #3 GovComm for the purpose of providing services and supports to clients whose needs do not make them eligible to receive SOR-funded services and supports.
 - 2.2. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.
3. SABG FY21 COVID Emergency Funds
 - 3.1. The Contractor shall collaborate with the Department to determine appropriate services and supports along with developing and submitting reports and invoices that are separate from reports and invoices submitted for SOR grant funds.
4. For the purposes of this Agreement:
 - 4.1. The Department has identified the Contractor as a Subrecipient in accordance with 2 CFR §200.330.
 - 4.2. The Department has identified this Contract as NON-R&D, in accordance with 2 CFR §200.87.
 - 4.3. The de minimis Indirect Cost Rate of 10% applies in accordance with 2 CFR §200.414.
5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit B-1, Budget through Exhibit B-10 Amendment #4 SOR II Budget.

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

6. The Contractor shall seek payment for services, as follows:
 - 6.1. First, the Contractor shall charge the client's private insurance or other payor sources.
 - 6.2. Second, the Contractor shall charge Medicare.
 - 6.3. Third, the Contractor shall charge Medicaid enrolled individuals, as follows:
 - 6.3.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
 - 6.3.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
 - 6.4. Fourth, the Contractor shall charge the client in accordance with the Sliding Fee Scale Program.
 - 6.5. Lastly, if any portion of the amount specified in the Sliding Fee Scale remains unpaid, charge the Department for the unpaid balance.
7. The Contractor shall submit an invoice and supporting backup documentation in a form satisfactory to the State by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment. Invoices shall be net any other revenue received towards the services billed in fulfillment of this agreement. The Contractor shall ensure:
 - 7.1. Backup documentation includes, but is not limited to:
 - 7.1.1. General Ledger showing revenue and expenses for the contract.
 - 7.1.2. Timesheets and/or time cards that support the hours employees worked for wages reported under this contract.
 - 7.1.2.1. Per 45 CFR Part 75.430(i)(1) Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed.
 - 7.1.2.2. Attestation and time tracking templates, which are available to the Department upon request.
 - 7.1.3. Invoices supporting expenses reported:
 - 7.1.3.1. Unallowable expenses include, but are not limited to:
 - 7.1.3.1.1. Amounts belonging to other programs.
 - 7.1.3.1.2. Amounts prior to effective date of contract.
 - 7.1.3.1.3. Construction or renovation expenses.
 - 7.1.3.1.4. Food or water for employees.

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

- 7.1.3.1.5. Directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana.
 - 7.1.3.1.6. Fines, fees, or penalties.
 - 7.1.3.1.7. Per SAMSHA requirements, meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed three dollars (\$3.00) per person for clients.
 - 7.1.3.1.8. Cell phones and cell phone minutes for clients.
 - 7.1.4. Receipts for expenses within the applicable state fiscal year.
 - 7.1.5. Cost center reports.
 - 7.1.6. Profit and loss report.
 - 7.1.7. Remittance Advices from the insurances billed. Remittance Advices do not need to be supplied with the invoice, but should be retained to be available upon request.
 - 7.1.8. Information requested by the Department verifying allocation or offset based on third party revenue received.
 - 7.1.9. Summaries of patient services revenue and operating revenue and other financial information as requested by the Department.
8. The Contractor is responsible for reviewing, understanding, and complying with further restrictions included in the Funding Opportunity Announcement (FOA).
9. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to DHHS.DBHInvoicesBDAS@dhhs.nh.gov, or invoices may be mailed to:
- SOR Financial Manager
Department of Health and Human Services
105 Pleasant Street
Concord, NH 03301
10. The Contractor agrees that billing submitted for review after twenty (20) business days of the last day of the billing month may be subject to non-payment.
11. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available.
12. The final invoice shall be due to the State no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
13. The Contractor must provide the services in Exhibit A – Amendment #3, Scope of Services, in compliance with funding requirements.

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JBT

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

14. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit A – Amendment #3, Scope of Services, including failure to submit required monthly and/or quarterly reports.
15. Notwithstanding Paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
16. Audits
 - 16.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:
 - 16.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 16.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 16.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
 - 16.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
 - 16.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
 - 16.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
 - 16.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

DS
JBH

8/30/2021

**New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT B – Amendment #4

17. Maintenance of Fiscal Integrity

- 17.1. In order to enable the Department to evaluate the Contractor's fiscal integrity, the Contractor agrees to submit to the Department monthly, the Balance Sheet, Profit and Loss Statement (total organization and program-level), and Cash Flow Statement for the Contractor. Program-level Profit and Loss Statement shall include all revenue sources and all related expenditures for that program. The program-level Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. Outside of the program-level Profit and Loss Statement and budget to actual analysis, all other statements shall be reflective of the entire Partnership for Successful Living organization and shall be submitted on the same day the reports are submitted to the Board, but no later than the fourth Wednesday of the month. Additionally, the contractor will provide interim profit and loss statements for every program area, reported as of the 20th of the month, by the last day of every month.
- 17.2. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement.
- 17.3. The Contractor shall inform the Department by phone and by email within five business days when any Executive Management, Board Officers, or Program Managers for Department contracts submits a resignation or leaves for any other reason.

DS
JBH

Exhibit B-4 Amendment #4 BOR II Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Wentworth-Douglass Hospital

Budget Request for: Access and Delivery Hub for Opioid Use Disorder Services

Budget Period: SFY22 09/30/21-08/30/23 (30RS)

Line Item	Total Program Cost			Contractor Share / Match			Funded by OHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 306,800.00	\$ 30,800.00	\$ 336,800.00	\$ -	\$ -	\$ -	\$ 306,800.00	\$ 30,800.00	\$ 336,800.00
2. Employee Benefits	\$ 89,188.00	\$ 8,918.80	\$ 98,084.80	\$ -	\$ -	\$ -	\$ 89,188.00	\$ 8,918.80	\$ 98,084.80
3. Computers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ 2,000.00	\$ 200.00	\$ 2,200.00	\$ -	\$ -	\$ -	\$ 2,000.00	\$ 200.00	\$ 2,200.00
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ 3,087.00	\$ 308.70	\$ 3,375.70	\$ -	\$ -	\$ -	\$ 3,087.00	\$ 308.70	\$ 3,375.70
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
LPI	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 770.00	\$ 77.00	\$ 770.00	\$ -	\$ -	\$ -	\$ 770.00	\$ 77.00	\$ 770.00
7. Occupancy	\$ 2,000.00	\$ 200.00	\$ 2,200.00	\$ -	\$ -	\$ -	\$ 2,000.00	\$ 200.00	\$ 2,200.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 4,000.00	\$ 400.00	\$ 4,400.00	\$ -	\$ -	\$ -	\$ 4,000.00	\$ 400.00	\$ 4,400.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specify details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials	\$ 264,847.27	\$ 26,484.73	\$ 291,312.00	\$ -	\$ -	\$ -	\$ 264,847.27	\$ 26,484.73	\$ 291,312.00
Flex Funds	\$ 42,000.00	\$ 4,200.00	\$ 46,200.00	\$ -	\$ -	\$ -	\$ 42,000.00	\$ 4,200.00	\$ 46,200.00
Support Clients' Unmet Needs	\$ 18,885.00	\$ 1,888.50	\$ 19,331.50	\$ -	\$ -	\$ -	\$ 18,885.00	\$ 1,888.50	\$ 19,331.50
Respite/Respite Voucher Funds	\$ 44,000.00	\$ 4,400.00	\$ 48,000.00	\$ -	\$ -	\$ -	\$ 44,000.00	\$ 4,400.00	\$ 48,000.00
TOTAL	\$ 798,247.27	\$ 79,824.73	\$ 869,372.00	\$ -	\$ -	\$ -	\$ 798,247.27	\$ 79,824.73	\$ 869,372.00

Indirect As A Percent of Direct

10.0%

Exhibit B-10 Amendment #4 SOR II Budget

New Hampshire Department of Health and Human Services
 COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Contractor Name: Wentworth-Douglass Hospital

Budget Request for: Access and Delivery Hub for Opioid Use Disorder Services

Budget Period: SFY23 9/1/22 - 8/31/23 (SOR)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHDH contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 182,300.47	\$ 10,230.05	\$ 192,530.52	\$ -	\$ -	\$ -	\$ 182,300.47	\$ 10,230.05	\$ 192,530.52
2. Employee Benefits	\$ 29,810.22	\$ 2,981.02	\$ 32,791.25	\$ -	\$ -	\$ -	\$ 29,810.22	\$ 2,981.02	\$ 32,791.25
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ 88.87	\$ 88.87	\$ 733.33	\$ -	\$ -	\$ -	\$ 88.87	\$ 88.87	\$ 733.33
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repairs and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ 1,872.33	\$ 187.23	\$ 1,724.57	\$ -	\$ -	\$ -	\$ 1,872.33	\$ 187.23	\$ 1,724.57
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 233.33	\$ 23.33	\$ 256.67	\$ -	\$ -	\$ -	\$ 233.33	\$ 23.33	\$ 256.67
7. Occupancy	\$ 88.87	\$ 8.89	\$ 733.33	\$ -	\$ -	\$ -	\$ 88.87	\$ 8.89	\$ 733.33
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 1,333.33	\$ 133.33	\$ 1,466.67	\$ -	\$ -	\$ -	\$ 1,333.33	\$ 133.33	\$ 1,466.67
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specify details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials	\$ 85,000.00	\$ 8,500.00	\$ 93,500.00	\$ -	\$ -	\$ -	\$ 85,000.00	\$ 8,500.00	\$ 93,500.00
Plan Funds	\$ 14,000.00	\$ 1,400.00	\$ 15,400.00	\$ -	\$ -	\$ -	\$ 14,000.00	\$ 1,400.00	\$ 15,400.00
Support Client's Unmet Needs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Respite/In-Home Voucher Funds	\$ 12,333.33	\$ 1,233.33	\$ 14,866.67	\$ -	\$ -	\$ -	\$ 12,333.33	\$ 1,233.33	\$ 14,866.67
TOTAL	\$ 254,244.26	\$ 25,424.44	\$ 279,668.70	\$ -	\$ -	\$ -	\$ 254,244.26	\$ 25,424.44	\$ 279,668.70

Indirect As A Percent of Direct 10.0%

JAN20'21 PM 3:57 RCVD

10
max

Lori A. Shiblette
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

January 19, 2021

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to **Retroactively** amend existing **Sole Source** contracts with the vendors listed in bold below to continue a statewide system of Doorways that provide access to substance use disorder treatment and recovery services and supports, by exercising renewal options by increasing the total price limitation by \$6,898,532 from \$27,125,987 to \$34,024,519 and by extending the completion dates from September 29, 2020 to September 29, 2021 effective retroactive to September 29, 2020 upon Governor and Council approval. 97.28% Federal and 2.72% Other Funds.

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

Vendor Name	Vendor Code	Area Served	Current Amount	Increase/ (Decrease)	New Amount	G&C Approval
Androscoggin Valley Hospital, Inc., Berlin, NH	177220 -B002	Berlin	\$1,670,051	\$279,466	\$1,949,517	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 6/24/20 (Item #31)
Concord Hospital, Inc., Concord, NH	177653 -B003	Concord	\$2,272,793	\$416,001	\$2,688,794	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 6/24/20 (Item #31)
Granite Pathways, Concord, NH	228900 -B001	Concord	\$6,895,879	\$0	\$6,895,879	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Littleton Regional Hospital, Littleton, NH	177162 -B011	Littleton	\$1,713,805	\$446,884	\$2,160,689	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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LRGHealthcare Laconia, NH	177161 -B006	Laconia	\$1,987,673	\$329,403	\$2,317,076	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Mary Hitchcock Memorial Hospital, Lebanon, NH	177651 -B001	Lebanon	\$4,349,314	\$0	\$4,349,314	O: 10/31/18 Item #17A A1: 11/14/19 (Item #11) A2: 9/18/19, (Item #20) A3: 6/24/20 (Item #31)
The Cheshire Medical Center, Keene, NH	155405 -B001	Keene	\$1,947,690	\$1,116,050	\$3,063,740	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Wentworth- Douglass, Hospital, Dover, NH	177187 -B001	Dover	\$2,769,452	\$1,339,947	\$4,109,399	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 6/24/20 (Item #31)
Catholic Medical Center, Manchester, NH	177240 -B003	Greater Manchester	\$1,948,342	\$2,970,781	\$4,919,123	O: 3/11/20 (Item #9A)
Southern New Hampshire Health System, Inc., Nashua, NH	177321 -R004	Greater Nashua	\$1,570,988	\$0	\$1,570,988	O: 3/11/20 (Item #9A)
		Total	\$27,125,987	\$6,898,532	\$34,024,519	

Funds are available in the following accounts for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Years 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Retroactive** because sufficient funds in State Fiscal Year 2021 were not available in the operating budget considering the grant amount awarded, and due to delay by the Substance Abuse and Mental Health Services Administration in approving New Hampshire's requests for continued State Opioid Response Grant funding the efforts to add the state appropriations were deferred. This request is **Sole Source** because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labeled as sole source.

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

The purpose of this request is to continue providing services through the Doorways by utilizing unexpended funds from the first round of State Opioid Response funding, adding funding from the second round of State Opioid Response, and adding funding to address the needs of individuals with substance use disorders not covered under State Opioid Response.

Approximately 2,000 individuals will be served from September 30, 2020 to September 29, 2021.

The contractors will continue providing a network of Doorways to ensure every resident in New Hampshire has access to substance use disorder treatment and recovery services in person during typical business hours. Additionally, telephonic services for screening, assessment, and evaluations for substance use disorders are available through the Doorways 24 hours, seven (7) days a week, to ensure no one in New Hampshire has to travel more than 60 minutes to access services.

The Doorways' services provide resources to strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in New Hampshire; and promote engagement in the recovery process. Individuals with substance use disorders other than opioids or stimulants are also being seen and referred to the appropriate services by the Doorways.

The Department will monitor contracted services using the following methods:

- Monthly de-identified, aggregate data reports.
- Weekly and biweekly Doorway program calls.
- Regular review and monitoring of Government Performance and Results Act interviews and follow-ups through the Web Information Technology System database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language, Paragraph 3. Renewals, or Exhibit A, Revisions to Standard Contract Provisions, Subsection 1 – Revisions to Form P-37, General Provisions, in the case of Catholic Medical Center and Southern New Hampshire Health System, Inc., of the original contracts the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the two (2) years available.

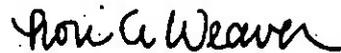
Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care that negatively impact recovery and increase the risk of relapse.

Areas served: Statewide.

Source of Funds: CFDA #93.788, FAIN #H79TI081685 and H79TI083326.

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

Respectfully submitted,



Lori A. Weaver
Deputy Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
SFY 2016 FINANCIAL DETAIL

03-03-02-020516-7040000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVC'S DEPT OF HHS: BEHAVIORAL HEALTH DIV OF BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT 100% Federal Funds CFDA #93.789 FAIN H79T001685 and H79T003326

Androscoggin Valley

Vendor # 177220

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 619,850.00	\$ (385,600.00)	\$ 234,250.00
2020	102/500731	Contracts for Program Services	92057040	\$ 848,918.00	\$ (195,913.00)	\$ 652,985.00
2021	102/500731	Contracts for Program Services	92057040	\$ 201,283.00	\$ -	\$ 201,283.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 181,000.00	\$ 181,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 436,666.00	\$ 436,666.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 218,333.00	\$ 218,333.00
		Sub Total		\$ 1,670,051.00	\$ 254,486.00	\$ 1,924,537.00

Concord

Vendor # 177853

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 710,746.00	\$ (447,973.00)	\$ 262,773.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,325,131.00	\$ -	\$ 1,325,131.00
2021	102/500731	Contracts for Program Services	92057040	\$ 236,916.00	\$ -	\$ 236,916.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 166,000.00	\$ 166,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 400,000.00	\$ 400,000.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 200,000.00	\$ 200,000.00
		Sub Total		\$ 2,272,793.00	\$ 318,027.00	\$ 2,590,820.00

Chester

Vendor # 155405

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 615,100.00	\$ (3,813.00)	\$ 611,287.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,127,557.00	\$ -	\$ 1,127,557.00
2021	102/500731	Contracts for Program Services	92057040	\$ 205,033.00	\$ -	\$ 205,033.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 229,925.00	\$ 229,925.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 532,304.00	\$ 532,304.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 266,152.00	\$ 266,152.00
		Sub Total		\$ 1,947,690.00	\$ 1,024,568.00	\$ 2,972,258.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 SFY 2016 FINANCIAL DETAIL

Granite Pathways Manchester

Vendor #228900

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,331,471.00	\$ -	\$ 1,331,471.00
2020	102/500731	Contracts for Program Services	92057040	\$ 2,349,699.00	\$ -	\$ 2,349,699.00
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ -	\$ -
		Sub Total		\$ 3,681,170.00	\$ -	\$ 3,681,170.00

Granite Pathways Nashua

Vendor # 228900

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,348,973.00	\$ -	\$ 1,348,973.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,865,736.00	\$ -	\$ 1,865,736.00
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ -	\$ -
		Sub Total		\$ 3,214,709.00	\$ -	\$ 3,214,709.00

Utiseton Regional

Vendor # 177162

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 627,750.00	\$ (388,115.00)	\$ 239,635.00
2020	102/500731	Contracts for Program Services	92057040	\$ 882,805.00	\$ -	\$ 882,805.00
2021	102/500731	Contracts for Program Services	92057040	\$ 203,750.00	\$ -	\$ 203,750.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 175,000.00	\$ 175,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 423,333.00	\$ 423,333.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 211,666.00	\$ 211,666.00
		Sub Total		\$ 1,713,805.00	\$ 421,884.00	\$ 2,135,689.00

LRGHealthcare

Vendor # 177181

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 615,000.00	\$ (115,000.00)	\$ 500,000.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,167,673.00	\$ (525,559.00)	\$ 642,114.00
2021	102/500731	Contracts for Program Services	92057040	\$ 205,000.00	\$ -	\$ 205,000.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 178,000.00	\$ 178,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 430,000.00	\$ 430,000.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 215,000.00	\$ 215,000.00
		Sub Total		\$ 1,887,673.00	\$ 182,441.00	\$ 2,170,114.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 8FY 2018 FINANCIAL DETAIL

Mary Hitchcock

Vendor # 177180

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 1,390,247.00		\$ 1,390,247.00
2020	102/500731	Contracts for Program Services	92057040	\$ 2,575,109.00		\$ 2,575,109.00
2021	102/500731	Contracts for Program Services	92057040	\$ 383,958.00		\$ 383,958.00
2021	102/500731	Contracts for Program Services	92057047	\$		\$
2021	102/500731	Contracts for Program Services	92057048	\$		\$
2022	102/500731	Contracts for Program Services	92057048	\$		\$
		Sub Total		\$ 4,349,314.00	\$	\$ 4,349,314.00

Wentworth Douglass

Vendor # 177187

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$ 727,025.00	\$ (184,962.00)	\$ 537,063.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,806,752.00		\$ 1,806,752.00
2021	102/500731	Contracts for Program Services	92057040	\$ 240,675.00		\$ 240,675.00
2021	102/500731	Contracts for Program Services	92057047	\$	\$ 299,000.00	\$ 299,000.00
2021	102/500731	Contracts for Program Services	92057048	\$	\$ 691,360.00	\$ 691,360.00
2022	102/500731	Contracts for Program Services	92057048	\$	\$ 345,680.00	\$ 345,680.00
		Sub Total		\$ 2,749,452.00	\$ -1,131,072.00	\$ 1,920,330.00

Catholic Medical Center

Vendor # 177240

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$	\$	\$
2020	102/500731	Contracts for Program Services	92057040	\$ 1,223,728.00	\$ (878,709.00)	\$ 345,019.00
2021	102/500731	Contracts for Program Services	92057040	\$ 724,614.00	\$	\$ 724,614.00
2021	102/500731	Contracts for Program Services	92057047	\$	\$ 802,501.00	\$ 802,501.00
2021	102/500731	Contracts for Program Services	92057048	\$	\$ 1,846,000.00	\$ 1,846,000.00
2022	102/500731	Contracts for Program Services	92057048	\$	\$ 923,000.00	\$ 923,000.00
		Sub Total		\$ 1,948,342.00	\$ 2,652,792.00	\$ 4,641,134.00

Southern New Hampshire Health Systems, Inc.

Vendor # 177321

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$		\$
2020	102/500731	Contracts for Program Services	92057040	\$ 1,048,716.00		\$ 1,048,716.00
2021	102/500731	Contracts for Program Services	92057040	\$ 522,272.00		\$ 522,272.00
2021	102/500731	Contracts for Program Services	92057047	\$		\$
2021	102/500731	Contracts for Program Services	92057048	\$		\$
2022	102/500731	Contracts for Program Services	92057048	\$		\$
		Sub Total		\$ 1,570,988.00	\$	\$ 1,570,988.00
		Total SOR		\$ 27,125,897.00	\$ 6,045,256.00	\$ 33,171,243.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 SFY 2018 FINANCIAL DETAIL

05-05-02-020510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

Vendor # 177220

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 18,750.00	\$ 18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 6,250.00	\$ 6,250.00
		Sub Total		\$ -	\$ 25,000.00	\$ 25,000.00

Concord

Vendor # 177853

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 73,481.00	\$ 73,481.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 24,493.00	\$ 24,493.00
		Sub Total		\$ -	\$ 97,974.00	\$ 97,974.00

Cheshire

Vendor # 155405

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 68,612.00	\$ 68,612.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 22,870.00	\$ 22,870.00
		Sub Total		\$ -	\$ 91,482.00	\$ 91,482.00

Utterson Regional

Vendor # 177182

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 18,750.00	\$ 18,750.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 6,250.00	\$ 6,250.00
		Sub Total		\$ -	\$ 25,000.00	\$ 25,000.00

LRGHealthcare

Vendor # 177181

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 110,222.00	\$ 110,222.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 36,740.00	\$ 36,740.00
		Sub Total		\$ -	\$ 146,962.00	\$ 146,962.00

Mary Hitchcock

Vendor # 177180

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
		Sub Total		\$ -	\$ -	\$ -

Wentworth Douglas

Vendor # 177187

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$ -	\$ 141,652.00	\$ 141,652.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 47,217.00	\$ 47,217.00
		Sub Total		\$ -	\$ 188,869.00	\$ 188,869.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 SFY 2016 FINANCIAL DETAIL

Catholic Medical Center

Vendor # 177240

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$	\$ 208,492.00	\$ 208,492.00
2022	102/500731	Contracts for Program Services	92058501	\$	\$ 69,497.00	\$ 69,497.00
		Sub Total		\$	\$ 277,989.00	\$ 277,989.00

Southern New Hampshire Health Systems, Inc.

Vendor # 177321

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$		\$
2022	102/500731	Contracts for Program Services	92058501	\$		\$
		Sub Total		\$	\$	\$
		Total Gov Commission		\$	\$ 853,376.00	\$ 853,376.00
		Total All		\$ 27,121,887.00	\$ 6,898,532.00	\$ 34,020,419.00



Lori A. Shillbrette
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dbhs.nh.gov

June 2, 2020

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing Sole Source contracts with the vendors listed below, except for Granite Pathways, that provide a statewide network of Doorways for substance use disorder treatment and recovery support services access, by adding budgets for State Fiscal Year 2021, with no change to the price limitation of \$23,606,657 and no change to the contract completion dates of September 29, 2020 effective upon Governor and Council approval.

The contracts were approved by the Governor and Executive Council as indicated in the table below.

Vendor Name	Vendor Code	Area Served	Current Amount	Increase/ (Decrease)	New Amount	G&C Approval
Androscoggin Valley Hospital, Inc., Berlin, NH	TBD	Berlin	\$1,870,051	\$0	\$1,870,051	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10)
Concord Hospital, Inc., Concord, NH	177653-B003	Concord	\$2,272,793	\$0	\$2,272,793	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10)
Granite Pathways, Concord, NH	228900-B001	N/A	\$6,895,879	\$0	\$6,895,879	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Littleton Regional Hospital, Littleton, NH	TBD	Littleton	\$1,713,805	\$0	\$1,713,805	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
LRGHealthcare, Laconia, NH	TBD	Laconia	\$1,987,873	\$0	\$1,987,873	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)

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

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Mary Hitchcock Memorial Hospital, Lebanon, NH	177651-B001	Lebanon	\$4,349,314	\$0	\$4,349,314	O: 10/31/18 Item #17A A1: 11/14/18 (Item #11) A2: O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
The Cheshire Medical Center, Keene, NH	155405-B001	Keene	\$1,947,690	\$0	\$1,947,690	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
Wentworth-Douglass Hospital, Dover, NH	TBD	Dover	\$2,769,452	\$0	\$2,769,452	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20)
		Total	\$23,606,657	\$0	\$23,606,657	

Funds are available in the following accounts for State Fiscal Year 2021 with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details

EXPLANATION

This request is Sole Source because the contracts were originally approved as sole source and MOP 150 requires any subsequent amendments to be labeled as sole source. Upon the initial award of State Opioid Response funding from the federal Substance Abuse and Mental Health Services Administration, the Department restructured the State's service delivery system to provide individuals a more streamlined process to access substance use disorder and opioid use disorder services. The vendors above were identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the restructured system. As part of the ongoing improvement of the Doorway system, Granite Pathways has been replaced as the Doorway provider in Manchester (Catholic Medical Center) and Nashua (Southern New Hampshire Medical Center). This action was approved by Governor and Executive Council on March 11, 2020, item 9A.

The purpose of this request is add budgets to the contracts for State Fiscal Year 2021. In accordance with the terms of Exhibit B Method and Conditions Precedent to Payment, the budgets are to be submitted to Governor and Executive Council for approval no later than June 30, 2020. State Fiscal Year 2019 budgets are being reduced by a total amount of \$2,271,726 which is identified as unspent funding that is being carried forward to fund activities in the contract for State Fiscal Year 2021, specifically July 1, 2020 through September 29, 2020. The new Manchester and Nashua Doorway contracts already include budgets for July 1, 2020 through September 29, 2020.

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

Approximately 2,000 individuals will be served from July 1, 2020 to September 30, 2020.

These contractors provide a network of Doorways to ensure that every resident in NH has access to substance use disorder treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for substance use disorders, in order to ensure no one in NH has to travel more than sixty (60) minutes to access services. The Doorways increase and standardize services for individuals with opioid use disorders; strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in NH; and promote engagement in the recovery process. Because no one will be turned away from the Doorway, individuals outside of opioid use disorders are also being seen and referred to the appropriate services.

The Department has been monitoring the contracted services using the following performance measures:

- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow-ups through the Web Information Technology System (WITS) database.

As referenced in Exhibit C-1 Revisions to Standard Contract Language of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is not exercising its option to renew at this time.

Should the Governor and Council not authorize this request, the Department may not have the ability to ensure proper billing and proper use of funding by the vendors.

Area served: Statewide

Respectfully submitted,


Lori A. Shibinette
Commissioner

Financial Detail

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT					
100% Federal Funds CFDA #93.788 FAIN TR081685					
Activity Code: 92057040					
Androscoggin Valley					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 821,133.00	\$ (201,283.00)	\$ 619,850.00
2020	Contracts for Prog Svcs	102-500731	\$ 848,918.00		\$ 848,918.00
2021	Contracts for Prog Svcs	102-500731		\$ 201,283.00	\$ 201,283.00
Subtotal			\$ 1,670,051.00	\$ -	\$ 1,670,051.00
Concord					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 947,662.00	\$ (236,916.00)	\$ 710,746.00
2020	Contracts for Prog Svcs	102-500731	\$ 1,325,131.00		\$ 1,325,131.00
2021	Contracts for Prog Svcs	102-500731		\$ 236,916.00	\$ 236,916.00
Subtotal			\$ 2,272,793.00	\$ -	\$ 2,272,793.00
Cheshire					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 820,133.00	\$ (205,033.00)	\$ 615,100.00
2020	Contracts for Prog Svcs	102-500731	\$ 1,127,557.00		\$ 1,127,557.00
2021	Contracts for Prog Svcs	102-500731		\$ 205,033.00	\$ 205,033.00
Subtotal			\$ 1,947,690.00	\$ -	\$ 1,947,690.00
Mary Hitchcock					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 1,774,205.00	\$ (383,958.00)	\$ 1,390,247.00
2020	Contracts for Prog Svcs	102-500731	\$ 2,575,109.00		\$ 2,575,109.00
2021	Contracts for Prog Svcs	102-500731		\$ 383,958.00	\$ 383,958.00
Subtotal			\$ 4,349,314.00	\$ -	\$ 4,349,314.00
LRGHealthcare					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 820,000.00	\$ (205,000.00)	\$ 615,000.00
2020	Contracts for Prog Svcs	102-500731	\$ 1,167,673.00		\$ 1,167,673.00
2021	Contracts for Prog Svcs	102-500731		\$ 205,000.00	\$ 205,000.00
Subtotal			\$ 1,987,673.00	\$ -	\$ 1,987,673.00

Financial Detail

Granite Pathways Manchester					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,331,471.00		\$ 1,331,471.00
2020	Contracts for Prog Svs	102-500731	\$ 2,349,699.00		\$ 2,349,699.00
2021	Contracts for Prog Svs	102-500731			\$
Subtotal			\$ 3,681,170.00	\$	\$ 3,681,170.00
Granite Pathways Nashua					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,348,973.00		\$ 1,348,973.00
2020	Contracts for Prog Svs	102-500731	\$ 1,865,736.00		\$ 1,865,736.00
2021	Contracts for Prog Svs	102-500731			\$
Subtotal			\$ 3,214,709.00	\$	\$ 3,214,709.00
Provider name here					
Littleton Regional					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 831,000.00	\$ (203,750.00)	\$ 627,250.00
2020	Contracts for Prog Svs	102-500731	\$ 882,805.00		\$ 882,805.00
2021	Contracts for Prog Svs	102-500731		\$ 203,750.00	\$ 203,750.00
Subtotal			\$ 1,713,805.00	\$	\$ 1,713,805.00
Wentworth Douglass					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 962,700.00	\$ (240,675.00)	\$ 722,025.00
2020	Contracts for Prog Svs	102-500731	\$ 1,808,752.00		\$ 1,808,752.00
2021	Contracts for Prog Svs	102-500731		\$ 240,675.00	\$ 240,675.00
Subtotal			\$ 2,769,452.00	\$	\$ 2,769,452.00
Subtotal			\$ 23,606,657.00	\$	\$ 23,606,657.00



Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6110 1-800-852-3345 Ext. 6738
Fax: 603-271-6105 TDD Access: 1-800-735-2964
www.dhbs.nh.gov

September 5, 2019

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing sole source agreements with the six (6) vendors listed in bold below, to implement and operationalize a statewide network of Doorways for substance use disorder treatment and recovery support services access, by increasing the total price limitation by \$3,962,024 from \$19,644,633 to \$23,606,657, with no change to the completion date of September 29, 2020, effective upon Governor and Executive Council approval. 100% Federal Funds.

These agreements were originally approved by the Governor and Executive Council on October 31, 2018 (Item #17A), Mary Hitchcock Memorial Hospital amended on November 14, 2018 (Item #11), Androscoggin Valley Hospital, Inc and Concord Hospital Inc. amended on August 28, 2019 (Item #10).

Vendor Name	Vendor ID	Vendor Address	Current Budget	Increase/ (Decrease)	Updated Budget
Androscoggin Valley Hospital, Inc.	177220-B002	59 Page Hill Rd. Berlin, NH 03570	\$1,670,051	\$0	\$1,670,051
Concord Hospital, Inc.	177653-B003	250 Pleasant St. Concord, NH, 03301	\$2,272,793	\$0	\$2,272,793
Granite Pathways	228900-B001	10 Ferry St, Ste. 308, Concord, NH, 03301	\$5,008,703	\$1,887,176	\$6,895,879
Littleton Regional Hospital	177162-B011	600 St. Johnsbury Road, Littleton, NH 03561	\$1,572,101	\$141,704	\$1,713,805
LRGHealthcare	177161-B006	80 Highland St. Laconia, NH 003246	\$1,593,000	\$394,673	\$1,987,673
Mary Hitchcock Memorial Hospital	177160-B001	One Medical Center Drive Lebanon, NH 03756	\$4,043,958	\$305,356	\$4,349,314
The Cheshire Medical Center	155405-B001	580 Court St. Keene, NH 03431	\$1,593,611	\$354,079	\$1,947,690

Wentworth-Douglass Hospital	177187-B001	789 Central Ave. Dover, NH 03820	\$1,890,416	\$879,036	\$2,769,452
		Total	\$19,644,633	\$3,962,024	\$23,606,657

Funds to support this request are anticipated to be available in the following accounts for State Fiscal Years 2020 and 2021 upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified.

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT

State Fiscal Year	Class/Account	Class Title	Job Number	Current Funding	Increase/(Decrease)	Updated Funding
2019	102-500731	Contracts for Prog Svc	92057040	\$9,325,277	\$0	\$9,325,277
2020	102-500731	Contracts for Prog Svc	92057040	\$9,987,356	\$3,962,024	\$14,880,912
2021	102-500731	Contracts for Prog Svc	92057040	\$0	\$0	\$0
			Sub-Total	\$19,312,633	\$3,962,024	\$23,274,657

05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

State Fiscal Year	Class/Account	Class Title	Job Number	Current Funding	Increase/(Decrease)	Updated Funding
2019	102-500731	Contracts for Prog Svc	92052561	\$332,000	\$0	\$332,000
2020	102-500731	Contracts for Prog Svc	92052561	\$0	\$0	\$0
2021	102-500731	Contracts for Prog Svc	92052561	\$0	\$0	\$0
			Sub-Total	\$332,000	\$0	\$332,000
			Grand Total	\$19,644,633	\$3,962,024	\$23,606,657

EXPLANATION

This request is sole source because upon the initial award of State Opioid Response (SOR) funding from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Department restructured the State's service delivery system to provide individuals a more streamlined process to access substance use disorder (SUD) and Opioid Use Disorder (OUD) services. The vendors above were identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the restructured system.

The purpose of this request is to add funding for: Naloxone kits to distribute to individuals and community partners; additional flexible funds to address barriers to care such as transportation and childcare; and respite shelter vouchers to assist in accessing short-term, temporary housing. This action will align evidence-based methods to expand treatment, recovery, and prevention services to individuals

with OUD in NH. During the first six (6) months of implementation, the Department identified these factors as inhibitors to the long-term success of the program. The outcomes from this amendment align with the original contract to connect individuals with needed services to lower the deaths from OUD in NH and increase the use of Medication Assisted Treatment.

Approximately 9,700 individuals are expected to be served from August 1, 2019 through June 30, 2020. During the first six (6) months of service, the vendors completed 1,571 clinical evaluations, conducted 2,219 treatment referrals, and served 3,239 individuals.

This request represents six (6) of the eight (8) amendments being brought forward for Governor and Executive Council approval. The Governor and Executive Council approved two (2) of the amendments on August 28, 2019 (Item #10).

These contracts will allow the Doorways to continue to ensure that every resident in NH has access to SUD treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for SUD, in order to ensure no one in NH has to travel more than sixty (60) minutes to access services. The Doorways increase and standardize services for individuals with OUD; strengthen existing prevention, treatment, and recovery programs; ensure access to critical services to decrease the number of opioid-related deaths in NH; and promote engagement in the recovery process. Because no one will be turned away from the Doorway, individuals outside of OUD are also being seen and referred to the appropriate services.

The Department will monitor the effectiveness and the delivery of services required under this agreement using the following performance measures:

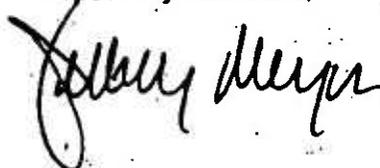
- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow ups through the Web Information Technology System (WITS) database.

Should Governor and Executive Council not authorize this request, individuals seeking help for OUD in NH may experience difficulty navigating a complex system, may not receive the supports and clinical services they need, and may experience delays in receiving care.

Area served: Statewide

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration. CFDA # 93.788, FAIN #H79TI081685 and FAIN #TI080246.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner

Financial Detail

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT					
100% Federal Funds					
Activity Code: 92057040					
Androscoggin Valley Hospital, Inc					
Vendor # 177220-B002					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 805,133.00		\$ 805,133.00
2020	Contracts for Prog Svcs	102-500731	\$ 848,918.00	\$ -	\$ 848,918.00
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,654,051.00	\$ -	\$ 1,654,051.00
Concord Hospital, Inc					
Vendor # 177653-B003					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 947,662.00		\$ 947,662.00
2020	Contracts for Prog Svcs	102-500731	\$ 1,325,131.00	\$ -	\$ 1,325,131.00
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 2,272,793.00	\$ -	\$ 2,272,793.00
Granite Pathways					
Vendor # 228900-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 2,380,444.00		\$ 2,380,444.00
2020	Contracts for Prog Svcs	102-500731	\$ 2,328,259.00	\$ 1,887,176.00	\$ 4,215,435.00
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 4,708,703.00	\$ 1,887,176.00	\$ 6,595,879.00
Littleton Regional Hospital					
Vendor # 177162-B011					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 815,000.00		\$ 815,000.00
2020	Contracts for Prog Svcs	102-500731	\$ 741,101.00	\$ 141,704.00	\$ 882,805.00
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,556,101.00	\$ 141,704.00	\$ 1,697,805.00
LRGHealthcare					
Vendor # 177161-B006					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svcs	102-500731	\$ 820,000.00		\$ 820,000.00
2020	Contracts for Prog Svcs	102-500731	\$ 773,000.00	\$ 394,673.00	\$ 1,167,673.00
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,593,000.00	\$ 394,673.00	\$ 1,987,673.00

Financial Detail

Mary Hitchcock Memorial Hospital					
Vendor # 177160-B016					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 1,774,205.00	\$ -	\$ 1,774,205.00
2020	Contracts for Prog Svs	102-500731	\$ 2,269,753.00	\$ 305,356.00	\$ 2,575,109.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 4,043,958.00	\$ 305,356.00	\$ 4,349,314.00
The Cheshire Medical Center					
Vendor # 155405-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,133.00	\$ -	\$ 820,133.00
2020	Contracts for Prog Svs	102-500731	\$ 773,478.00	\$ 354,079.00	\$ 1,127,557.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,593,611.00	\$ 354,079.00	\$ 1,947,690.00
Wentworth-Douglas Hospital					
Vendor # 177187-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 962,700.00	\$ -	\$ 962,700.00
2020	Contracts for Prog Svs	102-500731	\$ 927,716.00	\$ 879,036.00	\$ 1,806,752.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 1,890,416.00	\$ 879,036.00	\$ 2,769,452.00
SUB TOTAL			\$ 19,312,633.00	\$ 3,962,024.00	\$ 23,274,657.00

05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT

100% Federal Funds

Activity Code: 92052561

Androscoggin Valley Hospital, Inc					
Vendor # 177220-B002					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00	\$ -	\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 16,000.00	\$ -	\$ 16,000.00
Concord Hospital, Inc					
Vendor # 177653-B003					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ -	\$ -	\$ -

Financial Detail

Granite Pathways					
Vendor # 228900-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 300,000.00		\$ 300,000.00
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ 300,000.00	\$ -	\$ 300,000.00
Littleton Regional Hospital					
Vendor # 177162-B011					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00		\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ 16,000.00	\$ -	\$ 16,000.00
LRGHealthcare					
Vendor # 177161-B006					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -
Mary Hitchcock Memorial Hospital					
Vendor # 177160-B016					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -
The Cheshire Medical Center					
Vendor # 155405-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -
Wentworth-Douglas Hospital					
Vendor # 177187-B001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ -		\$ -
2020	Contracts for Prog Svs	102-500731	\$ -		\$ -
2021	Contracts for Prog Svs	102-500731	\$ -		\$ -
Subtotal			\$ -	\$ -	\$ -
SUB TOTAL			\$ 332,000.00	\$ -	\$ 332,000.00
TOTAL			\$ 19,644,633.00	\$ 3,962,024.00	\$ 23,606,657.00

OCT 23 '18 11:10 DAS



Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF DRUG AND ALCOHOL SERVICES

105 PLEASANT STREET, CONCORD, NH 03301
603-271-6110 1-800-852-3345 Ext. 6738
Fax: 603-271-6105 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

October 17, 2018

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, Bureau of Drug and Alcohol Services, to enter into sole source agreements with the eight (8) vendors listed below, in an amount not to exceed \$16,606,487, to develop, implement and operationalize a statewide network of Regional Hubs for opioid use disorder treatment and recovery support services, effective upon date of Governor and Council approval, through September 29, 2020. Federal Funds 100%.

Vendor Name	Vendor ID	Vendor Address	Amount
Androscoggin Valley Hospital, Inc.	TBD	59 Page Hill Rd. Berlin, NH 03570	\$1,559,611
Concord Hospital, Inc.	177653-8003	250 Pleasant St. Concord, NH, 03301	\$1,845,257
Granite Pathways	228900-8001	10 Ferry St. Ste. 308, Concord, NH, 03301	\$5,008,703
Littleton Regional Hospital	TBD	600 St. Johnsbury Road Littleton, NH 03561	\$1,572,101
LRGHealthcare	TBD	80 Highland St. Laconia, NH 003246	\$1,593,000
Mary Hitchcock Memorial Hospital	177651-8001	One Medical Center Drive Lebanon, NH 03756	\$1,543,788
The Cheshire Medical Center	155405-8001	580 Court St. Keene, NH 03431	\$1,593,611
Wentworth-Douglass Hospital	TBD	789 Central Ave. Dover, NH 03820	\$1,890,416
		Total	\$16,606,487

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

Funds are available in the following account(s) for State Fiscal Year (SFY) 2019, and are anticipated to be available in SFY 2020 and SFY 2021, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from the Governor and Executive Council.

**05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID
RESPONSE GRANT**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2019	102-500731	Contracts for Prog Svc	92057040	\$8,281,704
SFY 2020	102-500731	Contracts for Prog Svc	92057040	\$7,992,783
SFY 2021	102-500731	Contracts for Prog Svc	92057040	\$0
			Sub-Total	\$16,274,487

**06-95-92-920510-2659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR
GRANT**

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2019	102-500731	Contracts for Prog Svc	92052581	\$332,000
SFY 2020	102-500731	Contracts for Prog Svc	92052561	\$0
SFY 2021	102-500731	Contracts for Prog Svc	92052561	\$0
			Sub-Total	\$332,000
			Grand Total	\$16,606,487

EXPLANATION

This request is sole source because the Department is seeking to restructure its service delivery system in order for individuals to have more rapid access to opioid use disorder (OUD) services. The vendors above have been identified as organizations for this scope of work based on their existing roles as critical access points for other health services, existing partnerships with key community-based providers, and the administrative infrastructure necessary to meet the Department's expectations for the service restructure. Presently, the Department funds a separate contract with Granite Pathways through December 31, 2018 for Regional Access Points, which provide screening and referral services to individuals seeking help with substance use disorders. The Department is seeking to re-align this service into a streamlined and standardized approach as part of the State Opioid Response (SOR) grant, as awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). With this funding opportunity, New Hampshire will use evidence-based methods to expand treatment, recovery, and prevention services to individuals with OUD in NH. The establishment of nine (9) Regional Hubs (hereafter referred to as Hubs) is critical to the Department's plan.

The Hubs will ensure that every resident in NH has access to SUD treatment and recovery services in person during the week, along with 24/7 telephonic services for screening, assessment, and evaluations for substance use disorders. The statewide telephone coverage will be accomplished

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 4

evaluations for substance use disorders. The statewide telephone coverage will be accomplished through a collaborative effort among all of the Hubs for overnight and weekend access to a clinician, which will be presented to the Governor and Executive Council at the November meeting. The Hubs will be situated to ensure that no one in NH has to travel more than sixty (60) minutes to access their Hub and initiate services. The vendors will be responsible for providing screening, evaluation, closed loop referrals, and care coordination for clients along the continuum of care.

In the cities of Manchester and Nashua, given the maturity of the Safe Stations programs as access points in those regions, Granite Pathways, the existing Regional Access Point contractor, was selected to operate the Hubs in those areas to ensure alignment with models consistent with ongoing Safe Station's operations. To maintain fidelity to existing Safe Stations operations, Granite Pathways will have extended hours of on-site coverage from 8am-11pm on weekdays and 11am-11pm on weekends.

The Hubs will receive referrals for OUD services through a new contract with the crisis call center (2-1-1 NH) operated by Granite United Way and through existing referral networks. Consumers and providers will also be able to directly contact their local Hub for services. The Hubs will refer clients to services for all American Society of Addiction Medicine (ASAM) levels of care. This approach eliminates consumer confusion caused by multiple access points to services and ensures that individuals who present for help with OUD are receiving assistance immediately.

Funds for each Hub were determined based on a variety of factors, including historical client data from Medicaid claims and State-funded treatment services based on client address, naloxone administration and distribution data, and hospital admissions for overdose events. Funds in these agreements will be used to establish the necessary infrastructure for Statewide Hub access and to pay for naloxone purchase and distribution. The vendors will also have a flexible needs fund for providers to access for OUD clients in need of financial assistance for services and items such as transportation, childcare, or medication co-pays not otherwise covered by another payer.

Unique to this service redesign is a robust level of client-specific data that will be available. The SOR grant requires that all individual served receive a comprehensive assessment at several time intervals, specifically at intake, three (3) months, six (6) months and upon discharge. Through care coordination efforts, the Regional Hubs will be responsible for gathering data on items including, but not limited to recovery status, criminal justice involvement, employment, and housing needs at the time intervals listed above. This data will enable the Department to measure short and long-term outcomes associated with SOR-funded initiatives and to determine which programs are generating the best results for the clients served.

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

Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 and SFY 2022-2023 biennia.

Should Governor and Executive Council not authorize this request, individuals seeking help for OUD in NH may experience difficulty navigating a complex system, may not receive the supports and clinical services they need, and may experience delays in receiving care.

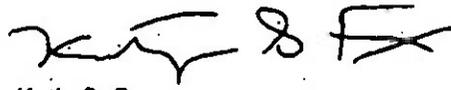
Area served: Statewide

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration. CFDA # 93.788, FAIN #H79TI081685 and FAIN #TI080246.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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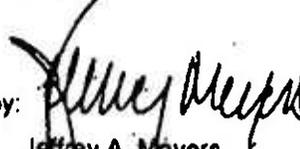
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Katja S. Fox
Director

Approved by:



Jeffrey A. Meyers
Commissioner

Financial Detail

05-95-92-920510-7040 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT			
100% Federal Funds			
Activity Code: 92057040			
Androscoggin Valley Hospital, Inc			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 805,133.00
2020	Contracts for Prog Svs	102-500731	\$ 738,478.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 1,643,611.00
Concord Hospital, Inc			
Vendor # 177653-B003			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 947,662.00
2020	Contracts for Prog Svs	102-500731	\$ 897,595.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 1,845,257.00
Granite Pathways			
Vendor # 228900-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 2,380,444.00
2020	Contracts for Prog Svs	102-500731	\$ 2,328,259.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 4,708,703.00
Littleton Regional Hospital			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 815,000.00
2020	Contracts for Prog Svs	102-500731	\$ 741,101.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 1,556,101.00
LRGHealthcare			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,000.00
2020	Contracts for Prog Svs	102-500731	\$ 773,000.00
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 1,593,000.00

Financial Detail

Mary Hitchcock Memorial Hospital			
Vendor # 177651-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 730,632.00
2020	Contracts for Prog Svs	102-500731	\$ 813,156.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,543,788.00
The Cheshire Medical Center			
Vendor # 155405-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 820,133.00
2020	Contracts for Prog Svs	102-500731	\$ 773,478.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,593,611.00
Wentworth-Douglas Hospital			
Vendor # 157797			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 962,700.00
2020	Contracts for Prog Svs	102-500731	\$ 927,716.00
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 1,890,416.00
SUB TOTAL			\$ 16,274,487.00

05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT			
100% Federal Funds			
Activity Code: 92052561			
Androscoggin Valley Hospital, Inc			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ 16,000.00
Concord Hospital, Inc			
Vendor # 177653-B003			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -
Subtotal			\$ -

Financial Detail

Granite Pathways			
Vendor # 228900-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 300,000.00
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 300,000.00
Littleton Regional Hospital			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$ 16,000.00
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$ 16,000.00
LRGHealthcare			
Vendor # TBD			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$
Mary Hitchcock Memorial Hospital			
Vendor # 177651-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$
The Cheshire Medical Center			
Vendor # 155405-B001			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$
Wentworth-Douglas Hospital			
Vendor # 157797			
State Fiscal Year	Class Title	Class Account	Current Budget
2019	Contracts for Prog Svs	102-500731	\$
2020	Contracts for Prog Svs	102-500731	\$
2021	Contracts for Prog Svs	102-500731	\$
Subtotal			\$
SUB TOTAL			\$ 332,000.00
TOTAL			\$ 16,606,487.00