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

Lori A. Weaver
 Commissioner

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Katja S. Fox
 Director

October 24, 2023

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into **Retroactive, Sole Source** amendments to existing contracts with the eight (8) Contractors listed below to continue the statewide network of Doorways for access to Substance Use Disorder treatment and recovery support services, by increasing the total price limitation by \$9,789,398 from \$48,037,197 to \$57,826,595 and by extending the completion dates from September 29, 2023 to September 29, 2024, effective retroactive to September 29, 2023 upon Governor and Council approval. 98.33% Federal Funds. 1.67% Other Funds (Governor's Commission).

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
Catholic Medical Center	177240-B003	Greater Manchester	\$10,795,880	\$2,318,769	\$13,114,649	O: 3/11/20 Item #9A A1: 2/3/21 Item #10 A2: 10/13/21 Item #39 A3: 12/7/22 Item #11
Concord Hospital, Inc.	177653-B003	Concord	\$4,231,748	\$703,087	\$4,934,835	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 A5: 12/7/22 Item #11
Concord Hospital - Laconia	355356	Laconia	\$2,140,830	\$753,719	\$2,894,549	O: 6/2/21 Item #28 A1: 10/13/21 Item #39 A2: 12/7/22 Item #11
Littleton Hospital Association	177162-B011	Littleton	\$3,574,248	\$705,616	\$4,279,864	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 A5: 12/7/22 Item #11

Mary Hitchcock Memorial Hospital	177160-B016	Lebanon	\$8,316,160	\$1,318,948	\$9,635,108	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: 10/13/21 Item #39 A6: 12/7/22 Item #11
Southern New Hampshire Health System, Inc.	177321-B004	Greater Nashua	\$6,803,930	\$1,499,161	\$8,303,091	O: 3/11/20 Item #9A A1: 2/17/21 Item #18 A2: 10/13/21 Item #39 A3: 12/7/22 Item #11
The Cheshire Medical Center	155405-B001	Keene	\$5,526,991	\$1,283,562	\$6,810,553	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 A5: 12/7/22 Item #11
Wentworth-Douglass Hospital	177187-B001	Dover	\$6,647,410	\$1,206,536	\$7,853,946	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 A5: 12/7/22 Item #11
		Total:	\$48,037,197	\$9,789,398	\$57,826,595	

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

See attached fiscal details.

EXPLANATION

This request is **Retroactive** to avoid delays or gaps that would result in reduced or loss of access and supports for individuals in need of these critical services. The Federal awarding agency notified the Department on September 2, 2023 of the availability of funding beyond the contracts' completion dates of September 29, 2023. 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 with the Contractors identified above, 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. There are no known viable alternatives to the services provided by the identified Contractors.

The purpose of this request is continue providing a network of Doorways to ensure access to substance use related supports services throughout the State in order to decrease the rates of fatal overdose and increase access to substance use related health care.

Approximately 24,000 individuals will be served between September 30, 2023 and September 29, 2024. This count is inclusive of individuals who have been previously engaged with the Doorways and individuals new to seeking services.

The Contractors listed above will continue providing resources that strengthen existing prevention, treatment, and recovery support programs by promoting engagement in the recovery process and ensuring access and referral to critical services that decrease the number of substance use disorders including opioid and stimulant-related misuses, overdoses, and deaths. The Contractors provide immediate screening and evidenced based assessment to determine the proper level of care for individuals, continue to maintain mechanisms to immediately transport individuals to safe housing while awaiting treatment, and administer facilitated referrals and case management for all seeking services to properly navigate the prevention, treatment, and recovery system.

Beginning in 2022, the Department contracted with Pacific Health Policy Group to complete a comprehensive Doorway evaluation. Key findings and results include standardizing the Doorway model of care to increase collaboration and cohesion with providers throughout the system; enhancing the current funding model to promote sustainability by enhancing insurance billing, exploring alternative reimbursement models, and weighing alternative organization model; and improving quality framework, benchmarks, and monitoring to identify trends in the State, areas for improvement, and celebrate success.

The Department will continue monitoring services by reviewing, analyzing, and engaging in quality improvement activities based on monthly data reports; monthly Doorway program calls; and 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 substance use related supports and services, including opioid use and 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.

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,



Lori A. Weaver
Commissioner

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: 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	\$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	92057059	\$538,954.00	\$0.00	\$538,954.00
2024	074/500589	Welfare Assistance	92057059	\$179,652.00	\$0.00	\$179,652.00
2024	074/500589	Welfare Assistance	92057062	\$0.00	\$529,828.00	\$529,828.00
2025	074/500589	Welfare Assistance	92057062	\$0.00	\$173,259.00	\$173,259.00
Sub Total				\$4,028,032.00	\$703,087.00	\$4,731,119.00

Vendor Name Concord Hospital - Laconia						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	\$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	92057059	\$547,404.00	\$0.00	\$547,404.00
2024	074/500589	Welfare Assistance	92057059	\$182,468.00	\$0.00	\$182,468.00
2024	074/500589	Welfare Assistance	92057062	\$0.00	\$573,997.00	\$573,997.00
2025	074/500589	Welfare Assistance	92057062	\$0.00	\$179,722.00	\$179,722.00
Sub Total				\$1,874,744.00	\$753,719.00	\$2,628,463.00

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	\$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	92057059	\$996,525.00	\$0.00	\$996,525.00
2024	074/500589	Welfare Assistance	92057059	\$353,838.00	\$0.00	\$353,838.00
2024	074/500589	Welfare Assistance	92057062	\$0.00	\$967,917.00	\$967,917.00
2025	074/500589	Welfare Assistance	92057062	\$0.00	\$315,645.00	\$315,645.00
Sub Total				\$5,351,002.00	\$1,283,562.00	\$6,634,564.00

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	\$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	92057059	\$521,960.00	\$0.00	\$521,960.00
2024	074/500589	Welfare Assistance	92057059	\$173,987.00	\$0.00	\$173,987.00
2024	074/500589	Welfare Assistance	92057062	\$0.00	\$529,212.00	\$529,212.00
2025	074/500589	Welfare Assistance	92057062	\$0.00	\$176,404.00	\$176,404.00
Sub Total				\$3,511,583.00	\$705,616.00	\$4,217,199.00

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	92057059	\$1,086,549.00	\$0.00	\$1,086,549.00
2024	074/500589	Welfare Assistance	92057059	\$362,183.00	\$0.00	\$362,183.00
2024	074/500589	Welfare Assistance	92057062	\$0.00	\$1,108,378.00	\$1,108,378.00
2025	074/500589	Welfare Assistance	92057062	\$0.00	\$210,570.00	\$210,570.00
		Sub Total		\$8,196,570.00	\$1,318,948.00	\$9,515,518.00

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	92057059	\$965,107.00	\$0.00	\$965,107.00
2024	074/500589	Welfare Assistance	92057059	\$321,703.00	\$0.00	\$321,703.00
2024	074/500589	Welfare Assistance	92057062	\$0.00	\$904,902.00	\$904,902.00
2025	074/500589	Welfare Assistance	92057062	\$0.00	\$301,634.00	\$301,634.00
		Sub Total		\$6,344,150.00	\$1,206,536.00	\$7,550,686.00

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	\$1,846,000.00	\$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	92057059	\$2,182,534.00	\$0.00	\$2,182,534.00
2024	074/500589	Welfare Assistance	92057059	\$727,512.00	\$0.00	\$727,512.00
2024	074/500589	Welfare Assistance	92057062	\$0.00	\$1,880,903.00	\$1,880,903.00
2025	074/500589	Welfare Assistance	92057062	\$0.00	\$437,866.00	\$437,866.00
		Sub Total		\$10,461,226.00	\$2,318,769.00	\$12,779,995.00

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	92057059	\$1,259,648.00	\$0.00	\$1,259,648.00
2024	074/500589	Welfare Assistance	92057059	\$419,883.00	\$0.00	\$419,883.00
2024	074/500589	Welfare Assistance	92057062	\$0.00	\$1,130,121.00	\$1,130,121.00
2025	074/500589	Welfare Assistance	92057062	\$0.00	\$369,040.00	\$369,040.00
		Sub Total		\$6,604,576.00	\$1,499,161.00	\$8,103,737.00

SOR Total	\$46,371,883.00	\$9,789,398.00	\$56,161,281.00
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05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS:
100% Federal Funds

Vendor Name: **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	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$40,085.00	\$0.00	\$40,085.00
		Sub Total		\$56,750.00	\$0.00	\$56,750.00

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	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$46,557.00	\$0.00	\$46,557.00
		Sub Total		\$63,222.00	\$0.00	\$63,222.00

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	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$32,028.00	\$0.00	\$32,028.00
		Sub Total		\$48,693.00	\$0.00	\$48,693.00

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	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$2,250.00	\$0.00	\$2,250.00
		Sub Total		\$18,915.00	\$0.00	\$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	TBD	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$22,679.00	\$0.00	\$22,679.00
		Sub Total		\$39,344.00	\$0.00	\$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	TBD	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$44,977.00	\$0.00	\$44,977.00
		Sub Total		\$61,642.00	\$0.00	\$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	TBD	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$18,000.00	\$0.00	\$18,000.00
		Sub Total		\$34,665.00	\$0.00	\$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	TBD	\$16,665.00	\$0.00	\$16,665.00
2023	501-500425	Payments to Clients	92055501	\$39,824.00	\$0.00	\$39,824.00
		Sub Total		\$56,489.00	\$0.00	\$56,489.00

SABG Total	\$379,720.00	\$0.00	\$379,720.00
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05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS:
100% Other Funds

Vendor Name 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	92056506	\$26,723.00	\$0.00	\$26,723.00
2024	501-500425	Payments to Clients	92056506	\$22,269.00	\$0.00	\$22,269.00
		Sub Total		\$48,992.00	\$0.00	\$48,992.00

Vendor Name Concord Hospital - Laconia Vendor # 355356

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
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2023	501-500425	Payments to Clients	92056506	\$31,037.00	\$0.00	\$31,037.00
2024	501-500425	Payments to Clients	92056506	\$25,865.00	\$0.00	\$25,865.00
		Sub Total		\$56,902.00	\$0.00	\$56,902.00

Vendor Name Cheshire Vendor # 155405

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2023	501-500425	Payments to Clients	92056506	\$18,854.00	\$0.00	\$18,854.00
2024	501-500425	Payments to Clients	92056506	\$16,960.00	\$0.00	\$16,960.00
		Sub Total		\$35,814.00	\$0.00	\$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	92056506	\$1,500.00	\$0.00	\$1,500.00
2024	501-500425	Payments to Clients	92056506	\$1,250.00	\$0.00	\$1,250.00
		Sub Total		\$2,750.00	\$0.00	\$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	92056506	\$15,119.00	\$0.00	\$15,119.00
2024	501-500425	Payments to Clients	92056506	\$12,599.00	\$0.00	\$12,599.00
		Sub Total		\$27,718.00	\$0.00	\$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	92056506	\$28,317.00	\$0.00	\$28,317.00
2024	501-500425	Payments to Clients	92056506	\$24,432.00	\$0.00	\$24,432.00
		Sub Total		\$52,749.00	\$0.00	\$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	92056506	\$12,000.00	\$0.00	\$12,000.00
2024	501-500425	Payments to Clients	92056506	\$10,000.00	\$0.00	\$10,000.00
		Sub Total		\$22,000.00	\$0.00	\$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	92056506	\$26,550.00	\$0.00	\$26,550.00
2024	501-500425	Payments to Clients	92056506	\$22,125.00	\$0.00	\$22,125.00
		Sub Total		\$48,675.00	\$0.00	\$48,675.00

SABG Total	\$295,600.00	\$0.00	\$295,600.00
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05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF,
100% Other Funds

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 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	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

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 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 # 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

GC Total	\$973,994.00	\$0.00	\$973,994.00
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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 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	\$16,000.00	\$0.00	\$16,000.00
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GRAND TOTALS	\$48,037,197.00	\$9,789,398.00	\$57,826,595.00
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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 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), October 13, 2021 (Item #39), and most recently amended on December 7, 2022 (Item #11), 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, 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, 2024
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$13,114,649
3. Modify Exhibit B, Amendment #1, Scope of Services by replacing in its entirety with Exhibit B Amendment #4, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit C, Amendment #2, Methods and Conditions Precedent to Payment, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1 97.45% Federal funds from the U.S. Department of Health and Human Services (US DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response (SOR) Grant, ALN #93.788, as awarded on:
 - 1.1.1 08/30/2018, FAIN H79TI081685.
 - 1.1.2 09/30/2020, FAIN H79TI083326.
 - 1.1.3 08/09/2021, FAIN H79TI083326.
 - 1.1.4 09/23/2022, FAIN H79TI085759.
 - 1.2 0.26% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the US DHHS, SAMHSA, ALN #93.959, FAIN TI083509.
 - 1.3 0.17% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG, as awarded on 02/10/2022, by the US DHHS, SAMHSA, ALN #93.959, FAIN TI084659.
 - 1.4 2.12% 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.
 5. 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-13, Amendment #4, SOR III SFY25 Budget.
6. Add Exhibit C-12, Amendment #4, SOR III SFY24 Budget, which is attached hereto and incorporated by reference herein.
7. Add Exhibit C-13; Amendment #4, SOR III SFY25 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, 2023, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

10/3/2023

Date

DocuSigned by:
Katja S. Fox
Name: Katja S. Fox
Title: Director

9/29/2023

Date

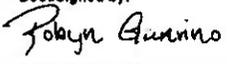
Catholic Medical Center
DocuSigned by:
Alexander Walker
Name: ALEXANDER WALKER
Title: President & CEO

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

OFFICE OF THE ATTORNEY GENERAL

10/4/2023

Date

DocuSigned by:

748734844011480
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 B – Amendment #4

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 B Amendment #1 through K are attached hereto and incorporated by reference herein.

2. Statement of Work

- 2.1. The Contractor shall continue to operate a regional Doorway for access to care for substance use related needs and 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 Manchester Region with facilitated referrals to prevention services, substance use disorder (SUD) treatment, recovery support services, and/or harm reduction services and other health and social services, including medications for SUD.
- 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. Medications for SUD, consistent with the principles of the Medication First model.
 - 2.4.2. Coordination of outpatient, residential and inpatient SUD treatment 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.
- 2.5. The Contractor shall identify any gaps in financial and staffing resources required in Section 5. Staffing.
- 2.6. The Contractor shall ensure formalized coordination with 2-1-1 NH; other Doorways, including the After Hours Doorway; 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:

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



EXHIBIT B – Amendment #4

- 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 the individual's preferred Doorway receives information on the individual, outcomes, and events for continued follow-up.
 - 2.6.1.2. A process for sharing information about each individual receiving services 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 individual was referred for respite care or housing.
 - 2.6.1.2.2. Other services offered or provided to the individual.
- 2.6.2. Enabling the sharing of information and resources, which include; but are not limited to:
 - 2.6.2.1. Demographics of individuals receiving services.
 - 2.6.2.2. Referrals made.
 - 2.6.2.3. Services rendered.
 - 2.6.2.4. Identification of resource providers involved in each individual's care.
- 2.7. The Contractor 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 individual.
 - 2.7.2. Private insurance carriers to coordinate case management efforts on behalf of the individual.
- 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 above.
- 2.9. The Contractor shall develop a Department-approved conflict of interest policy related to Doorway services and referrals to treatment and recovery supports and services programs funded outside of this contract that maintains the integrity of the referral process and individual 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 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.

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



EXHIBIT B – Amendment #4

- 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.
 - 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 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 saturation and distribution.
 - 2.12.2. Enhanced coverage and services to enable reduced Emergency Room use.
 - 2.12.3. Reducing fatal and non-fatal overdose.
 - 2.12.4. Increasing access to medications for SUD.

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; and
 - 3.1.1.2. Expanded hours as agreed to by the Department.
 - 3.1.2. A physical location for individuals to receive face-to-face services, ensuring any request for a change in location is submitted to the Department no later than 30 days prior to the requested move for Department approval;
 - 3.1.3. Telehealth services consistent with state and federal law;
 - 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 provided same day;
 - 3.1.6. Crisis intervention and stabilization counseling services provided by a licensed clinician for any individual in a substance use related behavioral health crisis who requires immediate non-emergency intervention requiring urgent assessment and history of the crisis state, mental status exam, and disposition. If the individual is calling rather than physically presenting at the Doorway, the Contractor shall ensure services include, but are not limited to:

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



EXHIBIT B – Amendment #4

- 3.1.6.1. Community-based mobile crisis services through New Hampshire Rapid Response.
- 3.1.6.2. Directing callers to dial 911, or calling on individual's behalf if necessary, if an individual is in imminent danger or there is an emergency.
- 3.1.6.3. Assessment and history of the crisis state.
- 3.1.6.4. Mental Status Exam and disposition.
- 3.1.6.5. Plans for Safety.
- 3.1.7. Same day, trauma-informed, 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); and
 - 3.1.7.3. Identification of the individual's 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 individual based on the clinical evaluation referenced above. 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 individual 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 needs.
 - 3.1.8.2.4. Social services needs.
 - 3.1.8.2.5. Criminal justice needs that include Corrections, Treatment Court, and Division for Children, Youth, and Families (DCYF) matters.
 - 3.1.8.3. A plan for addressing all areas of need identified above 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 above is not available to the individual within 48 hours of service plan development, which are defined as:
 - 3.1.8.4.1. A minimum of one (1), 60-minute individual or group outpatient session per week; and/or
 - 3.1.8.4.2. Recovery support services, as needed by the individual; and/or
 - 3.1.8.4.3. Daily calls to the individual to assess and respond to any emergent needs; and/or

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



EXHIBIT B – Amendment #4

- 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 people.
 - 3.1.9.3. Families involved with DCYF.
 - 3.1.9.4. Individuals at-risk of or living 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 individual-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.
 - 3.1.10.3. Assisting individuals with obtaining services with the provider agency, as appropriate.
 - 3.1.10.4. Contacting the provider agency on behalf of the individual, as appropriate.
 - 3.1.10.5. Assisting individuals 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.
 - 3.1.10.5.2. Providing assistance with accessing financial assistance including, but not limited to:
 - 3.1.10.5.2.1. Assisting the individual with making contact with the assistance agency, as appropriate.
 - 3.1.10.5.2.2. Contacting the assistance agency on behalf of the individual, as appropriate.
 - 3.1.10.5.2.3. Supporting the individual in meeting the admission, entrance, and intake requirements of the assistance agency.
 - 3.1.10.5.3. When no other payer is available, assisting individuals with accessing services by utilizing flexible needs funds, as directed by the Department, that supports individuals who meet the eligibility criteria for assistance under the Department-approved Flexible Needs Fund Policy with

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



EXHIBIT B – Amendment #4

their financial needs, which may include but are not limited to:

- 3.1.10.5.3.1. Transportation for eligible individuals to and from recovery-related medical appointments, treatment programs, and other locations;
- 3.1.10.5.3.2. Childcare to permit an eligible individual 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 clothing appropriate for cold weather, job interviews; or work;
- 3.1.10.5.3.5. Assisting individuals in need of respite shelter resources while awaiting treatment and recovery services; and
- 3.1.10.5.3.6. Other uses preapproved in writing by the Department.

3.1.11. Continuous care coordination which include, but are not limited to:

- 3.1.11.1. Continuous reassessment of the clinical evaluation, identified above, 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. Continuous reassessment in collaboration or consultation with the individual's external service provider(s) of necessary support services to address needs identified in the evaluation or by the individual's service provider that may create barriers to the individual entering and/or maintaining treatment and/or recovery.
- 3.1.11.3. Supporting individuals with meeting the admission, entrance, and intake requirements of the provider agency.
- 3.1.11.4. Ongoing follow-up and support of individuals engaged in services in collaboration or consultation with the individual's external service 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:

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



EXHIBIT B – Amendment #4

- 3.1.11.4.1. Attempting to contact each individual 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 individual would normally be available.
 - 3.1.11.4.1.2. If the first contact attempt 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 individual 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 second contact attempt 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 individual 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 identified above 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.
 - 3.1.11.5.1. Clinicians shall screen individuals for suicide risk using a validated tool with information being communicated to partners where necessary; and
 - 3.1.11.5.2. If screening is positive, call Rapid Response.
- 3.1.11.6. When possible, contact with, and outreach to, individuals shall be conducted in coordination and consultation with the individual'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. Inquiring on the status of each individual's recovery and experience with their external service provider.
 - 3.1.11.7.2. Identifying individual needs.

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



EXHIBIT B – Amendment #4

- 3.1.11.7.3. Assisting the individual with addressing identified needs.
- 3.1.11.7.4. Providing early intervention to individuals who have resumed use.
- 3.1.11.8. Collecting and documenting attempts to collect individual-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; and
 - 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 engagement in follow-up GPRA interviews, which may include, but are not limited to gift cards provided to individuals for follow-up participation at each follow-up interview, which shall not exceed \$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, and or waiver programs within 14 calendar days after intake.
- 3.1.11.12. Providing Naloxone purchase, distribution, information, and training to individuals and organizations receiving kits.
- 3.2. The Contractor shall obtain consent forms from all individuals 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 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; and
 - 3.3.5. The ASAM Criteria 3rd Edition.

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



EXHIBIT B – Amendment #4

- 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; and
 - 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 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.
 - 3.6.3. Referrals and evaluation from other providers.
 - 3.6.4. Complaints.
 - 3.6.5. Grievances.
 - 3.6.6. Formalized agreements with community partners and other agencies that include, but are not limited to:
 - 3.6.6.1. 2-1-1 NH.
 - 3.6.6.2. Other Doorway partners.
 - 3.6.6.3. After Hours.
 - 3.6.6.4. Providers and supports available after normal Doorway operating hours.
- 3.7. The Doorway must collaborate with the Department contracted 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.

4. Subcontracting for the Doorways

- 4.1. The Doorway shall annually submit a written plan to the Department for review and written approval for any proposed subcontracting of Core Doorway services.
- 4.2. The Doorway shall annually submit all subcontracts the Doorway proposes to enter into for services funded through this contract to the Department for written approval prior to execution.
- 4.3. The Doorway shall at all times be responsible for continuous oversight of, and compliance with, all Core Doorway services, including those provided by any subcontract, and shall be the single point of contact with the Department for those Core services. To the furthest extent possible, the patient experience with subcontracts should be consistent with that provided directly by the Doorway.

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



EXHIBIT B – Amendment #4

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 via telehealth;
 - 5.1.2. One (1) CRSW with the ability to fulfill recovery support and care coordination functions; and
 - 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 3.1.9.
- 5.2. The Contractor shall ensure sufficient staffing levels appropriate for the services provided and the number of individuals 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, 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 eight (8) 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:
 - 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 12 core functions and The Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice within 12 months of hire.
 - 5.7.1.5. A Department-approved ethics course within 12 months of hire.
 - 5.7.2. For recovery support staff and other non-clinical staff working directly with individuals:

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



EXHIBIT B – Amendment #4

- 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 12 months of hire.
 - 5.7.3. Ensuring all recovery support staff and clinical staff receive annual continuous education regarding substance use.
 - 5.7.4. Providing; and documenting, in-service training to all staff involved in direct-care within 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; and
 - 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 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; and
 - 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 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;

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



EXHIBIT B – Amendment #4

- 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; and
- 6.1.4. Medical records on each patient/recipient of services.

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 A, 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.

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



EXHIBIT B – Amendment #4

- 8.2. The Contractor shall report to the Department of Health and Human Services Bureau of Drug and Alcohol Services within 24 hours and follow up with written documentation submitted to the Bureau of Quality Assurance and Improvement within 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.
- 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 by the 3rd working day of the month 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 individuals seen, separately identifying new individuals and individuals 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.
 - 8.4.11. Individual demographic data.
- 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 Contractor(s), including individual-level demographic, performance, and service data.

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



EXHIBIT B – Amendment #4

- 9.3. The Department may identify expectations for active and regular collaboration, including key performance measures, in the resulting contract. Where applicable, Contractor(s) 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.
- 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.

11. SOR Grant Standards

- 11.1. The Contractor shall meet with the Department within sixty (60) days of the contract effective date to review the proposed plan for contract implementation.
- 11.2. The Contractor and/or referred providers shall ensure that only Food and Drug Administration approved medications for Opioid Use Disorder (OUD) are utilized.
- 11.3. The Contractor and referred providers shall only provide medical withdrawal management services to any individual supported by SOR Grant Funds if the withdrawal management service is accompanied by the use of injectable extended-release naltrexone, as clinically appropriate.
- 11.4. The Contractor and referred providers shall ensure staff who are trained in Presumptive Eligibility for Medicaid are available to assist individuals with enrolling in public or private health insurance.

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



EXHIBIT B – Amendment #4

- 11.5. The Contractor shall ensure individuals receiving services, rendered from SOR funds, have a documented history or current diagnoses of Opioid Use Disorder or Stimulant Use Disorders (OUD/StimUD) or are at risk for such.
- 11.6. The Contractor shall coordinate completion of Government Performance Results Act (GPRA) initial interview and associated follow-ups at six (6) months and discharge for individuals referenced previously.
- 11.7. The Contractor shall submit a detailed plan within thirty (30) days of contract effective date for ensuring GPRA completion for all clients receiving SOR funding.
- 11.8. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide cannabis or for providing treatment using cannabis. The Contractor shall ensure:
 - 11.8.1. Treatment in this context includes the treatment of OUD/StimUD.
 - 11.8.2. Grant funds are not provided to any individual who or organization that provides or permits cannabis use for the purposes of treating substance use or mental health disorders.
 - 11.8.3. This cannabis restriction applies to all subcontracts and Memorandums of Understanding that receive SOR funding.
- 11.9. The Contractor shall ensure Naloxone kits are available to individuals, utilizing SOR funding.
- 11.10. If the Contractor intends to distribute test strips, the Contractor shall provide a test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes, but is not limited to:
 - 11.10.1. Internal policies for the distribution of test strips;
 - 11.10.2. Distribution methods and frequency; and
 - 11.10.3. Other key data as requested by the Department.
- 11.11. The Contractor shall provide services to eligible individuals who:
 - 11.11.1. Receive MOUD services from other providers, including the individual's primary care provider;
 - 11.11.2. Have co-occurring mental health disorders; or
 - 11.11.3. Are on medications and are taking those medications as prescribed regardless of the class of medication.
- 11.12. The Contractor shall ensure individuals who refuse to consent to information sharing with the Doorways do not receive services utilizing SOR funding.
- 11.13. The Contractor shall ensure individuals who rescind consent to information sharing with the Doorways do not receive any additional services utilizing SOR funding.
- 11.14. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.

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



EXHIBIT B – Amendment #4

- 11.15. The Contractor shall comply with all appropriate Department, State of NH, Substance Abuse and Mental Health Services Administration (SAMHSA), and other Federal terms, conditions, and requirements, and as amended, and shall collaborate with the Department to understand the aforesaid.

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 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 individuals 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 individuals 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 individuals 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 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

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



EXHIBIT B – Amendment #4

- 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)

- 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

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



EXHIBIT B – Amendment #4

- 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 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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Exhibit C-12, Amendment #4,
SOR III SFY24 Budget

New Hampshire Department of Health and Human Services		
Contractor Name: Catholic Medical Center		
Budget Request for: Access and Delivery Hub for Opioid Use Disorder Services		
Budget Period: SFY24-(September 29, 2023-June 30, 2024)		
Indirect Cost Rate (if applicable): 5.7% across both budget periods for entire amendment total		
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages-	\$305,502	\$0
2. Fringe Benefits	\$61,100	\$0
3. Consultants	\$0	\$0
4. Equipment		
Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.		
	\$2,000	\$0
5.(a) Supplies - Educational	\$2,000	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$442,800	\$0
5.(d) Supplies - Medical	\$1,500	\$0
5.(e) Supplies Office	\$9,612	\$0
6. Travel	\$2,250	\$0
7. Software	\$10,000	\$0
8. (a) Other - Marketing/ Communications	\$2,000	\$0
8. (b) Other - Education and Training	\$2,500	\$0
8. (c) Other - Other (specify below)	\$0	\$0
Flex Funds	\$285,000	\$0
Occupancy	\$47,700	\$0
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
9. Subrecipient Contracts	\$685,750	\$0
Total Direct Costs	\$1,859,714	\$0
Total Indirect Costs	\$21,189	\$0
TOTAL	\$1,880,903	\$0

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Contractor: _____
9/29/2023

Date: _____

Exhibit C-13, Amendment #4,
SOR III SFY25 Budget

New Hampshire Department of Health and Human Services		
Contractor Name: Catholic Medical Center		
Budget Request for: Access and Delivery Hub for Opioid Use Disorder Services		
Budget Period: SFY25-(July 1, 2024 -September 29, 2024)		
Indirect Cost Rate (if applicable) 5.7% across both budget periods for entire amendment total		
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages	\$100,168	\$0
2. Fringe Benefits	\$20,034	\$0
3. Consultants	\$0	\$0
4. Equipment Indirect cost rate cannot be	\$750	\$0
5.(a) Supplies - Educational	\$1,500	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$187,452	\$0
5.(d) Supplies - Medical	\$750	\$0
5.(e) Supplies Office	\$3,204	\$0
6. Travel	\$750	\$0
7. Software	\$1,295	\$0
8. (a) Other - Marketing/ Communications	\$750	\$0
8. (b) Other - Education and Training	\$1,000	\$0
8. (c) Other - Other (specify below)	\$0	\$0
Flex Funds	\$0	\$0
Occupancy	\$15,900	\$0
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
9. Subrecipient Contracts	\$98,250	\$0
Total Direct Costs	\$431,803	\$0
Total Indirect Costs	\$6,063	\$0
TOTAL	\$437,866	\$0

Contractor: 

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: 0006297680



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 17th day of August A.D. 2023.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, 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 January 26, 2023;
4. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of the 7th day of September 2023 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 7th day of September 2023.

/s/ Matthew Kfoury

Matthew Kfoury, Secretary

Exhibit A

RESOLUTIONS

OF THE

BOARD OF TRUSTEES

OF CATHOLIC MEDICAL CENTER ("CMC")

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

January 26, 2023

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 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/04/2023

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

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

PRODUCER MARSH USA, LLC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.certrequest@Marsh.com Fax: 212-948-4377	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : TDC Specialty Insurance Company</td> <td>34495</td> </tr> <tr> <td>INSURER B : Safety National Casualty Corp.</td> <td>15105</td> </tr> <tr> <td>INSURER C : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER D : N/A</td> <td>N/A</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 : TDC Specialty Insurance Company	34495	INSURER B : Safety National Casualty Corp.	15105	INSURER C : N/A	N/A	INSURER D : N/A	N/A	INSURER E :		INSURER F :	
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INSURED CMC HEALTHCARE SYSTEM 100 MCGREGOR STREET MANCHESTER, NH 03102															

COVERAGES CERTIFICATE NUMBER: NYC-010237164-10 **REVISION NUMBER:** 9

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:			HPP-00171-22-01	10/01/2022	10/01/2024	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 50,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td>PRODUCTS - COM/OP AGG</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	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 - COM/OP AGG	\$ 3,000,000		\$
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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	SP 4067329 **SIR \$750,000	10/01/2023	10/01/2024	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	<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		
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER NH DHHS 129 Pleasant St 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 LLC</i></p>
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Mission, Vision, Values

Mission

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

Vision

Catholic Medical Center's vision is to be the very best Catholic hospital in America.

Values



Respect

We value all human life and treat everyone with dignity. We embrace all with kindness and understanding.



Integrity

We create a culture built upon trust, honesty and accountability. We always strive to do the right thing and keep the patient at the center of all we do.



Compassion

We meet the needs of others by listening purposefully, responding with empathy and caring wholeheartedly.



Commitment

We uphold our Catholic mission by serving our patients, our community, and those in need. We are unwavering our dedication to excellence.

**BAKER
NEWMAN
NOYES**

Catholic Medical Center

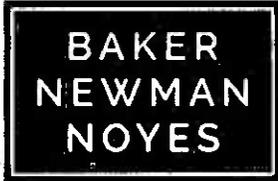
Audited Financial Statements

*Years Ended September 30, 2022 and 2021
With Independent Auditors' Report*

CATHOLIC MEDICAL CENTER
AUDITED FINANCIAL STATEMENTS
Years Ended September 30, 2022 and 2021

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

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Catholic Medical Center

Opinion

We have audited the financial statements of Catholic Medical Center (the Medical Center), which comprise the balance sheets as of September 30, 2022 and 2021, the related statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Medical Center as of September 30, 2022 and 2021, and the results of its operations, changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Medical Center and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Board of Trustees
Catholic Medical Center

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Medical Center's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Medical Center's ability to continue as a going concern for a reasonable period of time.

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

Baker Newman & Noyes LLC

Manchester, New Hampshire
February 23, 2023

CATHOLIC MEDICAL CENTER

BALANCE SHEETS

September 30, 2022 and 2021

ASSETS

	<u>2022</u>	<u>2021</u>
Current assets:		
Cash and cash equivalents	\$ 41,793,666	\$104,311,091
Short-term investments	3,603,910	3,582,157
Accounts receivable	70,378,411	70,239,991
Inventories	3,816,582	3,912,718
Other current assets	<u>13,370,992</u>	<u>17,204,497</u>
Total current assets	132,963,561	199,250,454
Property, plant and equipment, net	125,421,215	122,341,467
Other assets:		
Intangible assets and other	11,082,819	11,803,240
Assets whose use is limited:		
Pension and insurance obligations	20,598,446	24,811,739
Board designated and donor restricted investments and restricted grants	139,270,604	159,294,609
Held by trustee under revenue bond agreements	<u>1,119,341</u>	<u>1,250,410</u>
	<u>160,988,391</u>	<u>185,356,758</u>
Total assets	<u>\$430,455,986</u>	<u>\$518,751,919</u>

LIABILITIES AND NET ASSETS

	<u>2022</u>	<u>2021</u>
Current liabilities:		
Accounts payable and accrued expenses	\$ 31,425,157	\$ 33,828,878
Accrued salaries, wages and related accounts	19,909,349	20,240,317
Amounts payable to third-party payors	11,525,383	52,285,526
Amounts due to affiliates	1,234,110	715,592
Current portion of long-term debt	<u>4,178,597</u>	<u>3,188,609</u>
Total current liabilities	68,272,596	110,258,922
Accrued pension and other liabilities, less current portion	94,321,024	136,156,024
Long-term debt, less current portion	<u>157,102,822</u>	<u>153,854,001</u>
Total liabilities	319,696,442	400,268,947
Net assets:		
Without donor restrictions	81,934,391	87,915,051
With donor restrictions	<u>28,825,153</u>	<u>30,567,921</u>
Total net assets	<u>110,759,544</u>	<u>118,482,972</u>
Total liabilities and net assets	<u>\$430,455,986</u>	<u>\$518,751,919</u>

See accompanying notes.

CATHOLIC MEDICAL CENTER

STATEMENTS OF OPERATIONS

Years Ended September 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Operating revenues:		
Patient service revenues	\$470,371,106	\$439,948,002
Other revenue	31,521,767	32,181,226
Disproportionate share funding	<u>21,383,859</u>	<u>21,483,694</u>
Total operating revenues	523,276,732	493,612,922
Operating expenses:		
Salaries, wages and fringe benefits	264,139,413	218,908,177
Supplies and other	186,550,034	183,801,624
New Hampshire Medicaid enhancement tax	22,288,821	19,248,461
Depreciation and amortization	12,335,408	12,067,385
Interest	<u>4,783,146</u>	<u>4,659,054</u>
Total operating expenses	<u>490,096,822</u>	<u>438,684,701</u>
Income from operations	33,179,910	54,928,221
Nonoperating (losses) gains:		
Investment (loss) income, net	(21,778,151)	24,527,566
Net periodic pension cost, other than service cost	(1,302,959)	(871,021)
Contributions without donor restrictions	295,134	551,406
Development costs	(697,147)	(577,663)
Other nonoperating expenses and losses	<u>(3,153,518)</u>	<u>(10,451,058)</u>
Total nonoperating (losses) gains, net	<u>(26,636,641)</u>	<u>13,179,230</u>
Excess of revenues and (losses) gains over expenses	6,543,269	68,107,451
Unrealized depreciation on investments	(24,002)	(4,872)
Change in fair value of interest rate swap agreement	540,490	204,639
Assets released from restriction used for capital	495,416	70,304
Pension-related changes other than net periodic pension cost	31,252,260	45,394,659
Net assets transferred to affiliates	<u>(44,788,093)</u>	<u>(47,240,399)</u>
Change in net assets without donor restrictions	(5,980,660)	66,531,782
Net assets without donor restrictions at beginning of year	<u>87,915,051</u>	<u>21,383,269</u>
Net assets without donor restrictions at end of year	<u>\$ 81,934,391</u>	<u>\$ 87,915,051</u>

See accompanying notes.

CATHOLIC MEDICAL CENTER

STATEMENTS OF CHANGES IN NET ASSETS

Years Ended September 30, 2022 and 2021.

	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total Net Assets
Balances at September 30, 2020	\$ 21,383,269	\$26,995,958	\$ 48,379,227
Excess of revenues and gains over expenses	68,107,451	—	68,107,451
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	45,394,659	—	45,394,659
Net assets transferred to affiliates	<u>(47,240,399)</u>	<u>—</u>	<u>(47,240,399)</u>
	<u>66,531,782</u>	<u>3,571,963</u>	<u>70,103,745</u>
Balances at September 30, 2021	87,915,051	30,567,921	118,482,972
Excess of revenues and (losses) gains over expenses	6,543,269	—	6,543,269
Restricted investment income	—	55,047	55,047
Changes in interest in perpetual trust	—	(1,965,979)	(1,965,979)
Donor-restricted contributions	—	1,713,209	1,713,209
Unrealized depreciation on investments	(24,002)	(328,700)	(352,702)
Change in fair value of interest rate swap agreement	540,490	—	540,490
Assets released from restriction used for operations	—	(720,929)	(720,929)
Assets released from restriction used for capital	495,416	(495,416)	—
Pension-related changes other than net periodic pension cost	31,252,260	—	31,252,260
Net assets transferred to affiliates	<u>(44,788,093)</u>	<u>—</u>	<u>(44,788,093)</u>
	<u>(5,980,660)</u>	<u>(1,742,768)</u>	<u>(7,723,428)</u>
Balances at September 30, 2022	\$ <u>81,934,391</u>	\$ <u>28,825,153</u>	\$ <u>110,759,544</u>

See accompanying notes.

CATHOLIC MEDICAL CENTER

STATEMENTS OF CASH FLOWS

Years Ended September 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Operating activities:		
Change in net assets	\$ (7,723,428)	\$ 70,103,745
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities:		
Depreciation and amortization	12,335,408	12,067,385
Pension-related changes other than net periodic pension cost	(31,252,260)	(45,394,659)
Net assets transferred to affiliates	44,788,093	47,240,399
Restricted gifts and investment income	(1,768,256)	(3,396,210)
Net realized and unrealized losses (gains) on investments	25,498,544	(21,584,462)
Change in interest in perpetual trust	1,965,979	(1,546,976)
Change in fair value of interest rate swap agreement	(540,490)	(204,639)
Bond discount/premium and issuance cost amortization	(240,199)	(250,128)
Changes in operating assets and liabilities:		
Accounts receivable	(138,420)	(8,700,325)
Inventories	96,136	924,157
Other current assets	4,819,550	3,350,720
Amounts due to affiliates	518,518	81,977
Other assets	720,421	(682,146)
Accounts payable and accrued expenses	(2,403,721)	(21,337,182)
Accrued salaries, wages and related accounts	(330,968)	(35,629)
Amounts payable to third-party payors	(40,760,143)	31,126,220
Accrued pension and other liabilities	<u>(10,055,176)</u>	<u>(46,747,628)</u>
Net cash (used) provided by operating activities	(4,470,412)	15,014,619
Investing activities:		
Purchases of property, plant and equipment	(13,992,433)	(8,415,395)
Net change in assets held by trustee under revenue bond agreements	131,069	94,602
Proceeds from sales of investments	12,080,753	112,589,566
Purchases of investments	<u>(15,808,176)</u>	<u>(114,257,793)</u>
Net cash used by investing activities	(17,588,787)	(9,989,020)
Financing activities:		
Payments on long-term debt	(2,765,405)	(2,438,722)
Proceeds from issuance of long-term debt	6,258,900	1,727,244
Payments on capital leases	(424,284)	(223,098)
Restricted gifts and investment income	1,260,656	2,226,560
Net assets transferred to affiliates	<u>(44,788,093)</u>	<u>(47,240,399)</u>
Net cash used by financing activities	<u>(40,458,226)</u>	<u>(45,948,415)</u>
Decrease in cash and cash equivalents	(62,517,425)	(40,922,816)
Cash and cash equivalents at beginning of year	<u>104,311,091</u>	<u>145,233,907</u>
Cash and cash equivalents at end of year	<u>\$ 41,793,666</u>	<u>\$ 104,311,091</u>

Supplemental disclosure:

During 2022 and 2021, the Medical Center entered into capital lease obligations to finance certain equipment totaling \$1,409,797 and \$1,739,803, respectively.

See accompanying notes.

CATHOLIC MEDICAL CENTER**NOTES TO FINANCIAL STATEMENTS**

Years Ended September 30, 2022 and 2021

1: Organization

Catholic Medical Center (the Medical Center) is a voluntary not-for-profit acute care hospital based in Manchester, New Hampshire. The Medical Center, which primarily serves residents of New Hampshire and northern Massachusetts, was controlled by CMC Healthcare System, Inc. (the System), a not-for-profit corporation which functioned as the parent company and sole member of the Medical Center until December 30, 2016. 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 financial statements for the years ended September 30, 2022 and 2021 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. The combining parties began the state and federal regulatory review process with the filing of a Joint Notice of Change of Control to the New Hampshire Attorney General (AG), Director of Charitable Trusts pursuant to New Hampshire RSA 7:19-b on December 30, 2019. On May 13, 2022, the New Hampshire Attorney General's office issued its report objecting to the proposed combination. On May 31, 2022, GraniteOne, the Medical Center, the System, certain subsidiaries of the System, HH, MCH and D-HH entered into an Agreement to Mutually Terminate the Combination Agreement ending the efforts to combine the two healthcare systems. The Medical Center incurred approximately \$1.6 million and \$5.9 million in combination costs for the years ended September 30, 2022 and 2021, respectively, which amounts are reflected within nonoperating (losses) gains in the accompanying statements of operations.

Pursuant to the Affiliation Agreement that formed GraniteOne, the Medical Center, HH and MCH each had a right, after two years of GraniteOne, to evaluate whether they would continue participation in the system. The time period on this limited right to withdraw had been extended a number of times while the proposed combination with D-HH was under review. Upon the termination of the combination efforts with D-HH, the Medical Center, MCH and HH each assessed their continued participation in GraniteOne and after a six-month review process, each concluded it was best to withdraw from GraniteOne and subsequently provided the required notice on October 28, 2022. The parties mutually agreed to work together over several months to seek the necessary regulatory approvals and wind down GraniteOne. The parties intend to continue their clinical collaborations after the withdrawal and wind down of GraniteOne. The parties anticipate completing these processes within the 2023 fiscal year.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

2. Significant Accounting Policies

Basis of Presentation

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

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.

Income Taxes

The Medical Center is a not-for-profit corporation as described in Section 501(c)(3) of the Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Management evaluated the Medical Center's tax positions and concluded the Medical Center 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 financial statements.

Performance Indicator

Excess of revenues and (losses) 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 or loss (including realized gains and losses on sales of investments and unrealized gains and losses on equity investments), net periodic pension costs (other than service cost), other nonoperating expenses and losses and contributions to community agencies.

Charity Care and Community Benefits

The Medical Center 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 Medical Center does not pursue collection of amounts determined to qualify as charity care; therefore, they are not reported as revenues. The Medical Center rendered charity care in accordance with this policy, which, at established charges, amounted to \$14,784,022 and \$16,294,258 for the years ended September 30, 2022 and 2021, respectively.

Of the Medical Center's \$490,096,822 total expenses reported for the year ended September 30, 2022, an estimated \$4,400,000 arose from providing services to charity patients. Of the Medical Center's \$438,684,701 total expenses reported for the year ended September 30, 2021, an estimated \$4,700,000 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 Medical Center's total expenses divided by gross patient service revenue.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

2. Significant Accounting Policies (Continued)

The Medical Center 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 \$876,500 and \$837,489 for the years ended September 30, 2022 and 2021, respectively.

Concentration of Credit Risk

Financial instruments which subject the Medical Center to credit risk consist primarily of cash equivalents, accounts receivable and investments. The risk with respect to cash equivalents is minimized by the Medical Center's policy of investing in financial instruments with short-term maturities issued by highly rated financial institutions. The Medical Center'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 Medical Center'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 as of September 30, 2022 and 2021.

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 Medical Center maintains approximately \$38,000,000 and \$100,000,000 at September 30, 2022 and 2021, respectively, of its cash and cash equivalent accounts with a single institution. The Medical Center has not experienced any losses associated with deposits at this institution.

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, 2022 and 2021 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, 2022 and 2021, estimated implicit price concessions of \$22,678,344 and \$22,614,208, respectively, have been recorded as reductions to accounts receivable balances to enable the Medical Center to record revenues and accounts receivable at the estimated amounts expected to be collected.

Accounts receivable as of September 30, 2022, 2021 and 2020 are \$70,378,411, \$70,239,991 and \$61,539,666 respectively.

CATHOLIC MEDICAL CENTER
NOTES TO FINANCIAL STATEMENTS
Years Ended September 30, 2022 and 2021

2. Significant Accounting Policies (Continued)

Inventories

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

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 Medical Center'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.

Conditional Asset Retirement Obligations

The Medical Center 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 the 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 statements of operations.

As of September 30, 2022 and 2021, \$943,004 and \$932,489, respectively, of conditional asset retirement obligations are included within accrued pension and other liabilities in the accompanying balance sheets.

Goodwill

The Medical Center 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, 2022 or 2021.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

2. Significant Accounting Policies (Continued)

Patient Service Revenues

Revenues generally relate to contracts with patients in which the Medical Center'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 Medical Center'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 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.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

2. Significant Accounting Policies (Continued)

Retirement Benefits

The Catholic Medical Center Pension Plan (the Plan) provides retirement benefits for certain employees of the Medical Center and certain employees of an affiliated organization 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 Medical Center'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.

The Medical Center 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 Medical Center made matching contributions under the program of \$2,868,775 and \$3,206,365 for the years ended September 30, 2022 and 2021, 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 Medical Center for the years ended September 30, 2022 or 2021.

The Medical Center also provides a noncontributory supplemental executive retirement plan covering certain former executives of the Medical Center, as defined. The Medical Center'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.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

2. Significant Accounting Policies (Continued)

During 2007, the Medical Center created a supplemental executive retirement plan covering certain executives of the Medical Center under Section 457(f) of the Code. The Medical Center recorded compensation expense of \$577,252 and \$1,002,235 for the years ended September 30, 2022 and 2021, respectively related to this plan.

Employee Fringe Benefits

The Medical Center 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 Medical Center 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 Medical Center'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.

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 Medical Center 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 financial statements.

CATHOLIC MEDICAL CENTER
NOTES TO FINANCIAL STATEMENTS
Years Ended September 30, 2022 and 2021

2. Significant Accounting Policies (Continued)

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 (Loss) Income

Investments are carried at fair value in the accompanying balance sheets. See Note 8 for further discussion regarding fair value measurements. Investment (loss) 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 of revenues and (losses) gains over expenses in the accompanying 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 of revenues and (losses) gains over expenses). No such losses were recorded in 2022 or 2021.

Derivative Instruments

Derivatives are recognized as either assets or liabilities in the 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 of revenues and (losses) 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 Medical Center is the beneficiary of trust funds administered by trustees or other third parties. Trusts wherein the Medical Center 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 Medical Center 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.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

2. Significant Accounting Policies (Continued)

Spending policies may be adopted by the Medical Center, 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 Medical Center 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 Medical Center'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 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 Medical Center targets a diversified asset allocation that places emphasis on achieving its long-term return objectives within prudent risk constraints.

Federal Grant Revenue and Expenditures

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

Malpractice Loss Contingencies

The Medical Center 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 Medical Center 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 Medical Center. In the event a loss contingency should occur, the Medical Center would give it appropriate recognition in its financial statements in conformity with accounting standards. The Medical Center expects to be able to obtain renewal or other coverage in future years.

CATHOLIC MEDICAL CENTER**NOTES TO FINANCIAL STATEMENTS**

Years Ended September 30, 2022 and 2021

2. Significant Accounting Policies (Continued)

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, 2022 and 2021, the Medical Center recorded a liability of \$14,397,448 and \$15,491,857, respectively, related to estimated professional liability losses covered under this policy. At September 30, 2022 and 2021, the Medical Center also recorded a receivable of \$10,429,948 and \$11,402,607, 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 balance sheets.

Workers' Compensation

The Medical Center 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 Medical Center against excessive losses. The Medical Center has employed independent actuaries to estimate the ultimate costs, if any, of the settlement of such claims. Accrued workers' compensation losses of \$2,370,808 and \$2,493,406 at September 30, 2022 and 2021, respectively, have been discounted at 1.25% and, in management's opinion, provide an adequate reserve for loss contingencies. At September 30, 2022, \$1,050,109 and \$1,320,699 is recorded within accounts payable and accrued expenses and accrued pension and other liabilities, respectively, in the accompanying balance sheet. The Medical Center has also recorded \$148,287 and \$255,402 within other current assets and intangible assets and other, respectively, in the accompanying balance sheet to limit the accrued losses to the retention amount at September 30, 2022. 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 balance sheet. The Medical Center has also recorded \$147,120 and \$266,633 within other current assets and intangible assets and other, respectively, in the accompanying balance sheet to limit the accrued losses to the retention amount at September 30, 2021.

Health Insurance

The Medical Center has a self-funded health insurance plan. The plan is administered by an insurance company and the Medical Center has employed independent actuaries to estimate unpaid claims, and those claims incurred but not reported at fiscal year end. The Medical Center was insured above a stop-loss amount of approximately \$1.1 million and \$903,000 at September 30, 2022 and 2021, respectively, on individual claims. Estimated unpaid claims, and those claims incurred but not reported, at September 30, 2022 and 2021 of \$3,079,700 and \$2,511,000, respectively, are reflected in the accompanying 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 benefited.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

2. Significant Accounting Policies (Continued)**Advertising Costs**

The Medical Center expenses advertising costs as incurred, and such costs totaled approximately \$1,203,000 and \$947,000 for the years ended September 30, 2022 and 2021, respectively.

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 Medical Center 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. Management expects the adoption of this ASU to result in the recognition of a liability and offsetting right-of-use asset totaling approximately \$40 million.

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 was effective for the Medical Center for the year ended September 30, 2022. The adoption of this ASU did not have a significant impact on the Medical Center's financial statements.

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 was effective for the Medical Center beginning October 1, 2021. The adoption of this ASU did not have a significant impact on the Medical Center's 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. 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, but at times impacted through fiscal year 2022, however uncertainty still exists as the future is unpredictable. The Medical Center's pandemic response plan has multiple facets and continues to evolve as the pandemic unfolds. The Medical Center has taken precautionary steps to enhance its operational and financial flexibility, and react to the risks the COVID-19 pandemic presents in its operations.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

2. Significant Accounting Policies (Continued)

Since the declaration of the pandemic, the Medical Center received approximately \$49.0 million of accelerated Medicare payments (Note 4) as provided for under the *Coronavirus Aid, Relief and Economic Security Act* (CARES Act).

During 2022, the Medical Center received approximately \$2.2 million of *American Rescue Plan Act* (ARPA) rural payments, approximately \$11.9 million of Provider Relief Funds (PRF) (under the CARES Act) and approximately \$1.0 million from the Governor's Office of Emergency Relief and Recovery (GOFERR) (under the CARES Act). Distributions from ARPA, PRF and GOFERR are not subject to repayment provided the Medical Center 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 funding, the Medical Center recognized approximately \$15.1 million of the funding in 2022, and these payments are recorded within other revenue in the accompanying statement of operations for the year ended September 30, 2022. The Medical Center also received PRF and GOFERR funding in 2021 and recognized approximately \$17.6 million related to these funds, which was recorded within other revenue in the accompanying statement of operations for the year ended September 30, 2021.

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, 2022 and 2021, the Medical Center had deferred approximately \$3.3 million and \$6.5 million, respectively, of payroll taxes, of which approximately \$3.3 million are recorded within accrued salaries, wages and related accounts in the accompanying 2022 and 2021 balance sheets. Further, approximately \$3.2 million of deferred payroll taxes were recorded within accrued pension and other liabilities in the accompanying 2021 balance sheet.

Subsequent Events

Management of the Medical Center evaluated events occurring between the end of the Medical Center's fiscal year and February 23, 2023, the date the financial statements were available to be issued. See also Note 6.

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, 2022:

Cash and cash equivalents	\$ 41,793,666
Short-term investments	3,603,910
Accounts receivable	<u>70,378,411</u>
	<u>\$ 115,775,987</u>

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

3. Financial Assets and Liquidity Resources (Continued)

To manage liquidity, the Medical Center 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 Medical Center. In addition, the Medical Center 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, 2022, the balance in board-designated assets was approximately \$111 million.

4. Patient Service Revenues

The Medical Center maintains contracts with the Social Security Administration ("Medicare") and the State of New Hampshire Department of Health and Human Services ("Medicaid"). The Medical Center 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 Medical Center 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 37% and 4%, respectively, for the year ended September 30, 2022 and 31% and 4%, respectively, for the year ended September 30, 2021.

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 decreased patient service revenues by approximately \$36,000 for the year ended September 30, 2022. Such differences increased patient service revenues by approximately \$3.5 million for the year ended September 30, 2021. Settlements for the Medical Center have been finalized through 2018 and 2017 for Medicare and Medicaid, respectively.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Medical Center 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 14).

As discussed in Note 2, during fiscal year 2020, the Medical Center 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 were recouped in the first eleven months. An additional 25% of the advances were 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 Medical Center received approximately \$49.0 million from these accelerated Medicare payment requests. At September 30, 2021, the current portion due within a year, totaling approximately \$35.7 million, was recorded under the caption "amounts payable to third-party payors" in the accompanying 2021 balance sheet. The remaining amount was repaid in full during fiscal year 2022, and there is no remaining liability as of September 30, 2022.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

4. Patient Service Revenues (Continued)

The Medical Center 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 Medical Center 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>2022</u>	<u>2021</u>
Private payors (includes coinsurance and deductibles)	\$268,893,956	\$ 278,441,313
Medicaid	18,543,239	15,941,141
Medicare	175,511,508	136,062,134
Self-pay	<u>7,422,403</u>	<u>9,503,414</u>
	<u>\$470,371,106</u>	<u>\$ 439,948,002</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, 2022 and 2021 was \$22,288,821 and \$19,248,461, 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 in operating revenues and amounted to \$21,383,859 and \$21,483,694 for the years ended September 30, 2022 and 2021, 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 2019, 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 Medical Center has recorded reserves to address its potential exposure based on the audit results to date or any future redistributions.

CATHOLIC MEDICAL CENTER
NOTES TO FINANCIAL STATEMENTS
Years Ended September 30, 2022 and 2021

5. Property, Plant and Equipment

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

	<u>2022</u>	<u>2021</u>
Land and land improvements	\$ 1,472,137	\$ 1,472,137
Buildings and improvements	112,077,416	110,046,683
Fixed equipment	43,818,831	43,305,136
Movable equipment	133,712,594	133,370,597
Construction in progress	<u>24,957,824</u>	<u>17,728,986</u>
	316,038,802	305,923,539
Less accumulated depreciation and amortization	<u>(190,617,587)</u>	<u>(183,582,072)</u>
Net property, plant and equipment	<u>\$ 125,421,215</u>	<u>\$ 122,341,467</u>

In 2021, the Medical Center 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 Medical Center was 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 \$13,783,735. As a result of this change in estimate, depreciation expense for 2021 was reduced by \$1,728,743 to \$12,054,992.

The cost of equipment under capital leases was \$9,110,999 and \$9,551,202 at September 30, 2022 and 2021, respectively. Accumulated amortization of the leased equipment at September 30, 2022 and 2021 was \$6,313,502 and \$7,837,413, respectively. Amortization of assets under capital leases is included in depreciation and amortization expense.

As of September 30, 2022, construction in progress primarily consists of the cost related to expand the Medical Center adjacent to the current hospital building, intended for a future expansion of the Medical Center. As of the date of these financial statements, the Medical Center had no significant purchase commitments related to this project.

CATHOLIC MEDICAL CENTER
NOTES TO FINANCIAL STATEMENTS
Years Ended September 30, 2022 and 2021

6. Long-Term Debt and Notes Payable

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

	<u>2022</u>	<u>2021</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	\$ 13,900,000	\$ 15,500,000
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	19,750,000	20,400,000
Series 2015B Bonds with variable interest subject to interest rate swap described below and principal payable in annual installments ranging from \$435,000 to \$665,000 through July 2036	7,420,000	7,640,000
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>
	102,185,000	104,655,000
Construction loans – see below	18,531,163	12,566,668
Term loan – see below	35,000,000	35,000,000
Capitalized lease obligations	2,672,981	1,688,468
Unamortized original issue premiums/discounts	4,005,529	4,339,925
Unamortized debt issuance costs	<u>(1,113,254)</u>	<u>(1,207,451)</u>
	161,281,419	157,042,610
Less current portion	<u>(4,178,597)</u>	<u>(3,188,609)</u>
	<u>\$157,102,822</u>	<u>\$153,854,001</u>

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.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

6. Long-Term Debt and Notes Payable (Continued)

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. Subsequent to year end, the Medical Center entered into a commitment letter with TD Bank, N.A. (TD Bank) to extend the tenor of the Series 2015A and Series 2015B Bonds. The Series 2015A Bonds will continue to be amortized in line with the existing schedule, with a final maturity of July 1, 2040, subject to a mandatory tender seven years from the date of closing on the new commitment. The interest rate will be a 7-year fixed rate equal to TD Bank's 7/17 Open Cost of Funds (COF) rate plus 0.65%, multiplied by 81.5%. The Series 2015B Bonds will continue to be amortized in line with the existing schedule, with a final maturity of July 1, 2036, subject to a mandatory tender seven years from the date of closing on the new commitment. The interest rate will be a variable rate equal to the Term SOFR rate plus 1.35%, multiplied by 81.5%, adjusted monthly.

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.

CATHOLIC MEDICAL CENTER**NOTES TO FINANCIAL STATEMENTS**

Years Ended September 30, 2022 and 2021

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 began making 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, 2022 and 2021, the balance outstanding under the converted term loan is \$9,656,857 and \$9,951,192, respectively.

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% (3.31% at September 30, 2022). Advances from the line of credit were available through March 20, 2022, at which time the then outstanding line of credit balance will automatically convert to a term loan. During 2022, the conversion date was extended through December 31, 2022. Upon conversion, the Medical Center began making 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, 2022 and 2021, the Medical Center has drawn \$8,874,306 and \$2,615,476, respectively, on this line of credit. In December 2022, the outstanding balance of the line of credit at the date of conversion totaling \$9,207,005 was converted to a term loan with an interest rate of 5.12%.

Term Loan

On August 21, 2020, the Medical Center entered into a term loan with TD 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.

Subsequent to year end, the Medical Center entered into a commitment letter with TD Bank to extend the tenor of the term loan. The new term is a 7-year term with amortization based on a 20-year schedule, with a final maturity in 2030. The interest rate is a fixed rate equal to the bank's 7-year COF rate, plus 0.95%.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

6. Long-Term Debt and Notes Payable (Continued)

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 (including the term extensions provided by the TD Bank commitment letter received subsequent to year end, as previously discussed):

2023	\$ 4,178,597
2024	5,465,826
2025	5,764,360
2026	5,969,709
2027	6,183,725
Thereafter	<u>130,826,927</u>
	<u>\$158,389,144</u>

Interest paid by the Medical Center totaled \$4,925,200 for the year ended September 30, 2022 and \$4,977,828 (including capitalized interest of \$53,202) for the year ended September 30, 2021.

The fair value of the Medical Center's long-term debt is estimated using discounted cash flow analysis, based on the Medical Center's current incremental borrowing rate for similar types of borrowing arrangements. The fair value of the Medical Center's long-term debt, excluding capitalized lease obligations, was approximately \$154,500,000 and \$168,100,000 at September 30, 2022 and 2021, respectively.

On March 27, 2018, the MOB LLC (a subsidiary of Alliance Enterprises, Inc., which is a subsidiary of the System) refinanced an existing note payable to a term loan totaling \$8,130,000. Principal payments of \$19,500 are due in monthly installments beginning May 1, 2018, 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.

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 and 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 all required debt covenants as of September 30, 2022 and 2021. Subsequent to year end, in conjunction with the TD Bank commitment letter previously discussed for the Series 2015A and Series 2015B Bonds and the term loan, certain debt covenants were modified.

CATHOLIC MEDICAL CENTER
NOTES TO FINANCIAL STATEMENTS
 Years Ended September 30, 2022 and 2021

6. Long-Term Debt and Notes Payable (Continued)

Derivatives

The Medical Center uses derivative financial instruments principally to manage interest rate risk. 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 (1.79% at September 30, 2022). 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 an asset (liability) of \$263,468 and \$(277,022) as of September 30, 2022 and 2021, respectively, which amount has been recorded within intangible assets and other and accrued pension and other liabilities in the accompanying balance sheets, respectively. The change in the fair value of this derivative of \$540,490 and \$204,639, respectively, has been included within the statements of changes in net assets as a change in net assets without donor restrictions for the years ended September 30, 2022 and 2021. Subsequent to year end, and in connection with the new TD Bank commitment letter on the Series 2015B Bonds discussed above, the interest rate on the above swap agreement was converted from LIBOR to SOFR. Further, the Medical Center was provided with the option to extend the swap agreement maturity to match the new tenor of the Series 2015B Bonds. At the date of these financial statements, management of the Medical Center had not exercised this option.

7. Operating Leases

The Medical Center has various noncancelable agreements to lease various pieces of medical equipment. The Medical Center also has noncancelable leases for office space and its physician practices. Certain real estate leases are with related parties. Total rent expense paid to related parties for the years ended September 30, 2022 and 2021 was \$2,829,428 and \$2,781,321, respectively. Rental expense under all leases for the years ended September 30, 2022 and 2021 was \$6,149,210 and \$5,945,116, respectively.

Estimated future minimum lease payments under noncancelable operating leases are as follows:

2023	\$ 5,794,745
2024	2,791,662
2025	2,491,084
2026	1,596,170
2027	718,943
Thereafter	<u>561,132</u>
	<u>\$13,953,736</u>

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

8. Investments and Assets Whose Use is Limited

Short-term investments and assets whose use is limited (including pledges receivable) are comprised of the following at September 30:

	2022		2021	
	Fair Value	Cost	Fair Value	Cost
Cash and cash equivalents	\$ 26,595,538	\$ 26,595,538	\$ 21,976,516	\$ 21,976,516
U.S. federal treasury obligations	2,476,435	2,595,002	2,907,898	2,888,132
Marketable equity securities	91,014,461	100,355,056	112,087,037	99,183,893
Fixed income securities	36,483,285	40,848,321	41,022,868	40,695,230
Private investment funds	7,179,211	4,527,110	9,828,460	4,549,812
Pledges receivable	<u>1,829,416</u>	<u>1,829,416</u>	<u>6,791,741</u>	<u>6,791,741</u>
	<u>\$165,578,346</u>	<u>\$176,750,443</u>	<u>\$194,614,520</u>	<u>\$176,085,324</u>

Pledges receivable are due as follows at September 30:

	2022	2021
In one year or less (included in other current assets)	\$ 986,045	\$5,675,605
Between one and five years	<u>860,179</u>	<u>1,161,246</u>
	1,846,224	6,836,851
Less unamortized discount	<u>(16,808)</u>	<u>(45,110)</u>
	<u>\$1,829,416</u>	<u>\$6,791,741</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.

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.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

8. Investments and Assets Whose Use is Limited (Continued)

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by the Medical Center 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 Medical Center performs a detailed analysis of the assets and liabilities. There have been no changes in the methodologies used at September 30, 2022 and 2021.

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 Medical Center 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.

Marketable Equity Securities

Marketable equity securities are valued based on stated market prices and at the net asset value of shares held by the Medical Center at year end, which generally results in classification as Level 1 within the fair value hierarchy.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

8. Investments and Assets Whose Use is Limited (Continued)Private Investment Funds

The Medical Center 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 Medical Center 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.

Medical Center management is responsible for the fair value measurements of investments reported in the 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 balance sheet dates are reasonable.

Fair Value on a Recurring Basis

The following table presents information about the Medical Center'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, 2022:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>Assets</u>				
Cash and cash equivalents	\$ 26,595,538	\$ -	\$ -	\$ 26,595,538
U.S. federal treasury obligations	2,476,435	-	-	2,476,435
Marketable equity securities	91,014,461	-	-	91,014,461
Fixed income securities	<u>36,483,285</u>	<u>-</u>	<u>-</u>	<u>36,483,285</u>
	<u>\$156,569,719</u>	<u>\$ -</u>	<u>\$ -</u>	156,569,719
Investments measured at net asset value:				
Private investment funds				<u>7,179,211</u>
Total investments at fair value				163,748,930
Interest rate swap agreement	<u>\$ -</u>	<u>\$ -</u>	<u>\$263,468</u>	<u>263,468</u>
Total assets at fair value				<u>\$164,012,398</u>
Total investments, excluding pledges receivable, net, included the following as of September 30, 2022:				
Short term investments				\$ 3,603,910
Assets whose use is limited				<u>160,145,020</u>
				<u>\$163,748,930</u>

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

8. Investments and Assets Whose Use is Limited (Continued)

The following table presents information about the Medical Center'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	\$ 21,976,516	\$ -	\$ -	\$ 21,976,516
U.S. federal treasury obligations	2,907,898	-	-	2,907,898
Marketable equity securities	112,087,037	-	-	112,087,037
Fixed income securities	<u>41,022,868</u>	<u>-</u>	<u>-</u>	<u>41,022,868</u>
	<u>\$177,994,319</u>	<u>\$ -</u>	<u>\$ -</u>	177,994,319
Investments measured at net asset value:				
Private investment funds				<u>9,828,460</u>
Total investments at fair value				<u>\$187,822,779</u>
<u>Liabilities</u>				
Interest rate swap agreement	<u>\$ -</u>	<u>\$ -</u>	<u>\$277,022</u>	<u>\$ 277,022</u>
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>184,240,622</u>
				<u>\$187,822,779</u>

There were no significant purchases, issues or transfers into or out of Level 3 for the years ended September 30, 2022 or 2021.

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>
2022				
Private investment funds	\$ 7,179,211	\$ -	Monthly	5 day notice
2021				
Private investment funds	\$ 9,828,460	\$ -	Monthly	5 day notice

CATHOLIC MEDICAL CENTER
NOTES TO FINANCIAL STATEMENTS
Years Ended September 30, 2022 and 2021

8. Investments and Assets Whose Use is Limited (Continued)

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 Medical Center 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.

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.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

9. Retirement Benefits

As previously discussed in Note 2, the Plan provides retirement benefits for certain employees of an affiliated organization. The disclosure below provides information for the Plan as a whole. A reconciliation of the changes in the Catholic Medical Center Pension Plan and the Medical Center's Supplemental Executive Retirement Plan projected benefit obligations and the fair value of assets for the years ended September 30, 2022 and 2021, and a statement of funded status of the plans for both years are as follows:

	Catholic Medical Center Pension Plan		Pre-1987 Supplemental Executive Retirement Plan	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Changes in benefit obligations:				
Projected benefit obligations				
at beginning of year	\$ (333,300,327)	\$ (351,365,307)	\$ (3,404,278)	\$ (4,046,357)
Service cost	(1,600,000)	(1,500,000)	-	-
Interest cost	(9,442,623)	(8,807,235)	(69,258)	(67,304)
Benefits paid	10,516,182	10,561,754	248,345	406,705
Actuarial gain	81,777,574	16,230,510	928,082	302,678
Expenses paid	<u>1,708,691</u>	<u>1,579,951</u>	<u>-</u>	<u>-</u>
Projected benefit obligations				
at end of year	(250,340,503)	(333,300,327)	(2,297,109)	(3,404,278)
Changes in plan assets:				
Fair value of plan assets				
at beginning of year	230,969,065	193,634,925	-	-
Actual (loss) return on plan assets	(40,221,086)	40,943,728	-	-
Employer contributions	5,782,460	8,532,117	248,345	406,705
Benefits paid	(10,516,182)	(10,561,754)	(248,345)	(406,705)
Expenses paid	<u>(1,708,691)</u>	<u>(1,579,951)</u>	<u>-</u>	<u>-</u>
Fair value of plan assets at				
end of year	<u>184,305,566</u>	<u>230,969,065</u>	<u>-</u>	<u>-</u>
Funded status of plan at				
September 30	<u>\$ (66,034,937)</u>	<u>\$ (102,331,262)</u>	<u>\$ (2,297,109)</u>	<u>\$ (3,404,278)</u>
Amounts recognized in the				
balance sheets consist of:				
Current liability	\$ -	\$ -	\$ (278,033)	(331,563)
Noncurrent liability	<u>(66,034,937)</u>	<u>(102,331,262)</u>	<u>(2,019,076)</u>	<u>(3,072,715)</u>
	<u>\$ (66,034,937)</u>	<u>\$ (102,331,262)</u>	<u>\$ (2,297,109)</u>	<u>\$ (3,404,278)</u>

The current portion of accrued pension costs included in the above amounts for the Medical Center amounted to \$278,033 and \$331,563 at September 30, 2022 and 2021, respectively, and has been included in accounts payable and accrued expenses in the accompanying balance sheets.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

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	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Amounts recognized in the balance sheets – total plan: Net assets without donor restrictions:				
Net loss	<u>\$ (101,879,882)</u>	<u>\$ (135,195,854)</u>	<u>\$ (758,834)</u>	<u>\$ (1,814,229)</u>
Net amount recognized	<u>\$ (101,879,882)</u>	<u>\$ (135,195,854)</u>	<u>\$ (758,834)</u>	<u>\$ (1,814,229)</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	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Service cost	\$ 1,600,000	\$ 1,500,000	\$ –	\$ –
Interest cost	9,442,623	8,807,235	69,258	67,304
Expected return on plan assets	(13,219,077)	(13,523,452)	–	–
Amortization of actuarial loss	<u>4,980,228</u>	<u>5,408,409</u>	<u>127,763</u>	<u>166,900</u>
Net periodic pension cost	<u>\$ 2,803,774</u>	<u>\$ 2,192,192</u>	<u>\$ 197,021</u>	<u>\$ 234,204</u>

Other changes in plan assets and benefit obligations 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	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Net (gain) loss	<u>\$ (28,342,395)</u>	<u>\$ (43,650,786)</u>	<u>\$ (928,082)</u>	<u>\$ (302,678)</u>
Amortization of actuarial loss	<u>(4,980,228)</u>	<u>(5,408,409)</u>	<u>(127,763)</u>	<u>(166,900)</u>
Net amount recognized	<u>\$ (33,322,623)</u>	<u>\$ (49,059,195)</u>	<u>\$ (1,055,845)</u>	<u>\$ (469,578)</u>

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

9. Retirement Benefits (Continued)

The investments of the plans are comprised of the following at September 30:

	<u>Target Allocation</u>		<u>Catholic Medical Center Pension Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
	Cash and cash equivalents	0.0%	0.0%	2.3%
Equity securities	70.0	70.0	61.8	66.4
Fixed income securities	20.0	20.0	30.5	26.4
Other	<u>10.0</u>	<u>10.0</u>	<u>5.4</u>	<u>5.9</u>
	<u>100.0%</u>	<u>100.0%</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.

The weighted-average assumptions used to determine the defined benefit pension plan obligations at September 30 are as follows:

	<u>Catholic Medical Center Pension Plan</u>		<u>Pre-1987 Supplemental Executive Retirement Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
	Discount rate	5.39%	2.81%	5.18%
Rate of compensation increase	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:

	<u>Catholic Medical Center Pension Plan</u>		<u>Pre-1987 Supplemental Executive Retirement Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
	Discount rate	2.81%	2.57%	2.13%
Rate of compensation increase	N/A	N/A	N/A	N/A
Expected long-term return on plan assets	6.30%	6.90%	N/A	N/A

The Medical Center does not expect to make any significant employer contributions to the Catholic Medical Center Pension Plan or Pre-1987 Supplemental Executive Retirement Plan for the fiscal year ending September 30, 2023.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

9. Retirement Benefits (Continued)

The benefits, which reflect expected future service, as appropriate, expected to be paid for the years ending September 30 are as follows:

	<u>Catholic Medical Center Pension Plan</u>	<u>Pre-1987 Supplemental Executive Retirement Plan</u>
2023	\$11,832,493	\$ 285,143
2024	12,624,595	274,285
2025	13,553,384	262,535
2026	14,235,877	249,926
2027	15,049,976	236,506
2028 - 2032	83,857,865	959,866

The Medical Center contributed \$5,782,460 and \$248,345 to the Catholic Medical Center Pension Plan and the Pre-1987 Supplemental Executive Retirement Plan, respectively, for the year ended September 30, 2022. The Medical Center contributed \$8,532,117 and \$406,705 to the Catholic Medical Center Pension Plan and the Pre-1987 Supplemental Executive Retirement Plan, respectively, for the year ended September 30, 2021. The Medical Center plans to make any necessary contributions during the upcoming fiscal 2023 year to ensure the plans continue to be adequately funded given the current market conditions.

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>
2022				
Cash and cash equivalents	\$ 4,311,338	\$ -	\$ -	\$ 4,311,338
Marketable equity securities	113,967,344	-	-	113,967,344
Fixed income securities	<u>56,116,026</u>	<u>-</u>	<u>-</u>	<u>56,116,026</u>
	<u>\$174,394,708</u>	<u>\$ -</u>	<u>\$ -</u>	174,394,708
Investments measured at net asset value:				
Private investment funds				<u>9,910,858</u>
Total investments at fair value				<u>\$184,305,566</u>

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

9. Retirement Benefits (Continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
2021				
Cash and cash equivalents	\$ 3,212,324	\$ -	\$ -	\$ 3,212,324
Marketable equity securities	153,263,129	-	-	153,263,129
Fixed income securities	<u>60,911,412</u>	<u>-</u>	<u>-</u>	<u>60,911,412</u>
	<u>\$217,386,865</u>	<u>\$ -</u>	<u>\$ -</u>	217,386,865
Investments measured at net asset value:				
Private investment funds				<u>13,582,200</u>
Total investments at fair value				<u>\$230,969,065</u>

10. Related Party Transactions

During 2022 and 2021, the Medical Center made and received transfers of net assets (to) from affiliated organizations as follows:

	<u>2022</u>	<u>2021</u>
Alliance Health Services	\$ (5,770,000)	\$ (5,960,000)
Physician Practice Associates	(44,318,093)	(44,732,000)
Alliance Ambulatory Service	2,100,000	4,064,000
Alliance Resources	1,000,000	-
Alliance Enterprises	2,200,000	-
NH Medical Laboratory	<u>-</u>	<u>(612,399)</u>
	<u>\$ (44,788,093)</u>	<u>\$ (47,240,399)</u>

The Medical Center entered into various other transactions with the aforementioned related organizations. The net effect of these transactions was an amount due to affiliates of \$1,234,110 and \$715,592 at September 30, 2022 and 2021, respectively. See Note 7 for related party leasing activity.

The Medical Center has engaged in various transactions with GraniteOne, HH and MCH. The Medical Center recognized approximately \$3.0 million and \$3.1 million in revenue from these related parties for the years ended September 30, 2022 and 2021, respectively, which is reflected within other revenues in the accompanying statements of operations. The Medical Center also incurred expenses to these related parties of approximately \$1.9 million and \$6.5 million for the years ended September 30, 2022 and 2021, respectively, of which \$300,000 and \$600,000, respectively, is reflected within operating expenses. Additionally, approximately \$1.6 million and \$5.9 million for the years ended September 30, 2022 and 2021, respectively, is reflected within nonoperating (losses) gains in the accompanying statements of operations. As of September 30, 2022, the Medical Center had a net amount due from these related parties of approximately \$2.0 million, which is reflected within other current assets in the accompanying 2022 balance sheet. 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 balance sheet. See also Note 1.

CATHOLIC MEDICAL CENTER**NOTES TO FINANCIAL STATEMENTS**

Years Ended September 30, 2022 and 2021

11. Functional Expenses

The Medical Center 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>
2022			
Salaries, wages and fringe benefits	\$225,148,988	\$38,990,425	\$264,139,413
Supplies and other	153,048,709	33,501,325	186,550,034
New Hampshire Medicaid enhancement tax	22,288,821	-	22,288,821
Depreciation and amortization	7,122,924	5,212,484	12,335,408
Interest	<u>4,028,867</u>	<u>754,279</u>	<u>4,783,146</u>
	<u>\$411,638,309</u>	<u>\$78,458,513</u>	<u>\$490,096,822</u>
2021			
Salaries, wages and fringe benefits	\$183,398,285	\$35,509,892	\$218,908,177
Supplies and other	151,124,424	32,677,200	183,801,624
New Hampshire Medicaid enhancement tax	19,248,461	-	19,248,461
Depreciation and amortization	7,038,102	5,029,283	12,067,385
Interest	<u>3,873,112</u>	<u>785,942</u>	<u>4,659,054</u>
	<u>\$364,682,384</u>	<u>\$74,002,317</u>	<u>\$438,684,701</u>

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 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.

CATHOLIC MEDICAL CENTER

NOTES TO FINANCIAL STATEMENTS

Years Ended September 30, 2022 and 2021

12. Concentration of Credit Risk

The Medical Center 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>2022</u>	<u>2021</u>
Medicare	40%	39%
Medicaid	13	14
Commercial insurance and other	20	22
Patients (self pay)	8	7
Anthem Blue Cross	<u>19</u>	<u>18</u>
	<u>100%</u>	<u>100%</u>

13. Endowments and Net Assets With Donor RestrictionsEndowments

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>
2022			
Board-designated endowment funds	\$111,045,914	\$ -	\$111,045,914
Donor-restricted endowment funds:			
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by donor	-	9,476,635	9,476,635
Accumulated investment gains	<u>-</u>	<u>602,774</u>	<u>602,774</u>
Total endowment net assets	<u>\$111,045,914</u>	<u>\$10,079,409</u>	<u>\$121,125,323</u>

CATHOLIC MEDICAL CENTER
NOTES TO FINANCIAL STATEMENTS
Years Ended September 30, 2022 and 2021

13. Endowments and Net Assets With Donor Restrictions (Continued)

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
2021			
Board-designated endowment funds	\$132,618,999	\$ —	\$132,618,999
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>—</u>	<u>4,058,751</u>	<u>4,058,751</u>
Total endowment net assets	<u>\$132,618,999</u>	<u>\$12,739,651</u>	<u>\$145,358,650</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, 2020	\$110,329,140	\$10,683,541	\$121,012,681
Investment return, net	22,219,555	1,834,839	24,054,394
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	132,618,999	12,739,651	145,358,650
Investment loss, net	(22,068,501)	(2,239,632)	(24,308,133)
Contributions	—	795,735	795,735
Appropriation for operations	—	(720,929)	(720,929)
Appropriation for capital	<u>495,416</u>	<u>(495,416)</u>	<u>—</u>
Balance at September 30, 2022	<u>\$111,045,914</u>	<u>\$10,079,409</u>	<u>\$121,125,323</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, 2022 or 2021.

CATHOLIC MEDICAL CENTER
NOTES TO FINANCIAL STATEMENTS
Years Ended September 30, 2022 and 2021

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>2022</u>	<u>2021</u>
Funds subject to use or time restrictions:		
Capital acquisitions	\$17,068,009	\$11,143,157
Healthcare services	1,143,769	1,270,257
Indigent care	676,640	801,323
Pledges receivable	<u>1,829,416</u>	<u>6,791,741</u>
	20,717,834	20,006,478
Funds of perpetual duration:		
	<u>8,107,319</u>	<u>10,561,443</u>
	<u>\$28,825,153</u>	<u>\$30,567,921</u>

14. Commitments and Contingencies

Litigation

Various legal claims, generally incidental to the conduct of normal business, are pending or have been threatened against the Medical Center. The Medical Center 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 Medical Center.

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.

2023
**Catholic Medical Center
Board of Trustees**

Timothy Riley, *Chairperson*
The Harbor Group

Pamela Diamantis, *Vice Chairperson*
Curbstone Financial Management Corp

Marie McKay, *Treasurer*
Bigelow & Company

Matthew Kfoury, *Secretary*
K4E Company

Alexander J. Walker, *ex officio*
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Catholic Medical Center

Patricia Furey, MD, *ex officio*
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Vein and Vascular Specialists

Derek McDonald, *ex officio*.
**Bishop's Delegate for Catholic Health
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John J. Munoz, MD
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Matthew Albuquerque
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Roger Jean
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Kristy Merrill
New Hampshire Bankers Association

Robert Capodilupo, MD, *Interim Trustee*
Vice President of CMC Medical Staff
New England Heart and Vascular Institute

Carrie Perry, Sr. Executive Assistant / Board Liaison
603-663-6552 / carrie.perry@cmc-nh.org

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

- Vice President and 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

7/20 – 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 of 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

TIMOTHY M. SOUCY, MPH

- 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	\$74,000
Timothy Soucy	VP Mission Integration	\$0

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ARC



Lori A. Shibley
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

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: 6/2/21 Item #28 A1: 10/13/21 Item #39

His Excellency, Governor Christopher T. Sununu
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*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	\$1,498,129	\$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	\$5,282,874	\$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	
<i>*Indicates contracts that have expired or have been terminated.</i>						

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 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.

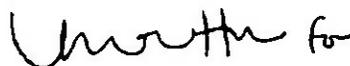
Should the Governor and Executive Council not authorize this request, individuals seeking treatment for opioid use and/or stimulant use disorders may experience difficulty navigating a complex system, may not receive the supports and clinical services needed, and may experience delays in receiving care.

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,



Lori A. Shibinette
Commissioner

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

06-95-92-920510-70400000 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				\$4,000,839.00	\$1,350,363.00	\$5,351,002.00	

Vendor Name Granite Pathways Manchester						Vendor # 228900P	
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 # 177182
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				\$2,815,638.00	\$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	\$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	\$473,666.00	\$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	\$1,088,549.00	\$1,088,549.00	
2024	074/500589	Welfare Assistance	92057058	\$0.00	\$362,183.00	\$362,183.00	
Sub Total				\$8,747,838.00	\$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	\$1,288,810.00	\$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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06-95-92-920510-19810000 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 Androsocoggin 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 #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,

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.

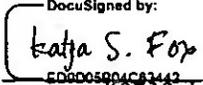
All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to September 29, 2022, upon Governor and Council approval.

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

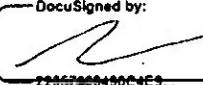
Date

DocuSigned by:

Name: Katja S. FOX
Title: Director

Catholic Medical Center

10/10/2022

Date

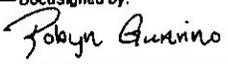
DocuSigned by:

Name: ALEXANDER 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

10/11/2022

Date

DocuSigned by:

740734844391400
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

DS
AW

Contractor Initials

10/10/2022

Date

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 AW
 Date 10/10/2022



Lori A. Shibanette
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
Page 2 of 4

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
Page 4 of 4

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
4CAAS2594125473...

for

Lori A. Shibinette
Commissioner

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

05-02-02-920510-70400000 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 Androscoffin 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				\$1,808,517.00	\$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	\$238,918.00	\$0.00	\$238,918.00
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	\$211,666.00	\$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	\$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 # 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	\$473,666.00	\$0.00	\$473,666.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,115,878.00	\$1,115,878.00
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	\$1,806,752.00	\$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	\$1,136,810.00	\$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 - Laconia				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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05-92-92-020510-19810000 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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05-95-92-020510-33820000 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
		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 # 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 # 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	\$70,843.00	\$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 - 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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05-95-02-020510-2559 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	\$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
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GRAND TOTALS	\$37,617,414.00	\$11,190,088.00	\$48,807,502.00
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JAN20'21 PM 3:57 RCVD

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Lori A. Shibnette
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
Fnx: 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

05-95-82-920510-70400000 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 H79TD81885 and H79TD83326

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 # 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
		<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

Uttleton 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 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	\$ 1,223,728.00	\$ (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		\$ 27,125,987.00	\$ 6,045,256.00	\$ 33,171,243.00

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

05-05-92-920510-33820000 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

Litchton 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 # 177160

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 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	\$ 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 Commission</i>		\$ -	\$ 853,276.00	\$ 853,276.00
		<i>Total All</i>		\$ 27,125,987.00	\$ 6,898,532.00	\$ 34,024,519.00

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

Lori A. Shlbinette
 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

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 Svs	102-500731	\$1,223,728
	2021	Contracts for Prog Svs	102-500731	\$724,614
			Subtotal	\$1,948,342

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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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 women 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 #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 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), October 13, 2021 (Item #39), and most recently amended on December 7, 2022 (Item #11), 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, 2024
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$ 4,934,835
3. Modify Exhibit A, Amendment #3, Scope of Services by replacing in its entirety with Exhibit A Amendment #6, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B, Amendment #4, Methods and Conditions Precedent to Payment, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1 95.87% Federal funds from the U.S. Department of Health and Human Services (US DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), State Opioid Response Grant, ALN #93.788, as awarded on:
 - 1.1.1 08/30/2018, FAIN H79TI081685.
 - 1.1.2 09/30/2020, FAIN H79TI083326.
 - 1.1.3 08/09/2021, FAIN H79TI083326.
 - 1.1.4 09/23/2022, FAIN H79TI085759.
 - 1.2 1.15% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the US DHHS, SAMHSA, ALN #93.959, FAIN TI083509.
 - 1.3 .99% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG, as awarded on 02/10/2022, by the US DHHS, SAMHSA, ALN #93.959, FAIN TI084659.
 - 1.4 1.99% 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.
5. 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 #6, SOR III Budget.
6. Add Exhibit B-13, Amendment #6, SOR III SFY24 Budget, which is attached hereto and incorporated by reference herein.
7. Add Exhibit B-14, Amendment #6, SOR III SFY25 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, 2023, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

10/3/2023

Date

DocuSigned by:

Katja S. Fox

Name: Katja S. Fox

Title: Director

Concord Hospital, Inc.

10/3/2023

Date

DocuSigned by:

Robert Steigmeyer

Name: Robert Steigmeyer

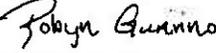
Title: President and CEO

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

OFFICE OF THE ATTORNEY GENERAL

10/4/2023

Date

DocuSigned by:

748734811231168
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 – Amendment #6

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 B through K are attached hereto and incorporated by reference herein.

2. Statement of Work

- 2.1. The Contractor shall participate in technical assistance, guidance, and oversight activities, as directed by the Department, for continued development and enhancement of Doorway services.
- 2.2. The Contractor shall provide residents in the Concord Region with facilitated referrals to prevention services, substance use disorder (SUD) treatment, recovery support services, and/or harm reduction services and other health and social services, including medications for SUD.
- 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. Medications for SUD, consistent with the principles of the Medication First model.
 - 2.4.2. Coordination of outpatient, residential and inpatient SUD treatment 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.
- 2.5. The Contractor shall identify any gaps in financial and staffing resources required in Section 5. Staffing.
- 2.6. The Contractor shall ensure formalized coordination with 2-1-1 NH; other Doorways, including the After Hours Doorway; 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:

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



EXHIBIT A – Amendment #6

- 2.6.1.1. A process that ensures the individual's preferred Doorway receives information on the individual, outcomes, and events for continued follow-up.
- 2.6.1.2. A process for sharing information about each individual receiving services 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 individual was referred for respite care or housing.
 - 2.6.1.2.2. Other services offered or provided to the individual.
- 2.6.2. Enabling the sharing of information and resources, which include, but are not limited to:
 - 2.6.2.1. Demographics of individuals receiving services.
 - 2.6.2.2. Referrals made.
 - 2.6.2.3. Services rendered.
 - 2.6.2.4. Identification of resource providers involved in each individual's care.
- 2.7. The Contractor 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 individual.
 - 2.7.2. Private insurance carriers to coordinate case management efforts on behalf of the individual.
- 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 above.
- 2.9. The Contractor shall develop a Department-approved conflict of interest policy related to Doorway services and referrals to treatment and recovery supports and services programs funded outside of this contract that maintains the integrity of the referral process and individual 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 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.

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



EXHIBIT A – Amendment #6

-
- 2.11.2. Ensure meeting agendas include, but are not limited to:
 - 2.11.2.1. Receiving input on successes of services.
 - 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 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 saturation and distribution.
 - 2.12.2. Enhanced coverage and services to enable reduced Emergency Room use.
 - 2.12.3. Reducing fatal and non-fatal overdose.
 - 2.12.4. Increasing access to medications for SUD.
- 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; and
 - 3.1.1.2. Expanded hours as agreed to by the Department.
 - 3.1.2. A physical location for individuals to receive face-to-face services, ensuring any request for a change in location is submitted to the Department no later than 30 days prior to the requested move for Department approval;
 - 3.1.3. Telehealth services consistent with state and federal law;
 - 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 provided same day;
 - 3.1.6. Crisis intervention and stabilization counseling services provided by a licensed clinician for any individual in a substance use related behavioral health crisis who requires immediate non-emergency intervention requiring urgent assessment and history of the crisis state, mental status exam, and disposition. If the individual is calling rather than physically presenting at the Doorway, the Contractor shall ensure services include, but are not limited to:
 - 3.1.6.1. Community-based mobile crisis services through New Hampshire Rapid Response.

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- 3.1.6.2. Directing callers to dial 911, or calling on individual's behalf if necessary, if an individual is in imminent danger or there is an emergency.
- 3.1.6.3. Assessment and history of the crisis state.
- 3.1.6.4. Mental Status Exam and disposition.
- 3.1.6.5. Plans for Safety.
- 3.1.7. Same day, trauma-informed, 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); and
 - 3.1.7.3. Identification of the individual's 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 individual based on the clinical evaluation referenced above. 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 individual 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 needs.
 - 3.1.8.2.4. Social services needs.
 - 3.1.8.2.5. Criminal justice needs that include Corrections, Treatment Court, and Division for Children, Youth, and Families (DCYF) matters.
 - 3.1.8.3. A plan for addressing all areas of need identified above 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 above is not available to the individual within 48 hours of service plan development, which are defined as:
 - 3.1.8.4.1. A minimum of one (1), 60-minute individual or group outpatient session per week; and/or
 - 3.1.8.4.2. Recovery support services, as needed by the individual; and/or
 - 3.1.8.4.3. Daily calls to the individual to assess and respond to any emergent needs; and/or
 - 3.1.8.4.4. Respite shelter while awaiting treatment and recovery services.

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- 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 people.
 - 3.1.9.3. Families involved with DCYF.
 - 3.1.9.4. Individuals at-risk of or living 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 individual-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.
 - 3.1.10.3. Assisting individuals with obtaining services with the provider agency, as appropriate.
 - 3.1.10.4. Contacting the provider agency on behalf of the individual, as appropriate.
 - 3.1.10.5. Assisting individuals 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.
 - 3.1.10.5.2. Providing assistance with accessing financial assistance including, but not limited to:
 - 3.1.10.5.2.1. Assisting the individual with making contact with the assistance agency, as appropriate.
 - 3.1.10.5.2.2. Contacting the assistance agency on behalf of the individual, as appropriate.
 - 3.1.10.5.2.3. Supporting the individual in meeting the admission, entrance, and intake requirements of the assistance agency.
 - 3.1.10.5.3. When no other payer is available, assisting individuals with accessing services by utilizing flexible needs funds, as directed by the Department, that supports individuals who meet the eligibility criteria for assistance under the Department-approved Flexible Needs Fund Policy with their financial needs, which may include but are not limited to:

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- 3.1.10.5.3.1. Transportation for eligible individuals to and from recovery-related medical appointments, treatment programs, and other locations;
 - 3.1.10.5.3.2. Childcare to permit an eligible individual 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 clothing appropriate for cold weather, job interviews, or work;
 - 3.1.10.5.3.5. Assisting individuals in need of respite shelter resources while awaiting treatment and recovery services; and
 - 3.1.10.5.3.6. Other uses preapproved in writing by the Department.
- 3.1.11. Continuous care coordination which include, but are not limited to:
- 3.1.11.1. Continuous reassessment of the clinical evaluation, identified above, 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. Continuous reassessment in collaboration or consultation with the individual's external service provider(s) of necessary support services to address needs identified in the evaluation or by the individual's service provider that may create barriers to the individual entering and/or maintaining treatment and/or recovery.
 - 3.1.11.3. Supporting individuals with meeting the admission, entrance, and intake requirements of the provider agency.
 - 3.1.11.4. Ongoing follow-up and support of individuals engaged in services in collaboration or consultation with the individual's external service 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 individual at a minimum, once per week until the discharge GPRA interview is completed, according to the following guidelines:

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- 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 individual would normally be available.
- 3.1.11.4.1.2. If the first contact attempt 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 individual 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 second contact attempt 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 individual 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 identified above 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.
 - 3.1.11.5.1. Clinicians shall screen individuals for suicide risk using a validated tool, with information being communicated to partners where necessary; and
 - 3.1.11.5.2. If screening is positive, call Rapid Response.
- 3.1.11.6. When possible, contact with, and outreach to, individuals shall be conducted in coordination and consultation with the individual'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. Inquiring on the status of each individual's recovery and experience with their external service provider.
 - 3.1.11.7.2. Identifying individual needs.
 - 3.1.11.7.3. Assisting the individual with addressing identified needs.
 - 3.1.11.7.4. Providing early intervention to individuals who have resumed use.

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- 3.1.11.8. Collecting and documenting attempts to collect individual-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; and
 - 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 engagement in follow-up GPRA interviews, which may include, but are not limited to gift cards provided to individuals for follow-up participation at each follow-up interview, which shall not exceed \$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, and or waiver programs within 14 calendar days after intake.
 - 3.1.11.12. Providing Naloxone purchase, distribution, information, and training to individuals and organizations receiving kits.
- 3.2. The Contractor shall obtain consent forms from all individuals 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 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; and
 - 3.3.5. The ASAM Criteria 3rd Edition.
- 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:

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- 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; and
- 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 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.
 - 3.6.3. Referrals and evaluation from other providers.
 - 3.6.4. Complaints.
 - 3.6.5. Grievances.
 - 3.6.6. Formalized agreements with community partners and other agencies that include, but are not limited to:
 - 3.6.6.1. 2-1-1 NH.
 - 3.6.6.2. Other Doorway partners.
 - 3.6.6.3. After Hours.
 - 3.6.6.4. Providers and supports available after normal Doorway operating hours.
- 3.7. The Doorway must collaborate with the Department contracted 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.

4. Subcontracting for the Doorways

- 4.1. The Doorway shall annually submit a written plan to the Department for review and written approval for any proposed subcontracting of Core Doorway services.
- 4.2. The Doorway shall annually submit all subcontracts the Doorway proposes to enter into for services funded through this contract to the Department for written approval prior to execution.
- 4.3. The Doorway shall at all times be responsible for continuous oversight of, and compliance with, all Core Doorway services, including those provided by any subcontract, and shall be the single point of contact with the Department for those Core services. To the furthest extent possible, the patient experience with subcontracts should be consistent with that provided directly by the Doorway.

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 via telehealth;

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- 5.1.2. One (1) CRSW with the ability to fulfill recovery support and care coordination functions; and
- 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 3.1.9.
- 5.2. The Contractor shall ensure sufficient staffing levels appropriate for the services provided and the number of individuals 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, 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 eight (8) 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:
 - 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 12 core functions and The Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice within 12 months of hire.
 - 5.7.1.5. A Department-approved ethics course within 12 months of hire.
 - 5.7.2. For recovery support staff and other non-clinical staff working directly with individuals:
 - 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

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- 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 12 months of hire.
 - 5.7.3. Ensuring all recovery support staff and clinical staff receive annual continuous education regarding substance use.
 - 5.7.4. Providing, and documenting, in-service training to all staff involved in direct-care within 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; and
 - 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 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; and
 - 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 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,

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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; and

6.1.4. Medical records on each patient/recipient of services.

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 A, 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 24 hours and follow up with written documentation submitted to the Bureau of Quality Assurance and Improvement within 72 hours, as specified in PO.1003, any sentinel event that occurs with any individual who is receiving services under this contract. This

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does not replace the responsibility of the Contractor's responsibility to notify the appropriate authority if the Contractor suspects a crime has occurred.

- 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 by the 3rd working day of the month 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 individuals seen, separately identifying new individuals and individuals 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.
 - 8.4.11. Individual demographic data.
- 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 Contractor(s), including individual-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, Contractor(s) must collect and share data with the Department in a format specified by the Department.

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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.
- 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.

11. SOR Grant Standards

- 11.1. The Contractor shall meet with the Department within sixty (60) days of the contract effective date to review the proposed plan for contract implementation.
- 11.2. The Contractor and/or referred providers shall ensure that only Food and Drug Administration approved medications for Opioid Use Disorder (OUD) are utilized.
- 11.3. The Contractor and referred providers shall only provide medical withdrawal management services to any individual supported by SOR Grant Funds if the withdrawal management service is accompanied by the use of injectable extended-release naltrexone, as clinically appropriate.
- 11.4. The Contractor and referred providers shall ensure staff who are trained in Presumptive Eligibility for Medicaid are available to assist individuals with enrolling in public or private health insurance.

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- 11.5. The Contractor shall ensure individuals receiving services, rendered from SOR funds, have a documented history or current diagnoses of Opioid Use Disorder or Stimulant Use Disorders (OUD/StimUD) or are at risk for such.
- 11.6. The Contractor shall coordinate completion of Government Performance Results Act (GPRA) initial interview and associated follow-ups at six (6) months and discharge for individuals referenced previously.
- 11.7. The Contractor shall submit a detailed plan within thirty (30) days of contract effective date for ensuring GPRA completion for all clients receiving SOR funding.
- 11.8. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide cannabis or for providing treatment using cannabis. The Contractor shall ensure:
 - 11.8.1. Treatment in this context includes the treatment of OUD/StimUD.
 - 11.8.2. Grant funds are not provided to any individual who or organization that provides or permits cannabis use for the purposes of treating substance use or mental health disorders.
 - 11.8.3. This cannabis restriction applies to all subcontracts and Memorandums of Understanding that receive SOR funding.
- 11.9. The Contractor shall ensure Naloxone kits are available to individuals, utilizing SOR funding.
- 11.10. If the Contractor intends to distribute test strips, the Contractor shall provide a test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes, but is not limited to:
 - 11.10.1. Internal policies for the distribution of test strips;
 - 11.10.2. Distribution methods and frequency; and
 - 11.10.3. Other key data as requested by the Department.
- 11.11. The Contractor shall provide services to eligible individuals who:
 - 11.11.1. Receive MOUD services from other providers, including the individual's primary care provider;
 - 11.11.2. Have co-occurring mental health disorders; or
 - 11.11.3. Are on medications and are taking those medications as prescribed regardless of the class of medication.
- 11.12. The Contractor shall ensure individuals who refuse to consent to information sharing with the Doorways do not receive services utilizing SOR funding.
- 11.13. The Contractor shall ensure individuals who rescind consent to information sharing with the Doorways do not receive any additional services utilizing SOR funding.
- 11.14. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.

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- 11.15. The Contractor shall comply with all appropriate Department, State of NH, Substance Abuse and Mental Health Services Administration (SAMHSA), and other Federal terms, conditions, and requirements, and as amended, and shall collaborate with the Department to understand the aforesaid.

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 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 individuals 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 individuals 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 individuals 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 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

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



EXHIBIT A – Amendment #6

- 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)

- 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

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



EXHIBIT A – Amendment #6

- 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 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.

Exhibit B-13, Amendment #6,
SOR III, SFY24 Budget

New Hampshire Department of Health and Human Services		
Contractor Name: Concord Hospital, Inc.		
Budget Request for: Access and Delivery Hub for Opioid Use Disorder Services		
Budget Period: SFY24-(September 29, 2023-June 30, 2024)		
Indirect Cost Rate (if applicable): 5.7% across both budget periods for entire amendment total		
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages	\$326,304	\$0
2. Fringe Benefits	\$128,880	\$0
3. Consultants	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$14,322	\$0
5.(d) Supplies - Medical	\$400	\$0
5.(e) Supplies Office	\$1,500	\$0
6. Travel	\$200	\$0
7. Software	\$2,400	\$0
8. (a) Other - Marketing/ Communicatio	\$500	\$0
8. (b) Other - Education and Training	\$1,500	\$0
8. (c) Other - Other (specify below)	\$0	\$0
OCCUPANCY	\$13,500	\$0
FLEX FUNDS OCT-DEC 23	\$60,000	\$0
RESPIRE SHELTER VOUCHERS	\$8,000	\$0
REPAIR/MAINTENANCE	\$4,150	\$0
9. Subrecipient Contracts	\$0	\$0
Third Party Revenue Offset	(\$62,028)	
Total Direct Costs	\$499,628	\$0
Total Indirect Costs	\$30,200	\$0
TOTAL	\$529,828	\$0

Contractor: RS

Exhibit B-14, Amendment #6,
SOR III, SFY25 Budget

New Hampshire Department of Health and Human Services		
Contractor Name:	Concord Hospital, Inc.	
Budget Request for:	Access and Delivery Hub for Opioid Use Disorder Services	
Budget Period	SFY25-(July 1, 2024-September 29, 2024)	
Indirect Cost Rate (if applicable)	5.7% across both budget periods for entire amendment total	
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages	\$108,768	\$0
2. Fringe Benefits	\$43,617	\$0
3. Consultants	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$23,600	\$0
5.(d) Supplies - Medical	\$150	\$0
5.(e) Supplies Office	\$500	\$0
6. Travel	\$75	\$0
7. Software	\$800	\$0
8. (a) Other - Marketing/ Communication	\$150	\$0
8. (b) Other - Education and Training	\$500	\$0
8. (c) Other - Other (specify below)	\$0	\$0
OCCUPANCY	\$4,500	\$0
REPAIR/MAINTENANCE	\$1,400	\$0
Third Party Revenue Offset	(\$20,677)	\$0
Total Direct Costs	\$163,383	\$0
Total Indirect Costs	\$9,876	\$0
TOTAL	\$173,259	\$0

Contractor: RS^{DS}

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 OF AUTHORITY

I, William Chapman, hereby certify that:

1. I am a duly elected Secretary of Concord Hospital, 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 January 23, 2023 at which a quorum of the Trustees were present and voting.

VOTED: That Robert Steigmeyer, President and CEO, is duly authorized on behalf of Capital Region Health Care and Concord Hospital, Inc. to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

DATED: October 03, 2023



William Chapman, Esq.
Concord Hospital, Secretary of the Board
Capital Region Health Care, Secretary of the Board

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, 2022 and 2021
With Independent Auditors' Report*

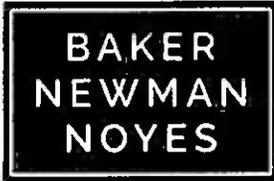
CONCORD HOSPITAL, INC. AND SUBSIDIARIES

Audited Consolidated Financial Statements

Years Ended September 30, 2022 and 2021

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Baker Newman & Noyes LLC
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800.244.7444 | www.bnn CPA.com

INDEPENDENT AUDITORS' REPORT

The Board of Trustees
Concord Hospital, Inc. and Subsidiaries

Opinion

We have audited the consolidated financial statements of Concord Hospital, Inc. and Subsidiaries (the System), which comprise the consolidated balance sheets as of September 30, 2022 and 2021, 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 (collectively, the financial statements).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the System as of September 30, 2022 and 2021, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

The Board of Trustees
Concord Hospital, Inc. and Subsidiaries

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

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

Baker Newman & Noyes LLC

Manchester, New Hampshire
December 9, 2022

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS

September 30, 2022 and 2021

ASSETS
(In thousands)

	<u>2022</u>	<u>2021</u>
Current assets:		
Cash and cash equivalents	\$ 54,630	\$ 37,722
Short-term investments	15,322	66,525
Accounts receivable	110,525	94,720
Due from affiliates	1,099	1,031
Supplies	6,125	5,656
Prepaid expenses and other current assets	<u>12,255</u>	<u>11,575</u>
Total current assets	199,956	217,229
Assets whose use is limited or restricted:		
Board designated	340,058	365,305
Funds held by trustee for insurance reserves, escrows and construction funds	50,118	77,443
Donor-restricted funds and restricted grants	<u>43,514</u>	<u>48,313</u>
Total assets whose use is limited or restricted	433,690	491,061
Other noncurrent assets:		
Due from affiliates, net of current portion	533	615
Other assets	<u>21,126</u>	<u>16,656</u>
Total other noncurrent assets	21,659	17,271
Property and equipment:		
Land and land improvements	8,359	8,193
Buildings	266,581	269,286
Equipment	260,992	271,210
Construction in progress	<u>11,807</u>	<u>10,144</u>
	547,739	558,833
Less accumulated depreciation	<u>(344,416)</u>	<u>(337,496)</u>
Net property and equipment	<u>203,323</u>	<u>221,337</u>
	<u>\$ 858,628</u>	<u>\$ 946,898</u>

LIABILITIES AND NET ASSETS
(In thousands)

	<u>2022</u>	<u>2021</u>
Current liabilities:		
Accounts payable and accrued expenses	\$ 50,361	\$ 47,073
Accrued compensation and related expenses	49,107	43,982
Accrual for estimated third-party payor settlements	62,608	96,403
Current portion of long-term debt	<u>4,147</u>	<u>5,447</u>
Total current liabilities	166,223	192,905
Long-term debt, net of current portion	152,609	155,323
Reserve for insurance	23,601	28,932
Accrued pension and other long-term liabilities	<u>26,490</u>	<u>40,391</u>
Total liabilities	368,923	417,551
Net assets:		
Without donor restrictions	443,500	477,710
With donor restrictions	<u>43,514</u>	<u>48,903</u>
Total Concord Hospital net assets	487,014	526,613
Noncontrolling interest in consolidated subsidiary	<u>2,691</u>	<u>2,734</u>
Total net assets	489,705	529,347
	<u>\$ 858,628</u>	<u>\$ 946,898</u>

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**CONSOLIDATED STATEMENTS OF OPERATIONS**

Years Ended September 30, 2022 and 2021
(In thousands)

	<u>2022</u>	<u>2021</u>
Revenue and other support without donor restrictions:		
Patient service revenue	\$709,396	\$598,533
Other revenue	39,781	30,661
Disproportionate share revenue	29,744	26,545
Net assets released from restrictions for operations	<u>1,889</u>	<u>1,537</u>
Total revenue and other support without donor restrictions	780,810	657,276
Operating expenses:		
Salaries and wages	380,846	297,198
Employee benefits	92,363	81,179
Supplies and other	156,674	143,972
Purchased services	51,392	45,501
Professional fees	16,498	10,660
Depreciation and amortization	28,953	27,207
Medicaid enhancement tax	32,035	26,631
Interest expense	<u>4,568</u>	<u>3,835</u>
Total operating expenses	<u>763,329</u>	<u>636,183</u>
Income from operations	17,481	21,093
Nonoperating (loss) income:		
Gifts and bequests without donor restrictions	261	328
Investment (loss) income and other	(48,917)	69,338
Other nonoperating (expense) income	(856)	2,118
Net periodic benefit gain (cost), other than service cost	<u>1,321</u>	<u>(1,931)</u>
Total nonoperating (loss) income	<u>(48,191)</u>	<u>69,853</u>
Consolidated (deficiency) excess of revenues and nonoperating (loss) income over expenses	(30,710)	90,946
Excess of revenues and nonoperating income (loss) over expenses attributable to noncontrolling interest in consolidated subsidiary	<u>(227)</u>	<u>(144)</u>
(Deficiency) excess of revenues and nonoperating (loss) income over expenses attributable to the System	<u>\$(30,937)</u>	<u>\$ 90,802</u>

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS

Years Ended September 30, 2022 and 2021
(In thousands)

	<u>2022</u>	<u>2021</u>
System net assets without donor restrictions:		
(Deficiency) excess of revenues and nonoperating (loss) income over expenses attributable to the System	\$ (30,937)	\$ 90,802
Net transfers from (to) affiliates	343	(15)
Net assets released from restrictions used for purchases of property and equipment	1,886	165
Pension adjustment	<u>(5,502)</u>	<u>55,698</u>
(Decrease) increase in System net assets without donor restrictions	(34,210)	146,650
System net assets with donor restrictions:		
Contributions and pledges with donor restrictions	5,057	5,128
Net investment (loss) gain	(3,923)	5,429
Contributions to affiliates and other community organizations	(243)	(222)
Unrealized (losses) gains on trusts administered by others	(2,505)	1,376
Net assets released from restrictions for operations	(1,889)	(1,537)
Net assets released from restrictions used for purchases of property and equipment	<u>(1,886)</u>	<u>(165)</u>
(Decrease) increase in System net assets with donor restrictions	<u>(5,389)</u>	<u>10,009</u>
(Decrease) increase in System net assets	(39,599)	156,659
Noncontrolling interest in consolidated subsidiary:		
Net increase in noncontrolling interest in consolidated subsidiary	-	2,681
Distributions to noncontrolling interest in consolidated subsidiary	(270)	(91)
Excess of revenues and nonoperating income over expenses attributable to noncontrolling interest in consolidated subsidiary	<u>227</u>	<u>144</u>
(Decrease) increase in noncontrolling interest in consolidated subsidiary	<u>(43)</u>	<u>2,734</u>
(Decrease) increase in total net assets	(39,642)	159,393
Net assets, beginning of year	<u>529,347</u>	<u>369,954</u>
Net assets, end of year	<u>\$489,705</u>	<u>\$529,347</u>

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended September 30, 2022 and 2021
(In thousands)

	<u>2022</u>	<u>2021</u>
Cash flows from operating activities:		
(Decrease) increase in net assets	\$ (39,642)	\$ 159,393
Adjustments to reconcile (decrease) increase in net assets to net cash (used) provided by operating activities:		
Contributions and pledges with donor restrictions	(5,057)	(5,128)
Depreciation and amortization	28,953	27,207
Net realized and unrealized losses (gains) on investments	63,991	(70,262)
Bond premium and issuance cost amortization	(968)	(430)
Equity in earnings of affiliates, net	(4,893)	(5,082)
Distributions to noncontrolling interest in consolidated subsidiary	270	91
Gain on disposal of property and equipment	(270)	-
Pension adjustment	5,502	(55,698)
Changes in operating assets and liabilities:		
Accounts receivable	(15,805)	(13,615)
Supplies, prepaid expenses and other current assets	(1,149)	(5,711)
Other assets	(4,022)	3,077
Due from affiliates	14	(902)
Accounts payable and accrued expenses	3,289	6,524
Accrued compensation and related expenses	5,125	8,494
Accrual for estimated third-party payor settlements	(33,795)	41,645
Accrued pension and other long-term liabilities	(19,403)	(48,992)
Reserve for insurance	(5,331)	3,440
Net cash (used) provided by operating activities	<u>(23,191)</u>	<u>44,051</u>
Cash flows from investing activities:		
Cash paid for business acquisitions, net	-	(24,167)
Purchases of property and equipment	(22,032)	(21,665)
Proceeds from sale of property and equipment	11,362	-
Purchases of investments	(23,369)	(96,717)
Proceeds from sales of investments	67,838	57,942
Equity distributions from affiliates	4,445	4,662
Net cash provided (used) by investing activities	<u>38,244</u>	<u>(79,945)</u>
Cash flows from financing activities:		
Payments on long-term debt	(3,020)	(11,341)
Proceeds from issuance of long-term debt	-	51,498
Bond issuance costs	(26)	(698)
Distributions to noncontrolling interest in consolidated subsidiary	(270)	(91)
Contributions and pledges with donor restrictions	5,171	4,906
Net cash provided by financing activities	<u>1,855</u>	<u>44,274</u>
Net increase in cash and cash equivalents	16,908	8,380
Cash and cash equivalents at beginning of year	<u>37,722</u>	<u>29,342</u>
Cash and cash equivalents at end of year	<u>\$ 54,630</u>	<u>\$ 37,722</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, 2022 and 2021
(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 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. During 2022, NHC was transferred to an unrelated entity for no consideration and the Hospital formed the Concord Hospital ACO, LLC (CH-ACO), which operates in a manner consistent with NHC and had minimal activity during fiscal year 2022.

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, 2022 and 2021
(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 and for the fiscal year ended September 30, 2022 being recorded within the accompanying consolidated financial statements. See also Note 3.

Subsequent to year end, GSIE began the process of winding down operations and will be replaced with a new subsidiary. Concord Hospital Insurance Group, LLC (CHIG). CHIG is a Vermont domiciled single parent captive entity and will operate in a manner and conduct activities similar to GSIE.

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-ACO, 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, 2022 and 2021 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 (loss) from these subsidiaries are included in the consolidated amounts presented on the consolidated statements of operations. (Deficiency) excess of revenues and nonoperating (loss) 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, 2022 and 2021
(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, 2022 and 2021.

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, 2022 and 2021
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Investments and Investment (Loss) Income

Investments are carried at fair value in the accompanying consolidated balance sheets. Investment (loss) 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 (deficiency) excess of revenues and nonoperating (loss) 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, 2022 and 2021
(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, 2022 and 2021 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, 2022 and 2021, estimated implicit price concessions of \$29,203 and \$24,643, 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.

Accounts receivable as of September 30, 2022, 2021 and 2020 are \$110,525, \$94,720 and \$66,175, respectively.

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, 2022 and 2021, depreciation expense was \$28,953 and \$27,207, 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, the System capitalized \$200 of interest expense relating to various construction projects. There was no interest expense capitalized during 2022.

Gifts of long-lived assets such as land, buildings or equipment are reported as support without donor restrictions, and are excluded from the (deficiency) excess of revenues and nonoperating (loss) 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, 2022 and 2021
(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, 2022 or 2021. 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, 2022 and 2021 were approximately \$133 and \$132, 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, 2022 and 2021
(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, 2022 and 2021
(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, 2022 and 2021, patient service revenue in the accompanying consolidated statements of operations increased by approximately \$5,100 and \$4,800, 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 39% and 6% and 38% and 6% of the System's patient service revenue for the years ended September 30, 2022 and 2021, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation.

(Deficiency) Excess of Revenues and Nonoperating (Loss) 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 (loss) income.

The consolidated statements of operations also include (deficiency) excess of revenues and nonoperating (loss) income over expenses. Changes in net assets without donor restrictions which are excluded from (deficiency) excess of revenues and nonoperating (loss) 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, 2022 and 2021
(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 was 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, CH-ACO 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 for the years ended September 30, 2022 and 2021.

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, 2022 and 2021
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

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 was effective for the System for the year ended September 30, 2022. The adoption of this ASU did not have a significant impact on the System's consolidated financial statements.

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 was effective for the System beginning October 1, 2021. The adoption of this ASU did not have a significant impact on the System's 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. 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, but at times impacted through fiscal year 2022, 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.

Since the declaration of the pandemic, the System received \$57,885 of accelerated Medicare payments (Note 6) as provided for under the *Coronavirus Aid, Relief and Economic Security Act* (CARES Act).

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, 2022 and 2021, the System had deferred \$4,646 and \$8,866, respectively, of payroll taxes. As of September 30, 2022 and 2021, \$4,646 and \$4,433, respectively, of deferred payroll taxes are recorded within accrued compensation and related expenses on the accompanying consolidated balance sheets. As of September 30, 2021, \$4,433 of deferred payroll taxes were recorded within accrued pension and other long-term liabilities in the accompanying consolidated balance sheets.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

During 2022, the System received approximately \$8,800 of *American Rescue Plan Act* (ARPA) rural payments and approximately \$1,200 of Provider Relief Funds (PRF) under the CARES Act. Distributions from ARPA and PRF 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 ARPA and PRF, the System recognized approximately \$8,800 related to ARPA funds and approximately \$1,200 related to the PRF in 2022, and these payments are recorded within other revenue in the accompanying consolidated statements of operations for the year ended September 30, 2022.

During 2021, the System received funding from the Federal Emergency Management Agency (FEMA) for pandemic related expenses of \$6,706, of which \$4,206 was recorded within other revenue in the accompanying consolidated statements of operations for the year ended September 30, 2021. In addition, \$476 of funding was received from the State of New Hampshire during 2021.

Reclassifications

Certain 2021 amounts have been reclassified to permit comparison with the 2022 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 9, 2022, 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, 2022 and 2021, transfers made from (to) CRHC were \$140 and \$(171), respectively, and transfers received from Capital Region Health Services Corporation (CRHSC) were \$203 and \$156, respectively.

Amounts due the System, primarily from joint ventures, totaled \$1,632 and \$1,646 at September 30, 2022 and 2021, 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 (\$533 and \$615 at September 30, 2022 and 2021, respectively) with principal and interest (6.75% at September 30, 2022) payments due monthly. Interest income amounted to \$52 and \$29 for the years ended September 30, 2022 and 2021, respectively.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
(In thousands)

2. Transactions With Affiliates (Continued)

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. Subsequent to year end, CRHSC became a subsidiary of the Hospital.
- 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 \$243 and \$222 in 2022 and 2021, 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, 2022 and 2021
(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	<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 of the acquired entities since the acquisition date are included in the accompanying 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.

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
(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 consolidated balance sheets at cost less accumulated amortization. Amortizable intangible assets consist of the following at September 30:

	<u>2022</u>	<u>2021</u>
Cost	\$ 8,556	\$ 8,556
Accumulated amortization	<u>(1,284)</u>	<u>(428)</u>
Amortizable intangible assets, net	<u>\$ 7,272</u>	<u>\$ 8,128</u>

Amortization expense was \$856 and \$428 during the years ended September 30, 2022 and 2021, respectively, and is recorded within other nonoperating expense in the accompanying consolidated statements of operations.

Expected amortization of intangible assets through their useful lives is as follows:

2023	\$ 856
2024	856
2025	856
2026	856
2027	856
Thereafter	<u>2,992</u>
	<u>\$ 7,272</u>

The results of CEC since the acquisition date are included in the accompanying 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 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.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
(In thousands)

3. Business Acquisitions and Intangible Assets (Continued)

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
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 since the acquisition date are included in the accompanying consolidated financial statements.

4. Investments and Assets Whose Use is Limited or Restricted

Short-term investments totaling \$15,322 and \$66,525 at September 30, 2022 and 2021, 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>2022</u>	<u>2021</u>
Board designated funds:		
Cash and cash equivalents	\$ 2,771	\$ 4,845
Fixed income securities	21,839	26,316
Marketable equity and other securities	301,116	318,051
Inflation-protected securities	<u>14,332</u>	<u>16,093</u>
	340,058	365,305
Held by trustee for workers' compensation reserves:		
Fixed income securities	2,501	2,988

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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4. Investments and Assets Whose Use is Limited or Restricted (Continued)

	<u>2022</u>	<u>2021</u>
Self-insurance escrows and construction funds:		
Cash and cash equivalents	\$ 8,648	\$ 8,996
Fixed income securities	24,074	45,456
Marketable equity securities	<u>14,895</u>	<u>20,003</u>
	47,617	74,455
 Donor-restricted funds and restricted grants:		
Cash and cash equivalents	7,553	5,169
Fixed income securities	1,606	1,890
Marketable equity securities	23,091	27,021
Inflation-protected securities	1,020	1,369
Trust funds administered by others	9,836	12,341
Other	<u>408</u>	<u>523</u>
	<u>43,514</u>	<u>48,313</u>
	<u>\$433,690</u>	<u>\$491,061</u>

Included in marketable equity and other securities above are \$203,040 and \$220,974 at September 30, 2022 and 2021, respectively, in so called alternative investments and collective trust funds. See also Note 15.

Investment (loss) 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>2022</u>	<u>2021</u>
Net assets without donor restrictions:		
Interest and dividends	\$ 7,099	\$ 4,831
Investment income from trust funds administered by others	599	595
Net realized gains on sales of investments	4,079	11,760
Net unrealized (losses) gains on investments	<u>(61,177)</u>	<u>52,054</u>
	(49,400)	69,240
 Net assets with donor restrictions:		
Interest and dividends	465	357
Net realized gains on sales of investments	608	933
Net unrealized (losses) gains on investments	<u>(7,501)</u>	<u>5,515</u>
	<u>(6,428)</u>	<u>6,805</u>
	<u>\$ (55,828)</u>	<u>\$76,045</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 \$2,300 and \$1,764 in 2022 and 2021, respectively.

Investment management fees expensed and reflected in investment (loss) income and other were \$922 and \$1,035 for the years ended September 30, 2022 and 2021, respectively.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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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 Plan). The Concord Hospital Plan and CH-Laconia Plan (collectively, the Plans) provide benefits based on an employee's years of service, age and 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).

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.

On September 26, 2022, the Plans were amended to offer certain participants age 62 and older the option to receive a lump-sum distribution as payment for grandfathered benefits. The eligible participants will have 180 days to elect this benefit, beginning October 1, 2022.

During fiscal year 2022, the CH-Laconia Plan incurred a settlement charge due to lump sums paid in excess of the settlement threshold for the Plan year. The settlement charge totaled \$450 and is reflected as a component of net periodic benefit gain (cost), other than service cost.

Subsequent to year end, the Board approved the merger of the Concord Hospital Plan and the CH-Laconia Plan effective December 31, 2022. The merged plan will be amended, restated and renamed effective January 1, 2023.

The following table summarizes the Plans' funded status at September 30:

	<u>Concord Hospital Plan</u>		<u>CH-Laconia Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Funded status:				
Fair value of plan assets	\$ 265,271	\$ 309,685	\$ 54,225	\$ 65,409
Projected benefit obligation	<u>(270,616)</u>	<u>(322,873)</u>	<u>(58,861)</u>	<u>(69,402)</u>
	<u>\$ (5,345)</u>	<u>\$ (13,188)</u>	<u>\$ (4,636)</u>	<u>\$ (3,993)</u>
Activities for the year consist of:				
Benefit payments and administrative expenses paid	\$ 17,945	\$ 21,445	\$ 1,369	\$ 2,634
Net periodic benefit cost	13,500	16,909	1,698	352

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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5. Retirement Plans (Continued)

The table below presents details about the Plans, 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-Laonia Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Change in benefit obligation:				
Projected benefit obligation at beginning of year/acquisition date (see Note 3)	\$322,873	\$327,793	\$69,402	\$69,725
Service cost	14,507	14,578	2,012	752
Interest cost	10,933	10,367	2,284	1,002
Actuarial (gain) loss	(59,752)	(8,420)	(9,417)	557
Benefit payments and administrative expenses paid	(17,945)	(21,445)	(1,368)	(2,634)
Settlements and plan amendments	<u>—</u>	<u>—</u>	<u>(4,052)</u>	<u>—</u>
Projected benefit obligation at end of year	<u>\$270,616</u>	<u>\$322,873</u>	<u>\$58,861</u>	<u>\$69,402</u>
Change in plan assets:				
Fair value of plan assets at beginning of year	\$309,685	\$258,752	\$65,409	\$64,215
Actual (loss) return on plan assets	(48,169)	56,378	(11,117)	846
Employer contributions	21,700	16,000	6,200	2,982
Benefit payments and administrative expenses	(17,945)	(21,445)	(1,368)	(2,634)
Settlements	<u>—</u>	<u>—</u>	<u>(4,899)</u>	<u>—</u>
Fair value of plan assets at end of year	<u>\$265,271</u>	<u>\$309,685</u>	<u>\$54,225</u>	<u>\$65,409</u>
Funded status and amount recognized in noncurrent liabilities at September 30	<u>\$ (5,345)</u>	<u>\$ (13,188)</u>	<u>\$ (4,636)</u>	<u>\$ (3,993)</u>

Amounts recognized as a change in net assets without donor restrictions during the years ended September 30, 2022 and 2021 consist of:

	<u>Concord Hospital Plan</u>		<u>CH-Laonia Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Net actuarial loss (gain)	\$ 10,264	\$ (44,383)	\$ 5,594	\$ 1,064
Net amortized loss	(10,149)	(12,622)	—	—
Prior service credit amortization	243	243	—	—
Impact of settlement	<u>—</u>	<u>—</u>	<u>(450)</u>	<u>—</u>
Total amount recognized	<u>\$ 358</u>	<u>\$ (56,762)</u>	<u>\$ 5,144</u>	<u>\$ 1,064</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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5. Retirement Plans (Continued)

Pension Plan Assets

The fair values of the Plans' assets as of September 30, 2022 and 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 Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
	<u>Level 1</u>	<u>Level 1</u>	<u>Level 1</u>	<u>Level 1</u>
Short-term investments:				
Money market funds	\$ 2,317	\$ 10,402	\$ 1,797	\$ 1,257
Equity securities:				
Mutual funds – domestic	99,356	104,362	15,877	19,089
Mutual funds – international	–	–	10,302	12,848
Mutual funds – inflation hedge	12,909	14,599	–	–
Fixed income securities:				
Mutual funds – fixed income	<u>19,716</u>	<u>22,290</u>	<u>26,249</u>	<u>32,215</u>
	<u>134,298</u>	<u>151,653</u>	<u>54,225</u>	<u>65,409</u>
Funds measured at net asset value:				
Equity securities:				
Funds-of-funds	81,961	94,714	–	–
Collective trust funds:				
Equities	40,727	52,696	–	–
Fixed income	<u>8,285</u>	<u>10,622</u>	–	–
	<u>130,973</u>	<u>158,032</u>	–	–
Total investments at fair value	<u>\$265,271</u>	<u>\$309,685</u>	<u>\$54,225</u>	<u>\$65,409</u>

The target allocation for the Concord Hospital Plan's assets as of September 30, 2022 and 2021, by asset category are as follows:

	<u>Target Allocation</u>		<u>Concord Hospital Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Short-term investments	0-20%	0-20%	1%	3%
Equity securities	40-80%	40-80%	73%	69%
Fixed income securities	5-80%	5-80%	11%	11%
Other	0-30%	0-30%	15%	17%

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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5. Retirement Plans (Continued)

The target allocation for the CH-Laconia Plan's assets as of September 30, 2022 and 2021 by asset category are as follows:

	<u>Target Allocation</u>		<u>Percentage of Plan Assets</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Short-term investments	0%	0%	3%	2%
Equity securities	50%	50%	48%	49%
Fixed income securities	50%	50%	49%	49%

The funds-of-funds in the Concord Hospital Plan are invested with various investment managers and have various restrictions on redemptions. One manager holding amounts totaling approximately \$15 million at September 30, 2022 allows for semi-monthly redemptions, with 5 days' notice. One manager holding approximately \$7 million at September 30, 2022 allows for monthly redemptions, with 15 days' notice. Six managers holding amounts totaling approximately \$40 million at September 30, 2022 allow for quarterly redemptions, with notices ranging from 45 to 65 days. One manager holding amounts of approximately \$8 million at September 30, 2022 allows for annual redemptions, with 90 days' notice. Two managers holding amounts of approximately \$12 million at September 30, 2022 allow 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.

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.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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5. Retirement Plans (Continued)

Amounts included in expense during fiscal 2022 and 2021 consist of:

	<u>Concord Hospital Plan</u>		<u>CH-Laconia Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Components of net periodic benefit cost:				
Service cost	\$ 14,507	\$ 14,578	\$ 2,012	\$ 752
Interest cost	10,933	10,367	2,284	1,002
Expected return on plan assets	(21,846)	(20,416)	(3,048)	(1,402)
Amortization of prior service credit and loss	9,906	12,380	-	-
Settlements	-	-	450	-
Net periodic benefit cost	<u>\$ 13,500</u>	<u>\$ 16,909</u>	<u>\$ 1,698</u>	<u>\$ 352</u>

The accumulated benefit obligation for the Concord Hospital Plan at September 30, 2022 and 2021 was \$257,998 and \$308,420, respectively. The accumulated benefit obligation for the CH-Laconia Plan was \$57,170 and \$66,600 at September 30, 2022 and 2021, respectively.

	<u>Concord Hospital Plan</u>		<u>CH-Laconia Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Weighted average assumptions to determine benefit obligation:				
Discount rate	5.63%	3.33%	5.63%	3.33%
Rate of compensation increase	3.00%	2.50% for the next year, 3.00% thereafter	3.00%	3.00%
Weighted average assumptions to determine net periodic benefit cost:				
Discount rate	3.33%	3.11%	3.33%	3.55%
Expected return on plan assets	7.75%	7.75%	6.50%	6.50%
Cash balance credit rate	5.00%	5.00%	N/A	N/A
Rate of compensation increase	2.50%/3.00%	2.50%/3.00%	3.00%	3.00%

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 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.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

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5. Retirement Plans (Continued)

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 2023 plan year. There are no contributions expected to the CH-Laconia Plan in 2023.

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 Plan</u>
2023	\$ 17,845	\$ 7,118
2024	17,490	5,620
2025	18,418	4,666
2026	19,838	5,128
2027	21,491	5,018
2028 – 2032	120,191	22,801

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.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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6. Estimated Third-Party Payor Settlements (Continued)

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 2022 and 2021. The amount of tax incurred by the System for 2022 and 2021 was \$32,035 and \$26,631, 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 \$29,744 in 2022 and \$26,545 in 2021, 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 2019, 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.

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 2017 for Medicare and 2016 for Medicaid. Settlements for CH-Laconia have been finalized through 2019 for Medicare and 2018 for Medicaid. Settlements for CH-Franklin have been finalized through 2019 for Medicare and 2017 for Medicaid.

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6. Estimated Third-Party Payor Settlements (Continued)

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, 2022 and 2021, the current portion due within a year, totaling \$248 and \$41,036, respectively, is recorded under the caption "accrual for estimated third-party payors".

7. Long-Term Debt

Long-term debt consists of the following at September 30, 2022 and 2021:

	<u>2022</u>	<u>2021</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 \$1,685 to \$3,095 through October 2042, including unamortized original issue premium of \$6,950 in 2022 and \$7,590 in 2021	\$ 48,610	\$ 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. This note converted into tax-exempt revenue bonds effective July 6, 2022. As a result of the conversion, the interest rate was reduced to 1.84%	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 \$6,249 in 2022 and \$6,575 in 2021	60,459	60,785

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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7. Long-Term Debt (Continued)

	<u>2022</u>	<u>2021</u>
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. Series 2013A revenue bonds totaling \$33,785 were refunded in 2020 through issuance of the 2020B note payable described below. The remaining amounts due were repaid in full during 2022	\$ —	\$ 1,461
	158,171	162,278
Less unamortized bond issuance costs	(1,415)	(1,508)
Less current portion	<u>(4,147)</u>	<u>(5,447)</u>
	<u>\$152,609</u>	<u>\$155,323</u>

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 of September 30, 2021, \$11,780 of the Series 2011 advance refunded bonds, which were considered extinguished for purposes of these consolidated financial statements, remained outstanding. No amounts of the Series 2011 advance refunded bonds remain outstanding as of September 30, 2022. 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 of September 30, 2022 and 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. The Hospital exercised this option on July 6, 2022, which resulted in the interest rate decreasing from 2.26% to 1.84%.

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.

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7. Long-Term Debt (Continued)

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. The bonds were paid in full during 2022.

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.

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, 2022 and 2021.

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 \$5,531 and \$4,465 (including capitalized interest of \$200) for the years ended September 30, 2022 and 2021, respectively.

The aggregate principal payments on long-term debt for the next five fiscal years ending September 30 and thereafter are as follows:

2023	\$ 4,147
2024	6,144
2025	4,455
2026	5,181
2027	6,949
Thereafter	<u>118,096</u>
	<u>\$144,972</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
(In thousands)

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. 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 of GSIE since the acquisition date are included in the accompanying consolidated financial statements.

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, 2023, 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, 2022, 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 \$20,253 and \$22,303 at September 30, 2022 and 2021, respectively, and are reflected in the accompanying consolidated balance sheets within reserves for 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.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

September 30, 2022 and 2021
(In thousands)

8. Commitments and Contingencies (Continued)

In accordance with ASU No. 2010-24, "Health Care Entities" (Topic 954): *Presentation of Insurance Claims and Related Insurance Recoveries*, at September 30, 2022 and 2021, the System recorded a liability of approximately \$3,300 and \$6,600, respectively, related to estimated professional liability losses. At September 30, 2022 and 2021, the System also recorded a receivable of \$3,300 and \$6,600, respectively, related to estimated recoveries under insurance coverage for recoveries of the potential losses. These amounts are included in reserve for insurance (\$3,300 at September 30, 2022 and \$6,600 at September 30, 2021), accounts receivable (\$0- at September 30, 2022 and \$2,800 at September 30, 2021) and other assets (\$3,300 at September 30, 2022 and \$3,800 at September 30, 2021), respectively, in the accompanying consolidated balance sheets.

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 \$3,888 and \$3,043 at September 30, 2022 and 2021, 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 \$2,521 and \$2,988 at September 30, 2022 and 2021, 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 on individual claims. Estimated unpaid claims, and those claims incurred but not reported at September 30, 2022 and 2021, have been recorded as a liability of \$13,286 and \$10,042, respectively, and are reflected in the accompanying consolidated balance sheets within accounts payable and accrued expenses.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
(In thousands)

8. Commitments and Contingencies (Continued)

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, 2022 are as follows:

Year Ending September 30:	
2023	\$ 8,078
2024	7,038
2025	5,590
2026	3,333
2027	2,967
Thereafter	<u>10,826</u>
	<u>\$37,832</u>

Rent expense was \$9,532 and \$7,886 for the years ended September 30, 2022 and 2021, respectively.

9. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at September 30:

	<u>2022</u>	<u>2021</u>
Purpose restriction:		
Health education and program services	\$ 18,991	\$ 21,662
Capital acquisitions	610	806
Indigent care	116	135
Pledges receivable with stipulated purpose and/or time restrictions	<u>391</u>	<u>499</u>
	20,108	23,102
Perpetual in nature:		
Health education and program services	20,225	22,613
Capital acquisitions	803	803
Indigent care	2,105	2,105
Annuities to be held in perpetuity	<u>273</u>	<u>280</u>
	<u>23,406</u>	<u>25,801</u>
Total net assets with donor restrictions	<u>\$43,514</u>	<u>\$48,903</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
(In thousands)

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>2022</u>	<u>2021</u>
Private payor (includes coinsurance and deductibles)	\$391,300	\$335,415
Medicare	276,967	226,029
Medicaid	40,340	33,413
Self-pay	<u>789</u>	<u>3,676</u>
	<u>\$709,396</u>	<u>\$598,533</u>

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>2022</u>				
Salaries and wages	\$320,669	\$ 59,597	\$ 580	\$380,846
Employee benefits	77,767	14,455	141	92,363
Supplies and other	135,008	21,486	180	156,674
Purchased services	33,227	17,988	177	51,392
Professional fees	16,495	3	-	16,498
Depreciation and amortization	19,424	9,222	307	28,953
Medicaid enhancement tax	32,035	-	-	32,035
Interest	<u>3,065</u>	<u>1,455</u>	<u>48</u>	<u>4,568</u>
	<u>\$637,690</u>	<u>\$124,206</u>	<u>\$ 1,433</u>	<u>\$763,329</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	30,435	14,920	146	45,501
Professional fees	10,579	81	-	10,660
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>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
(In thousands)

11. Functional Expenses (Continued)

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.

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>2022</u>	<u>2021</u>
Government sponsored healthcare	\$ 36,515	\$29,001
Community health services	1,281	1,408
Health professions education	2,038	1,813
Subsidized health services	54,744	49,746
Research	131	62
Financial contributions	1,440	936
Community benefit operations	89	130
Community building activities	414	2,411
Charity care costs (see Note 1)	<u>3,389</u>	<u>4,043</u>
	<u>\$100,041</u>	<u>\$89,550</u>

The System incurred estimated costs for services to Medicare patients in excess of the payment from this program of \$76,111 and \$73,871 in 2022 and 2021, respectively.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
(In thousands)

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>2022</u>	<u>2021</u>
Patients	8%	8%
Medicare	42	40
Anthem Blue Cross	18	16
Cigna	3	3
Medicaid	11	13
Commercial	16	18
Workers' compensation	<u>2</u>	<u>2</u>
	<u>100%</u>	<u>100%</u>

14. Volunteer Services (Unaudited)

Total volunteer service hours received by the System were approximately 23,000 and 16,000 in 2022 and 2021, respectively. 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.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
(In thousands)

15. Fair Value Measurements (Continued)

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, 2022 and 2021. 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.

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>2022</u>				
Cash and cash equivalents	\$ 34,294	\$ –	\$ –	\$ 34,294
Fixed income securities	35,203	10,645	–	45,848
Marketable equity and other securities	136,062	–	–	136,062
Inflation-protected securities and other	15,760	–	–	15,760
Trust funds administered by others	<u>–</u>	<u>–</u>	<u>9,836</u>	<u>9,836</u>
	<u>\$221,319</u>	<u>\$10,645</u>	<u>\$ 9,836</u>	241,800
Funds measured at net asset value:				
Marketable equity and other securities				<u>203,040</u>
				<u>\$444,840</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>

In addition, for the years ended September 30, 2022 and 2021, there are certain investments totaling \$4,172 and \$4,072, respectively, which are appropriately being carried at cost.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
(In thousands)

15. Fair Value Measurements (Continued)

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.

A reconciliation of the fair value measurements using significant unobservable inputs (Level 3) is as follows for 2022 and 2021:

	<u>Trust Funds Administered by Others</u>
Balance at September 30, 2020	\$ 10,965
Net realized and unrealized gains	<u>1,376</u>
Balance at September 30, 2021	12,341
Net realized and unrealized losses	<u>(2,505)</u>
Balance at September 30, 2022	\$ <u>9,836</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, 2022:				
Funds-of-funds	\$ 18,489	\$ -	Semi-monthly	5 days
Funds-of-funds	9,645	-	Monthly	15 days
Funds-of-funds	53,791	-	Quarterly	45 - 65 days**
Funds-of-funds	10,329	-	Annual	90 days
Funds-of-funds	8,250	-	Semi-annual	60 days*
Funds-of-funds	42,296	25,854	Illiquid	N/A
Collective trust funds	12,582	-	Daily	10 days
Collective trust funds	7,008	-	Weekly	10 days
Collective trust funds	40,650	-	Monthly	6 - 10 days

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
(In thousands)

15. Fair Value Measurements (Continued)

	<u>Fair Value</u>	<u>Unfunded Commitments</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

* 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.

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.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
(In thousands)

15. Fair Value Measurements (Continued)

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 \$63,183 with various investment managers, and had funded \$27,329 of that commitment as of September 30, 2022. 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.

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, 2022:

Cash and cash equivalents	\$ 54,630
Short-term investments	15,322
Accounts receivable	110,525
Funds held by trustee for insurance reserves, escrows and construction costs	<u>50,118</u>
	<u>\$230,595</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, 2022, the balance of liquid investments in board-designated assets was \$300,735.

CONCORD HOSPITAL, Inc.
BOARD OF TRUSTEES
2023

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Treasurer (not Member of the Board):
Scott W. Sloane

1/2023

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. Percv Edgar

Education/Professional Certificates

1994 - 1998

Master in Psychiatric Nursing - Rivier College, Nashua, NH.

Focus of practice sites:

Hospital Consultation - Dartmouth Hitchcock Medical Center, Lebanon NH

Assessment 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 Nurse 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. Choices, Provide assessment and MAT for substance use disorders.

1998 to 2017

**Psychiatric Nurse Practitioner, Riverbend Counseling Association, Concord, NH.
Psychiatric evaluation and psychopharmacotherapy.**

1999 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 advocates.**

1996 to 1998

**Case Manager for Psychiatric Partial Hospitalization Program and Outpatient Electro-convulsive Therapy (ECT) program, Concord Hospital, Concord, NH.
Developed and implemented outpatient ECT program, and provided case management services.**

1995-1998

Staff Nurse for Fresh Start, Concord Hospital, Concord, NH.
Substance use disorders assessments, case management, and facilitator of psycho-educational groups in the intensive outpatient program (IOP).

1991-1996

Staff Nurse, Acute Adult Psychiatric Unit, Concord Hospital, Concord, NH.
Psychiatric nursing assessment and treatment, planned and implemented therapeutic groups, Clinical II RN, Evening Senior Resource Person (RP), and coordinated unit staffing schedule.

1990 to 1991

Medical-Surgical Staff Nurse, Medical-Surgical Unit, Copley Hospital, Montpelier, VT.
Provided medical-surgical nursing care to all ages.

1989 to 1990

Charge Nurse, Long-term Geriatric Facility, McKersley Health Care Center, Lebanon, NH.
Supervised and provided geriatric nursing care.

1985 to 1989

Charge Nurse, Chemical Dependency Rehabilitation, Seaside Point Hospital, Somport, NH.
Assessment and treatment of adult substance use disorder withdrawal management.

Honors and Professional Memberships

Member of NH Governor's Commission, Treatment and Recovery Task Force

2009 Addiction Health Services Research Award, Center Substance Abuse Treatment (CSAT)

2008 New England Addiction Leadership Institute, New Hampshire Representative

Member of American Society of Addiction Medicine

Member, New Hampshire Nurse Practitioner Association

Member, New Hampshire Alcohol and Drug Association

Member, Sigma Theta Tau, National Honor Society, Graduate Level

Seminars and in-service trainings 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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ARC

Lori A. Shibtette
CommissionerKajja 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

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: 6/2/21 Item #28 A1: 10/13/21 Item #39

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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*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	\$5,282,874	\$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	
<i>*Indicates contracts that have expired or have been terminated.</i>						

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 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 **Single 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.

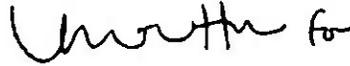
Should the Governor and Executive Council not authorize this request, individuals seeking treatment for opioid use and/or stimulant use disorders may experience difficulty navigating a complex system, may not receive the supports and clinical services needed, and may experience delays in receiving care.

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
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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".

Lori A. Shibinette
Commissioner

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

**06-05-92-920510-70400000 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				\$3,309,428.00	\$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
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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				\$2,815,638.00	\$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: Androscooggin 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: Androskoggin 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 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	
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	\$68,812.00	\$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	

**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	\$70,843.00	\$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, Inc. - Laconia						Vendor # 355358
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	\$38,740.00	\$0.00	\$38,740.00
		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	\$322,000.00	\$0.00	\$322,000.00
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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 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
ED9D05B04CA3442

Name: Katja S. Fox
Title: Director

Concord Hospital, Inc.

10/22/2022

Date

DocuSigned by:
Robert Steigmeyer
8DD5DBEF8E8A426

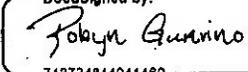
Name: Robert Steigmeyer
Title: President and CEO

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:

748734844044480...

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.			
Contractor Name:		Concord 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)		10.00%	
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



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/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
Page 2 of 4

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. Weaver

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for

Lori A. Shibinette
Commissioner

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

05-92-92-920510-70400000 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	\$652,885.00	\$0.00	\$652,885.00	
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 # 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	\$236,918.00	\$0.00	\$236,918.00	
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				\$2,590,870.00	\$718,606.00	\$3,309,476.00	

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	\$211,868.00	\$0.00	\$211,868.00	
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$521,960.00	\$521,960.00	
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		
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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	\$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
2021	102/500731	Contracts for Program Services	92057048	\$215,000.00	\$0.00	\$215,000.00
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 # 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	\$6,747,838.00
		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	\$537,083.00	\$0.00	\$537,083.00
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	\$691,380.00	\$0.00	\$691,380.00
2021	102/500731	Contracts for Program Services	92057048	\$345,680.00	\$0.00	\$345,680.00
2022	102/500731	Contracts for Program Services	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	\$1,136,810.00	\$5,057,340.00
		Sub Total		\$3,920,330.00	\$1,136,810.00	\$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	\$1,846,000.00	\$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		\$4,641,134.00	\$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	\$1,259,648.00	\$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 # 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 # 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	\$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
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>		<i>\$25,000.00</i>	<i>\$0.00</i>	<i>\$25,000.00</i>

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>		<i>\$97,974.00</i>	<i>\$0.00</i>	<i>\$97,974.00</i>

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>		<i>\$91,482.00</i>	<i>\$0.00</i>	<i>\$91,482.00</i>

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	\$8,250.00	\$0.00	\$8,250.00
		<i>Sub Total</i>		<i>\$25,000.00</i>	<i>\$0.00</i>	<i>\$25,000.00</i>

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>		<i>\$146,962.00</i>	<i>\$0.00</i>	<i>\$146,962.00</i>

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>		<i>\$52,528.00</i>	<i>\$0.00</i>	<i>\$52,528.00</i>

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>		<i>\$188,869.00</i>	<i>\$0.00</i>	<i>\$188,869.00</i>

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>		<i>\$277,989.00</i>	<i>\$0.00</i>	<i>\$277,989.00</i>

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>		<i>\$94,190.00</i>	<i>\$0.00</i>	<i>\$94,190.00</i>

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>		<i>\$145,962.00</i>	<i>\$0.00</i>	<i>\$145,962.00</i>

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 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	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				\$37,817,414.00	\$11,100,088.00	\$48,807,502.00

JAN 20 '21 PM 3:57 RCVD

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MAC

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
Page 2 of 3

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.

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

05-95-92-920510-70400000 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 #33.788 FAJN 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	\$ (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

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

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
		Sub Total		\$ 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
		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 # 177160

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		\$ 27,125,987.00	\$ 6,045,256.00	\$ 33,171,243.00

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

05-95-92-920510-33820000 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
		<i>Sub Total</i>		\$ -	\$ 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
		<i>Sub Total</i>		\$ -	\$ 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
		<i>Sub Total</i>		\$ -	\$ 91,482.00	\$ 91,482.00

Litchfield 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
		<i>Sub Total</i>		\$ -	\$ 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
		<i>Sub Total</i>		\$ -	\$ 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	\$ -	\$ -	\$ -
		<i>Sub Total</i>		\$ -	\$ -	\$ -

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	\$ 141,652.00
2022	102/500731	Contracts for Program Services	92058501	\$ -	\$ 47,217.00	\$ 47,217.00
		<i>Sub Total</i>		\$ -	\$ 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		\$ 27,123,987.00	\$ 6,894,532.00	\$ 34,024,519.00

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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

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 \$2,271,728 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. Shbinette
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	\$ 1,865,736.00		\$ 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 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.

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
			<i>Sub-Total</i>	\$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
			<i>Sub-Total</i>	\$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

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

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:

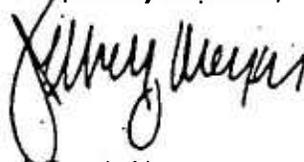
- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow ups through the Web Information Technology System (WITS) database.

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

OCT23'18 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-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

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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.

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

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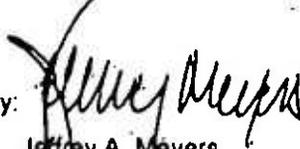
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

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, 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

**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 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), as amended on October 13, 2021 (Item #39), and most recently amended on December 7, 2022 (Item #11), 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, 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, 2024
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$ 2,894,549
3. Modify Exhibit B, Scope of Services by replacing in its entirety with Exhibit B, Amendment #3, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Add Exhibit B-1, Additional Scope of Services, which is attached hereto and incorporated by reference herein.
5. Modify Exhibit C, Amendment #1, Payment Terms, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1 90.81% Federal funds from the U.S. Department of Health and Human Services (US DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), State Opioid Response (SOR) Grant, ALN #93.788 as awarded on:
 - 1.1.1 08/30/2018, FAIN H79TI081685.
 - 1.1.2 09/30/2020, FAIN H79TI083326.
 - 1.1.3 08/09/2021, FAIN H79TI083326.
 - 1.1.4 09/23/2022, FAIN H79TI085759.
 - 1.2 2.18% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the US DHHS, SAMHSA, ALN #93.959, FAIN TI083509.
 - 1.3 1.97% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG, as awarded on 02/10/2022, by the US DHHS, SAMHSA, ALN #93.959, FAIN TI084659.
 - 1.4 5.04% 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.

6. 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 Exhibit C-1, Budget through Exhibit C-8, Amendment #3, SOR III SFY25 MOUD Budget.
7. Add Exhibit C-5, Amendment #3, SOR III SFY24 Budget, which is attached hereto and incorporated by reference herein.
8. Add Exhibit C-6, Amendment #3, SOR III MOUD SFY24 Budget, which is attached hereto and incorporated by reference herein.
9. Add Exhibit C-7, Amendment #3, SOR III SFY25 Budget, which is attached hereto and incorporated by reference herein.
10. Add Exhibit C-8, Amendment #3, SOR III MOUD SFY25 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, 2023, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

10/2/2023

Date

DocuSigned by:
Katja S. Fox
ED006804C83442

Name: Katja S. Fox
Title: Director

Concord Hospital - Laconia

9/29/2023

Date

DocuSigned by:
Robert Steigmeyer
8D06DBF32FA8428

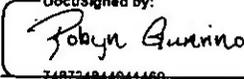
Name: Robert Steigmeyer
Title: President and CEO

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

OFFICE OF THE ATTORNEY GENERAL

10/5/2023

Date

DocuSigned by:

748734844844480...
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 B – Amendment 3

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 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 continue to operate a regional Doorway for access to care for substance use related needs and 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 facilitated referrals to prevention services, substance use disorder (SUD) treatment, recovery support services, and/or harm reduction services and other health and social services, including medications for SUD.
- 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. Medications for SUD, consistent with the principles of the Medication First model.
 - 2.4.2. Coordination of outpatient, residential and inpatient SUD treatment 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.
- 2.5. The Contractor shall identify any gaps in financial and staffing resources required in Section 5. Staffing.
- 2.6. The Contractor shall ensure formalized coordination with 2-1-1 NH; other Doorways, including the After Hours Doorway; 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:

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



EXHIBIT B – Amendment 3

- 2.6.1.1. A process that ensures the individual's preferred Doorway receives information on the individual, outcomes, and events for continued follow-up.
- 2.6.1.2. A process for sharing information about each individual receiving services 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 individual was referred for respite care or housing.
 - 2.6.1.2.2. Other services offered or provided to the individual.
- 2.6.2. Enabling the sharing of information and resources, which include, but are not limited to:
 - 2.6.2.1. Demographics of individuals receiving services.
 - 2.6.2.2. Referrals made.
 - 2.6.2.3. Services rendered.
 - 2.6.2.4. Identification of resource providers involved in each individual's care.
- 2.7. The Contractor 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 individual.
 - 2.7.2. Private insurance carriers to coordinate case management efforts on behalf of the individual.
- 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 above.
- 2.9. The Contractor shall develop a Department-approved conflict of interest policy related to Doorway services and referrals to treatment and recovery supports and services programs funded outside of this contract that maintains the integrity of the referral process and individual 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 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.

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



EXHIBIT B – Amendment 3

- 2.11.2. Ensure meeting agendas include, but are not limited to:
 - 2.11.2.1. Receiving input on successes of services.
 - 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 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 saturation and distribution.
 - 2.12.2. Enhanced coverage and services to enable reduced Emergency Room use.
 - 2.12.3. Reducing fatal and non-fatal overdose.
 - 2.12.4. Increasing access to medications for SUD.

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; and
 - 3.1.1.2. Expanded hours as agreed to by the Department.
 - 3.1.2. A physical location for individuals to receive face-to-face services, ensuring any request for a change in location is submitted to the Department no later than 30 days prior to the requested move for Department approval;
 - 3.1.3. Telehealth services consistent with state and federal law;
 - 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 provided same day;
 - 3.1.6. Crisis intervention and stabilization counseling services provided by a licensed clinician for any individual in a substance use related behavioral health crisis who requires immediate non-emergency intervention requiring urgent assessment and history of the crisis state, mental status exam, and disposition. If the individual is calling rather than physically presenting at the Doorway, the Contractor shall ensure services include, but are not limited to:
 - 3.1.6.1. Community-based mobile crisis services through New Hampshire Rapid Response.

DS
RS

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



EXHIBIT B – Amendment 3

- 3.1.6.2. Directing callers to dial 911, or calling on individual's behalf if necessary, if an individual is in imminent danger or there is an emergency.
- 3.1.6.3. Assessment and history of the crisis state.
- 3.1.6.4. Mental Status Exam and disposition.
- 3.1.6.5. Plans for Safety.
- 3.1.7. Same day, trauma-informed, 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); and
 - 3.1.7.3. Identification of the individual's 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 individual based on the clinical evaluation referenced above. 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 individual 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 needs.
 - 3.1.8.2.4. Social services needs.
 - 3.1.8.2.5. Criminal justice needs that include Corrections, Treatment Court, and Division for Children, Youth, and Families (DCYF) matters.
 - 3.1.8.3. A plan for addressing all areas of need identified above 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 above is not available to the individual within 48 hours of service plan development, which are defined as:
 - 3.1.8.4.1. A minimum of one (1), 60-minute individual or group outpatient session per week; and/or
 - 3.1.8.4.2. Recovery support services, as needed by the individual; and/or
 - 3.1.8.4.3. Daily calls to the individual to assess and respond to any emergent needs; and/or
 - 3.1.8.4.4. Respite shelter while awaiting treatment and recovery services.

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- 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 people.
 - 3.1.9.3. Families involved with DCYF.
 - 3.1.9.4. Individuals at-risk of or living 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 individual-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.
 - 3.1.10.3. Assisting individuals with obtaining services with the provider agency, as appropriate.
 - 3.1.10.4. Contacting the provider agency on behalf of the individual, as appropriate.
 - 3.1.10.5. Assisting individuals 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.
 - 3.1.10.5.2. Providing assistance with accessing financial assistance including, but not limited to:
 - 3.1.10.5.2.1. Assisting the individual with making contact with the assistance agency, as appropriate.
 - 3.1.10.5.2.2. Contacting the assistance agency on behalf of the individual, as appropriate.
 - 3.1.10.5.2.3. Supporting the individual in meeting the admission, entrance, and intake requirements of the assistance agency.
 - 3.1.10.5.3. When no other payer is available, assisting individuals with accessing services by utilizing flexible needs funds, as directed by the Department, that supports individuals who meet the eligibility criteria for assistance under the Department-approved Flexible Needs Fund Policy with their financial needs, which may include but are not limited to:

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- 3.1.10.5.3.1. Transportation for eligible individuals to and from recovery-related medical appointments, treatment programs, and other locations;
 - 3.1.10.5.3.2. Childcare to permit an eligible individual 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 clothing appropriate for cold weather, job interviews, or work;
 - 3.1.10.5.3.5. Assisting individuals in need of respite shelter resources while awaiting treatment and recovery services; and
 - 3.1.10.5.3.6. Other uses preapproved in writing by the Department.
- 3.1.11. Continuous care coordination which include, but are not limited to:
- 3.1.11.1. Continuous reassessment of the clinical evaluation, identified above, 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. Continuous reassessment in collaboration or consultation with the individual's external service provider(s) of necessary support services to address needs identified in the evaluation or by the individual's service provider that may create barriers to the individual entering and/or maintaining treatment and/or recovery.
 - 3.1.11.3. Supporting individuals with meeting the admission, entrance, and intake requirements of the provider agency.
 - 3.1.11.4. Ongoing follow-up and support of individuals engaged in services in collaboration or consultation with the individual's external service 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 individual at a minimum, once per week until the discharge GPRA interview is completed, according to the following guidelines:

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- 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 individual would normally be available.
- 3.1.11.4.1.2. If the first contact attempt 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 individual 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 second contact attempt 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 individual 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 identified above 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.
 - 3.1.11.5.1. Clinicians shall screen individuals for suicide risk using a validated tool, with information being communicated to partners where necessary; and
 - 3.1.11.5.2. If screening is positive, call Rapid Response.
- 3.1.11.6. When possible, contact with, and outreach to, individuals shall be conducted in coordination and consultation with the individual'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. Inquiring on the status of each individual's recovery and experience with their external service provider.
 - 3.1.11.7.2. Identifying individual needs.
 - 3.1.11.7.3. Assisting the individual with addressing identified needs.
 - 3.1.11.7.4. Providing early intervention to individuals who have resumed use.

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- 3.1.11.8. Collecting and documenting attempts to collect individual-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; and
 - 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 engagement in follow-up GPRA interviews, which may include, but are not limited to gift cards provided to individuals for follow-up participation at each follow-up interview, which shall not exceed \$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, and or waiver programs within 14 calendar days after intake.
- 3.1.11.12. Providing Naloxone purchase, distribution, information, and training to individuals and organizations receiving kits.
- 3.2. The Contractor shall obtain consent forms from all individuals 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 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; and
 - 3.3.5. The ASAM Criteria 3rd Edition.
- 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:

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- 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; and
 - 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 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.
 - 3.6.3. Referrals and evaluation from other providers.
 - 3.6.4. Complaints.
 - 3.6.5. Grievances.
 - 3.6.6. Formalized agreements with community partners and other agencies that include, but are not limited to:
 - 3.6.6.1. 2-1-1 NH.
 - 3.6.6.2. Other Doorway partners.
 - 3.6.6.3. After Hours.
 - 3.6.6.4. Providers and supports available after normal Doorway operating hours.
 - 3.7. The Doorway must collaborate with the Department contracted 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.
- 4. Subcontracting for the Doorways**
- 4.1. The Doorway shall annually submit a written plan to the Department for review and written approval for any proposed subcontracting of Core Doorway services.
 - 4.2. The Doorway shall annually submit all subcontracts the Doorway proposes to enter into for services funded through this contract to the Department for written approval prior to execution.
 - 4.3. The Doorway shall at all times be responsible for continuous oversight of, and compliance with, all Core Doorway services, including those provided by any subcontract, and shall be the single point of contact with the Department for those Core services. To the furthest extent possible, the patient experience with subcontracts should be consistent with that provided directly by the Doorway.
- 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 via telehealth;

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- 5.1.2. One (1) CRSW with the ability to fulfill recovery support and care coordination functions; and
- 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 3.1.9.
- 5.2. The Contractor shall ensure sufficient staffing levels appropriate for the services provided and the number of individuals 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, 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 eight (8) 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:
 - 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 12 core functions and The Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice within 12 months of hire.
 - 5.7.1.5. A Department-approved ethics course within 12 months of hire.
 - 5.7.2. For recovery support staff and other non-clinical staff working directly with individuals:
 - 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

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- 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 12 months of hire.
- 5.7.3. Ensuring all recovery support staff and clinical staff receive annual continuous education regarding substance use.
- 5.7.4. Providing, and documenting, in-service training to all staff involved in direct-care within 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; and
 - 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 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; and
 - 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 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,

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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; and
- 6.1.4. Medical records on each patient/recipient of services.

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 24 hours and follow up with written documentation submitted to the Bureau of Quality Assurance and Improvement within 72 hours, as specified in PO.1003, any sentinel event that occurs with any individual who is receiving services under this contract. This

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does not replace the responsibility of the Contractor's responsibility to notify the appropriate authority if the Contractor suspects a crime has occurred.

- 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 by the 3rd working day of the month 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 individuals seen, separately identifying new individuals and individuals 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.
 - 8.4.11. Individual demographic data.
- 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 Contractor(s), including individual-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, Contractor(s) must collect and share data with the Department in a format specified by the Department.

10. Contract Management

SS-2021-BDAS-08-ACCES-03

Concord Hospital, Inc. - Laconia

Contractor Initials

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Date 9/29/2023

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- 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.
- 10.4. The Contractor shall participate in meetings with the 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.

11. SOR Grant Standards

- 11.1. The Contractor shall meet with the Department within sixty (60) days of the contract effective date to review the proposed plan for contract implementation.
- 11.2. The Contractor and/or referred providers shall ensure that only Food and Drug Administration approved medications for Opioid Use Disorder (OUD) are utilized.
- 11.3. The Contractor and referred providers shall only provide medical withdrawal management services to any individual supported by SOR Grant Funds if the withdrawal management service is accompanied by the use of injectable extended-release naltrexone, as clinically appropriate.
- 11.4. The Contractor and referred providers shall ensure staff who are trained in Presumptive Eligibility for Medicaid are available to assist individuals with enrolling in public or private health insurance.
- 11.5. The Contractor shall ensure individuals receiving services, rendered from SOR funds, have a documented history or current diagnoses of Opioid Use Disorder or Stimulant Use Disorders (OUD/StimUD) or are at risk for such.

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- 11.6. The Contractor shall coordinate completion of Government Performance Results Act (GPRA) initial interview and associated follow-ups at six (6) months and discharge for individuals referenced previously.
- 11.7. The Contractor shall submit a detailed plan within thirty (30) days of contract effective date for ensuring GPRA completion for all clients receiving SOR funding.
- 11.8. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide cannabis or for providing treatment using cannabis. The Contractor shall ensure:
 - 11.8.1. Treatment in this context includes the treatment of OUD/StimUD.
 - 11.8.2. Grant funds are not provided to any individual who or organization that provides or permits cannabis use for the purposes of treating substance use or mental health disorders.
 - 11.8.3. This cannabis restriction applies to all subcontracts and Memorandums of Understanding that receive SOR funding.
- 11.9. The Contractor shall ensure Naloxone kits are available to individuals, utilizing SOR funding.
- 11.10. If the Contractor intends to distribute test strips, the Contractor shall provide a test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes, but is not limited to:
 - 11.10.1. Internal policies for the distribution of test strips;
 - 11.10.2. Distribution methods and frequency; and
 - 11.10.3. Other key data as requested by the Department.
- 11.11. The Contractor shall provide services to eligible individuals who:
 - 11.11.1. Receive MOUD services from other providers, including the individual's primary care provider;
 - 11.11.2. Have co-occurring mental health disorders; or
 - 11.11.3. Are on medications and are taking those medications as prescribed regardless of the class of medication.
- 11.12. The Contractor shall ensure individuals who refuse to consent to information sharing with the Doorways do not receive services utilizing SOR funding.
- 11.13. The Contractor shall ensure individuals who rescind consent to information sharing with the Doorways do not receive any additional services utilizing SOR funding.
- 11.14. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.
- 11.15. The Contractor shall comply with all appropriate Department, State of NH, Substance Abuse and Mental Health Services Administration (SAMHSA), and other Federal terms, conditions, and requirements, and as amended, and shall collaborate with the Department to understand the aforesaid.

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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 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 individuals 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 individuals 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 individuals 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 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

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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)

- 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.

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



EXHIBIT B – Amendment 3

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 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.

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



EXHIBIT B-1 – Amendment #3

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 B - 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. Medical Assistant.
 - 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. Medical Assistant 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.

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



EXHIBIT B-1 – Amendment #3

- 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 B-1 – Amendment #3, 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 B, 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.

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



EXHIBIT B-1 – Amendment #3

2.1.4. The number and type of support services and referrals provided in accordance with Subsection 1.5.3.

Exhibit C-5, Amendment #3,
SOR III SFY24 Budget

New Hampshire Department of Health and Human Services		
Contractor Name:		Concord Hospital Inc. - Laconia
Budget Request for:		Access and Delivery Hub for Opioid Use Disorder Services
Budget Period		SFY24-(September 29, 2023-June 30, 2024)
Indirect Cost Rate (if applicable)		5.7% across both budget periods for entire amendment total
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages	\$164,778	\$0
2. Fringe Benefits	\$52,729	\$0
3. Consultants	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$3,911	\$0
5.(a) Supplies - Educational	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$70,500	\$0
5.(d) Supplies - Medical	\$8,000	\$0
5.(e) Supplies Office	\$1,000	\$0
6. Travel	\$4,000	\$0
7. Software	\$0	\$0
8. (a) Other - Marketing/ Communications	\$2,000	\$0
8. (b) Other - Education and Training	\$9,500	\$0
8. (c) Other - Other (specify below)	\$0	\$0
Other Flex Funds	\$58,000	\$0
Other Occupancy	\$19,980	\$0
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
9. Subrecipient Contracts	\$56,469	\$0
Third Party Revenue offset	(\$33,500)	\$0
Total Direct Costs	\$417,367	\$0
Total Indirect Costs	\$25,228	\$0
TOTAL	\$442,595	\$0

Contractor: DS
RS

Date: 9/29/2023

Exhibit C-6, Amendment #3,
SOR III MOUD SFY24 Budget

New Hampshire Department of Health and Human Services		
Contractor Name: Concord Hospital Inc. - Laconia		
Budget Request for: Access and Delivery Hub for Opioid Use Disorder Services MOUD		
Budget Period: SFY24-(September 29, 2023-June 30, 2024)		
Indirect Cost Rate (if applicable): 5.7% across both budget periods for entire amendment total		
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages	\$98,556	\$0
2. Fringe Benefits	\$31,538	\$0
3. Consultants	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0
5.(d) Supplies - Medical	\$7,214	\$0
5.(e) Supplies Office	\$2,400	\$0
6. Travel	\$0	\$0
7. Software	\$0	\$0
8. (a) Other - Marketing/ Communications	\$0	\$0
8. (b) Other - Education and Training	\$808	\$0
8. (c) Other - Other (specify below)	\$0	\$0
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
9. Subrecipient Contracts	\$0	\$0
Third party revenue offset	(\$16,200)	\$0
Total Direct Costs	\$124,316	\$0
Total Indirect Costs	\$7,086	\$0
TOTAL	\$131,402	\$0

ds
RS

Contractor:

9/29/2023

Date:

**Exhibit C-7, Amendment #3,
SOR III SFY25 Budget**

New Hampshire Department of Health and Human Services		
Contractor Name:	Concord Hospital Inc. - Laconia	
Budget Request for:	Access and Delivery Hub for Opioid Use Disorder Services	
Budget Period	SFY25-(July 1, 2024-September 29, 2024)	
Indirect Cost Rate (if applicable)	5.7% across both budget periods for entire amendment total	
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages	\$54,926	\$0
2. Fringe Benefits	\$17,576	\$0
3. Consultants	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$500	\$0
5.(a) Supplies - Educational	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$24,261	\$0
5.(d) Supplies - Medical	\$5,000	\$0
5.(e) Supplies Office	\$500	\$0
6. Travel	\$2,500	\$0
7. Software	\$0	\$0
8. (a) Other - Marketing/ Communications	\$2,000	\$0
8. (b) Other - Education and Training	\$7,000	\$0
8. (c) Other - Other (specify below)	\$0	\$0
Other (please specify)	\$0	\$0
Other Occupancy	\$6,660	\$0
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
9. Subrecipient Contracts	\$18,501	\$0
Third Party revenue offset	(\$11,250)	\$0
Total Direct Costs	\$128,174	\$0
Total Indirect Costs	\$7,747	\$0

Contractor: DS
RS

Exhibit C-7, Amendment #3,
SOR III SFY25 Budget

TOTAL	\$135,921	\$0

Contractor:  _____

Date: 9/29/2023

Exhibit C-8, Amendment #3,
SOR III MOUD SFY25 Budget

New Hampshire Department of Health and Human Services		
Contractor Name:		Concord Hospital Inc. - Laconia
Budget Request for:		Access and Delivery Hub for Opioid Use Disorder Services
Budget Period:		SFY25-(July 1, 2024-September 29, 2024)
Indirect Cost Rate (if applicable)		5.7% across both budget periods for entire amendment total
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages	\$32,852	\$0
2. Fringe Benefits	\$10,513	\$0
3. Consultants	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0
5.(d) Supplies - Medical	\$1,138	\$0
5.(e) Supplies Office	\$136	\$0
6. Travel	\$0	\$0
7. Software	\$0	\$0
8. (a) Other - Marketing/ Communications	\$0	\$0
8. (b) Other - Education and Training	\$2,200	\$0
8. (c) Other - Other (specify below)	\$0	\$0
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
9. Subrecipient Contracts	\$0	\$0
Third Party Revenue Offset	(\$5,400)	\$0
Total Direct Costs	\$41,439	\$0
Total Indirect Costs	\$2,362	\$0
TOTAL	\$43,801	\$0

DS
RS

Contractor: _____

Date: 9/29/2023

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 "David M. Scanlan".

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

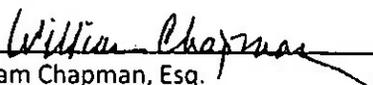
I, William Chapman, hereby certify that:

1. I am a duly elected Secretary of Concord Hospital, 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 January 23, 2023 at which a quorum of the Trustees were present and voting.

VOTED: That Robert Steigmeyer, President and CEO, is duly authorized on behalf of Concord Hospital, Inc. and Concord Hospital - Laconia 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 was valid thirty (30) days prior to and remains valid for thirty (30) days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

DATED: October 5, 2023

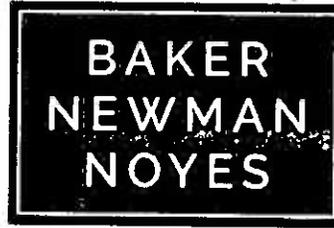


William Chapman, Esq.
Concord Hospital, Secretary of the Board

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.



**Concord Hospital, Inc.
and Subsidiaries**

Audited Consolidated Financial Statements

*Years Ended September 30, 2022 and 2021
With Independent Auditors' Report*

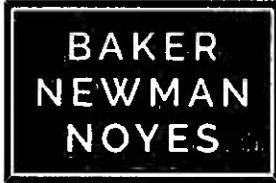
CONCORD HOSPITAL, INC. AND SUBSIDIARIES

Audited Consolidated Financial Statements

Years Ended September 30, 2022 and 2021

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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. and Subsidiaries

Opinion

We have audited the consolidated financial statements of Concord Hospital, Inc. and Subsidiaries (the System), which comprise the consolidated balance sheets as of September 30, 2022 and 2021, 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 (collectively, the financial statements).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the System as of September 30, 2022 and 2021, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

The Board of Trustees
Concord Hospital, Inc. and Subsidiaries

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

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

Baker Newman & Noyes LLC

Manchester, New Hampshire
December 9, 2022

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS

September 30, 2022 and 2021

ASSETS
(In thousands)

	<u>2022</u>	<u>2021</u>
Current assets:		
Cash and cash equivalents	\$ 54,630	\$ 37,722
Short-term investments	15,322	66,525
Accounts receivable	110,525	94,720
Due from affiliates	1,099	1,031
Supplies	6,125	5,656
Prepaid expenses and other current assets	<u>12,255</u>	<u>11,575</u>
Total current assets	199,956	217,229
Assets whose use is limited or restricted:		
Board designated	340,058	365,305
Funds held by trustee for insurance reserves, escrows and construction funds	50,118	77,443
Donor-restricted funds and restricted grants	<u>43,514</u>	<u>48,313</u>
Total assets whose use is limited or restricted	433,690	491,061
Other noncurrent assets:		
Due from affiliates, net of current portion	533	615
Other assets	<u>21,126</u>	<u>16,656</u>
Total other noncurrent assets	21,659	17,271
Property and equipment:		
Land and land improvements	8,359	8,193
Buildings	266,581	269,286
Equipment	260,992	271,210
Construction in progress	<u>11,807</u>	<u>10,144</u>
	547,739	558,833
Less accumulated depreciation	<u>(344,416)</u>	<u>(337,496)</u>
Net property and equipment	<u>203,323</u>	<u>221,337</u>
	<u>\$ 858,628</u>	<u>\$ 946,898</u>

LIABILITIES AND NET ASSETS

(In thousands)

	<u>2022</u>	<u>2021</u>
Current liabilities:		
Accounts payable and accrued expenses	\$ 50,361	\$ 47,073
Accrued compensation and related expenses	49,107	43,982
Accrual for estimated third-party payor settlements	62,608	96,403
Current portion of long-term debt	<u>4,147</u>	<u>5,447</u>
Total current liabilities	166,223	192,905
Long-term debt, net of current portion	152,609	155,323
Reserve for insurance	23,601	28,932
Accrued pension and other long-term liabilities	<u>26,490</u>	<u>40,391</u>
Total liabilities	368,923	417,551
Net assets:		
Without donor restrictions	443,500	477,710
With donor restrictions	<u>43,514</u>	<u>48,903</u>
Total Concord Hospital net assets	487,014	526,613
Noncontrolling interest in consolidated subsidiary	<u>2,691</u>	<u>2,734</u>
Total net assets	489,705	529,347
	<u>\$ 858,628</u>	<u>\$ 946,898</u>

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**CONSOLIDATED STATEMENTS OF OPERATIONS**

Years Ended September 30, 2022 and 2021

(In thousands)

	<u>2022</u>	<u>2021</u>
Revenue and other support without donor restrictions:		
Patient service revenue	\$709,396	\$598,533
Other revenue	39,781	30,661
Disproportionate share revenue	29,744	26,545
Net assets released from restrictions for operations	<u>1,889</u>	<u>1,537</u>
Total revenue and other support without donor restrictions	780,810	657,276
Operating expenses:		
Salaries and wages	380,846	297,198
Employee benefits	92,363	81,179
Supplies and other	156,674	143,972
Purchased services	51,392	45,501
Professional fees	16,498	10,660
Depreciation and amortization	28,953	27,207
Medicaid enhancement tax	32,035	26,631
Interest expense	<u>4,568</u>	<u>3,835</u>
Total operating expenses	<u>763,329</u>	<u>636,183</u>
Income from operations	17,481	21,093
Nonoperating (loss) income:		
Gifts and bequests without donor restrictions	261	328
Investment (loss) income and other	(48,917)	69,338
Other nonoperating (expense) income	(856)	2,118
Net periodic benefit gain (cost), other than service cost	<u>1,321</u>	<u>(1,931)</u>
Total nonoperating (loss) income	<u>(48,191)</u>	<u>69,853</u>
Consolidated (deficiency) excess of revenues and nonoperating (loss) income over expenses	(30,710)	90,946
Excess of revenues and nonoperating income (loss) over expenses attributable to noncontrolling interest in consolidated subsidiary	<u>(227)</u>	<u>(144)</u>
(Deficiency) excess of revenues and nonoperating (loss) income over expenses attributable to the System	<u>\$ (30,937)</u>	<u>\$ 90,802</u>

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS

Years Ended September 30, 2022 and 2021
(In thousands)

	<u>2022</u>	<u>2021</u>
System net assets without donor restrictions:		
(Deficiency) excess of revenues and nonoperating (loss) income over expenses attributable to the System	\$ (30,937)	\$ 90,802
Net transfers from (to) affiliates	343	(15)
Net assets released from restrictions used for purchases of property and equipment	1,886	165
Pension adjustment	<u>(5,502)</u>	<u>55,698</u>
(Decrease) increase in System net assets without donor restrictions	(34,210)	146,650
System net assets with donor restrictions:		
Contributions and pledges with donor restrictions	5,057	5,128
Net investment (loss) gain	(3,923)	5,429
Contributions to affiliates and other community organizations	(243)	(222)
Unrealized (losses) gains on trusts administered by others	(2,505)	1,376
Net assets released from restrictions for operations	(1,889)	(1,537)
Net assets released from restrictions used for purchases of property and equipment	<u>(1,886)</u>	<u>(165)</u>
(Decrease) increase in System net assets with donor restrictions	<u>(5,389)</u>	<u>10,009</u>
(Decrease) increase in System net assets	(39,599)	156,659
Noncontrolling interest in consolidated subsidiary:		
Net increase in noncontrolling interest in consolidated subsidiary	-	2,681
Distributions to noncontrolling interest in consolidated subsidiary	(270)	(91)
Excess of revenues and nonoperating income over expenses attributable to noncontrolling interest in consolidated subsidiary	<u>227</u>	<u>144</u>
(Decrease) increase in noncontrolling interest in consolidated subsidiary	<u>(43)</u>	<u>2,734</u>
(Decrease) increase in total net assets	(39,642)	159,393
Net assets, beginning of year	<u>529,347</u>	<u>369,954</u>
Net assets, end of year	<u>\$489,705</u>	<u>\$529,347</u>

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended September 30, 2022 and 2021

(In thousands)

	<u>2022</u>	<u>2021</u>
Cash flows from operating activities:		
(Decrease) increase in net assets	\$ (39,642)	\$ 159,393
Adjustments to reconcile (decrease) increase in net assets to net cash (used) provided by operating activities:		
Contributions and pledges with donor restrictions	(5,057)	(5,128)
Depreciation and amortization	28,953	27,207
Net realized and unrealized losses (gains) on investments	63,991	(70,262)
Bond premium and issuance cost amortization	(968)	(430)
Equity in earnings of affiliates, net	(4,893)	(5,082)
Distributions to noncontrolling interest in consolidated subsidiary	270	91
Gain on disposal of property and equipment	(270)	-
Pension adjustment	5,502	(55,698)
Changes in operating assets and liabilities:		
Accounts receivable	(15,805)	(13,615)
Supplies, prepaid expenses and other current assets	(1,149)	(5,711)
Other assets	(4,022)	3,077
Due from affiliates	14	(902)
Accounts payable and accrued expenses	3,289	6,524
Accrued compensation and related expenses	5,125	8,494
Accrued for estimated third-party payor settlements	(33,795)	41,645
Accrued pension and other long-term liabilities	(19,403)	(48,992)
Reserve for insurance	(5,331)	3,440
Net cash (used) provided by operating activities	<u>(23,191)</u>	<u>44,051</u>
Cash flows from investing activities:		
Cash paid for business acquisitions, net	-	(24,167)
Purchases of property and equipment	(22,032)	(21,665)
Proceeds from sale of property and equipment	11,362	-
Purchases of investments	(23,369)	(96,717)
Proceeds from sales of investments	67,838	57,942
Equity distributions from affiliates	4,445	4,662
Net cash provided (used) by investing activities	<u>38,244</u>	<u>(79,945)</u>
Cash flows from financing activities:		
Payments on long-term debt	(3,020)	(11,341)
Proceeds from issuance of long-term debt	-	51,498
Bond issuance costs	(26)	(698)
Distributions to noncontrolling interest in consolidated subsidiary	(270)	(91)
Contributions and pledges with donor restrictions	5,171	4,906
Net cash provided by financing activities	<u>1,855</u>	<u>44,274</u>
Net increase in cash and cash equivalents	16,908	8,380
Cash and cash equivalents at beginning of year	<u>37,722</u>	<u>29,342</u>
Cash and cash equivalents at end of year	<u>\$ 54,630</u>	<u>\$ 37,722</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, 2022 and 2021
(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 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. During 2022, NHC was transferred to an unrelated entity for no consideration and the Hospital formed the Concord Hospital ACO, LLC (CH-ACO), which operates in a manner consistent with NHC and had minimal activity during fiscal year 2022.

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, 2022 and 2021
(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 and for the fiscal year ended September 30, 2022 being recorded within the accompanying consolidated financial statements. See also Note 3.

Subsequent to year end, GSIE began the process of winding down operations and will be replaced with a new subsidiary. Concord Hospital Insurance Group, LLC (CHIG). CHIG is a Vermont domiciled single parent captive entity and will operate in a manner and conduct activities similar to GSIE.

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-ACO, 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, 2022 and 2021 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 (loss) from these subsidiaries are included in the consolidated amounts presented on the consolidated statements of operations. (Deficiency) excess of revenues and nonoperating (loss) 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, 2022 and 2021
(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, 2022 and 2021.

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, 2022 and 2021
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Investments and Investment (Loss) Income

Investments are carried at fair value in the accompanying consolidated balance sheets. Investment (loss) 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 (deficiency) excess of revenues and nonoperating (loss) 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, 2022 and 2021
(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, 2022 and 2021 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, 2022 and 2021, estimated implicit price concessions of \$29,203 and \$24,643, 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.

Accounts receivable as of September 30, 2022, 2021 and 2020 are \$110,525, \$94,720 and \$66,175, respectively.

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, 2022 and 2021, depreciation expense was \$28,953 and \$27,207, 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, the System capitalized \$200 of interest expense relating to various construction projects. There was no interest expense capitalized during 2022.

Gifts of long-lived assets such as land, buildings or equipment are reported as support without donor restrictions, and are excluded from the (deficiency) excess of revenues and nonoperating (loss) 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, 2022 and 2021
(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, 2022 or 2021. 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, 2022 and 2021 were approximately \$133 and \$132, 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, 2022 and 2021
(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, 2022 and 2021
(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, 2022 and 2021, patient service revenue in the accompanying consolidated statements of operations increased by approximately \$5,100 and \$4,800, 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 39% and 6% and 38% and 6% of the System's patient service revenue for the years ended September 30, 2022 and 2021, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation.

(Deficiency) Excess of Revenues and Nonoperating (Loss) 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 (loss) income.

The consolidated statements of operations also include (deficiency) excess of revenues and nonoperating (loss) income over expenses. Changes in net assets without donor restrictions which are excluded from (deficiency) excess of revenues and nonoperating (loss) 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 benefited.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
(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 was 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, CH-ACO 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 for the years ended September 30, 2022 and 2021.

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, 2022 and 2021
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

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 was effective for the System for the year ended September 30, 2022. The adoption of this ASU did not have a significant impact on the System's consolidated financial statements.

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 was effective for the System beginning October 1, 2021. The adoption of this ASU did not have a significant impact on the System's 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. 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, but at times impacted through fiscal year 2022, 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.

Since the declaration of the pandemic, the System received \$57,885 of accelerated Medicare payments (Note 6) as provided for under the *Coronavirus Aid, Relief and Economic Security Act* (CARES Act).

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, 2022 and 2021, the System had deferred \$4,646 and \$8,866, respectively, of payroll taxes. As of September 30, 2022 and 2021, \$4,646 and \$4,433, respectively, of deferred payroll taxes are recorded within accrued compensation and related expenses on the accompanying consolidated balance sheets. As of September 30, 2021, \$4,433 of deferred payroll taxes were recorded within accrued pension and other long-term liabilities in the accompanying consolidated balance sheets.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
(In thousands)

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

During 2022, the System received approximately \$8,800 of *American Rescue Plan Act* (ARPA) rural payments and approximately \$1,200 of Provider Relief Funds (PRF) under the CARES Act. Distributions from ARPA and PRF 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 ARPA and PRF, the System recognized approximately \$8,800 related to ARPA funds and approximately \$1,200 related to the PRF in 2022, and these payments are recorded within other revenue in the accompanying consolidated statements of operations for the year ended September 30, 2022.

During 2021, the System received funding from the Federal Emergency Management Agency (FEMA) for pandemic related expenses of \$6,706, of which \$4,206 was recorded within other revenue in the accompanying consolidated statements of operations for the year ended September 30, 2021. In addition, \$476 of funding was received from the State of New Hampshire during 2021.

Reclassifications

Certain 2021 amounts have been reclassified to permit comparison with the 2022 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 9, 2022, 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, 2022 and 2021, transfers made from (to) CRHC were \$140 and \$(171), respectively, and transfers received from Capital Region Health Services Corporation (CRHSC) were \$203 and \$156, respectively.

Amounts due the System, primarily from joint ventures, totaled \$1,632 and \$1,646 at September 30, 2022 and 2021, 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 (\$533 and \$615 at September 30, 2022 and 2021, respectively) with principal and interest (6.75% at September 30, 2022) payments due monthly. Interest income amounted to \$52 and \$29 for the years ended September 30, 2022 and 2021, respectively.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
(In thousands)

2. Transactions With Affiliates (Continued)

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. Subsequent to year end, CRHSC became a subsidiary of the Hospital.
- 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 \$243 and \$222 in 2022 and 2021, 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

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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>
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Fair value of assets acquired and liabilities assumed	<u>\$23,476</u>
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Total consideration paid	<u>\$23,476</u>
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The results of the acquired entities since the acquisition date are included in the accompanying 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.

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
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Liabilities assumed:

Accounts payable and accrued expenses	<u>(225)</u>
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Total liabilities assumed	<u>(225)</u>
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Fair value of assets acquired and liabilities assumed	8,935
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Less amount attributable to noncontrolling interest	<u>(2,681)</u>
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Amount attributable to CRHVC	<u>\$ 6,254</u>
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CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
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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 consolidated balance sheets at cost less accumulated amortization. Amortizable intangible assets consist of the following at September 30:

	<u>2022</u>	<u>2021</u>
Cost	\$ 8,556	\$ 8,556
Accumulated amortization	<u>(1,284)</u>	<u>(428)</u>
Amortizable intangible assets, net	<u>\$ 7,272</u>	<u>\$ 8,128</u>

Amortization expense was \$856 and \$428 during the years ended September 30, 2022 and 2021, respectively, and is recorded within other nonoperating expense in the accompanying consolidated statements of operations.

Expected amortization of intangible assets through their useful lives is as follows:

2023	\$ 856	
2024	856	
2025	856	
2026	856	
2027	856	
Thereafter	<u>2,992</u>	
	<u>\$ 7,272</u>	

The results of CEC since the acquisition date are included in the accompanying 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 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.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
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3. Business Acquisitions and Intangible Assets (Continued)

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
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 since the acquisition date are included in the accompanying consolidated financial statements.

4. Investments and Assets Whose Use is Limited or Restricted

Short-term investments totaling \$15,322 and \$66,525 at September 30, 2022 and 2021, 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>2022</u>	<u>2021</u>
Board designated funds:		
Cash and cash equivalents	\$ 2,771	\$ 4,845
Fixed income securities	21,839	26,316
Marketable equity and other securities	301,116	318,051
Inflation-protected securities	<u>14,332</u>	<u>16,093</u>
	340,058	365,305
Held by trustee for workers' compensation reserves:		
Fixed income securities	2,501	2,988

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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4. Investments and Assets Whose Use is Limited or Restricted (Continued)

	<u>2022</u>	<u>2021</u>
Self-insurance escrows and construction funds:		
Cash and cash equivalents	\$ 8,648	\$ 8,996
Fixed income securities	24,074	45,456
Marketable equity securities	<u>14,895</u>	<u>20,003</u>
	47,617	74,455
Donor-restricted funds and restricted grants:		
Cash and cash equivalents	7,553	5,169
Fixed income securities	1,606	1,890
Marketable equity securities	23,091	27,021
Inflation-protected securities	1,020	1,369
Trust funds administered by others	9,836	12,341
Other	<u>408</u>	<u>523</u>
	43,514	48,313
	<u>\$433,690</u>	<u>\$491,061</u>

Included in marketable equity and other securities above are \$203,040 and \$220,974 at September 30, 2022 and 2021, respectively, in so called alternative investments and collective trust funds. See also Note 15.

Investment (loss) 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>2022</u>	<u>2021</u>
Net assets without donor restrictions:		
Interest and dividends	\$ 7,099	\$ 4,831
Investment income from trust funds administered by others	599	595
Net realized gains on sales of investments	4,079	11,760
Net unrealized (losses) gains on investments	<u>(61,177)</u>	<u>52,054</u>
	(49,400)	69,240
Net assets with donor restrictions:		
Interest and dividends	465	357
Net realized gains on sales of investments	608	933
Net unrealized (losses) gains on investments	<u>(7,501)</u>	<u>5,515</u>
	(6,428)	6,805
	<u>\$ (55,828)</u>	<u>\$ 76,045</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 \$2,300 and \$1,764 in 2022 and 2021, respectively.

Investment management fees expensed and reflected in investment (loss) income and other were \$922 and \$1,035 for the years ended September 30, 2022 and 2021, respectively.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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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 Plan). The Concord Hospital Plan and CH-Laconia Plan (collectively, the Plans) provide benefits based on an employee's years of service, age and 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).

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.

On September 26, 2022, the Plans were amended to offer certain participants age 62 and older the option to receive a lump-sum distribution as payment for grandfathered benefits. The eligible participants will have 180 days to elect this benefit, beginning October 1, 2022.

During fiscal year 2022, the CH-Laconia Plan incurred a settlement charge due to lump sums paid in excess of the settlement threshold for the Plan year. The settlement charge totaled \$450 and is reflected as a component of net periodic benefit gain (cost), other than service cost.

Subsequent to year end, the Board approved the merger of the Concord Hospital Plan and the CH-Laconia Plan effective December 31, 2022. The merged plan will be amended, restated and renamed effective January 1, 2023.

The following table summarizes the Plans' funded status at September 30:

	<u>Concord Hospital Plan</u>		<u>CH-Laconia Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Funded status:				
Fair value of plan assets	\$ 265,271	\$ 309,685	\$ 54,225	\$ 65,409
Projected benefit obligation	<u>(270,616)</u>	<u>(322,873)</u>	<u>(58,861)</u>	<u>(69,402)</u>
	<u>\$ (5,345)</u>	<u>\$ (13,188)</u>	<u>\$ (4,636)</u>	<u>\$ (3,993)</u>
Activities for the year consist of:				
Benefit payments and administrative expenses paid	\$ 17,945	\$ 21,445	\$ 1,369	\$ 2,634
Net periodic benefit cost	13,500	16,909	1,698	352

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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5. Retirement Plans (Continued)

The table below presents details about the Plans, 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 Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Change in benefit obligation:				
Projected benefit obligation at beginning of year/acquisition date (see Note 3)	\$322,873	\$327,793	\$69,402	\$69,725
Service cost	14,507	14,578	2,012	752
Interest cost	10,933	10,367	2,284	1,002
Actuarial (gain) loss	(59,752)	(8,420)	(9,417)	557
Benefit payments and administrative expenses paid	(17,945)	(21,445)	(1,368)	(2,634)
Settlements and plan amendments	<u>—</u>	<u>—</u>	<u>(4,052)</u>	<u>—</u>
Projected benefit obligation at end of year	<u>\$270,616</u>	<u>\$322,873</u>	<u>\$58,861</u>	<u>\$69,402</u>
Change in plan assets:				
Fair value of plan assets at beginning of year	\$309,685	\$258,752	\$65,409	\$64,215
Actual (loss) return on plan assets	(48,169)	56,378	(11,117)	846
Employer contributions	21,700	16,000	6,200	2,982
Benefit payments and administrative expenses	(17,945)	(21,445)	(1,368)	(2,634)
Settlements	<u>—</u>	<u>—</u>	<u>(4,899)</u>	<u>—</u>
Fair value of plan assets at end of year	<u>\$265,271</u>	<u>\$309,685</u>	<u>\$54,225</u>	<u>\$65,409</u>
Funded status and amount recognized in noncurrent liabilities at September 30	<u>\$ (5,345)</u>	<u>\$ (13,188)</u>	<u>\$ (4,636)</u>	<u>\$ (3,993)</u>

Amounts recognized as a change in net assets without donor restrictions during the years ended September 30, 2022 and 2021 consist of:

	<u>Concord Hospital Plan</u>		<u>CH-Laconia Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Net actuarial loss (gain)	\$ 10,264	\$(44,383)	\$ 5,594	\$ 1,064
Net amortized loss	(10,149)	(12,622)	—	—
Prior service credit amortization	243	243	—	—
Impact of settlement	<u>—</u>	<u>—</u>	<u>(450)</u>	<u>—</u>
Total amount recognized	<u>\$ 358</u>	<u>\$(56,762)</u>	<u>\$ 5,144</u>	<u>\$ 1,064</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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5. Retirement Plans (Continued)

Pension Plan Assets

The fair values of the Plans' assets as of September 30, 2022 and 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 Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
	<u>Level 1</u>	<u>Level 1</u>	<u>Level 1</u>	<u>Level 1</u>
Short-term investments:				
Money market funds	\$ 2,317	\$ 10,402	\$ 1,797	\$ 1,257
Equity securities:				
Mutual funds – domestic	99,356	104,362	15,877	19,089
Mutual funds – international	–	–	10,302	12,848
Mutual funds – inflation hedge	12,909	14,599	–	–
Fixed income securities:				
Mutual funds – fixed income	<u>19,716</u>	<u>22,290</u>	<u>26,249</u>	<u>32,215</u>
	134,298	151,653	54,225	65,409
Funds measured at net asset value:				
Equity securities:				
Funds-of-funds	81,961	94,714	–	–
Collective trust funds:				
Equities	40,727	52,696	–	–
Fixed income	<u>8,285</u>	<u>10,622</u>	–	–
	<u>130,973</u>	<u>158,032</u>	–	–
Total investments at fair value	<u>\$265,271</u>	<u>\$309,685</u>	<u>\$54,225</u>	<u>\$65,409</u>

The target allocation for the Concord Hospital Plan's assets as of September 30, 2022 and 2021, by asset category are as follows:

	<u>Target Allocation</u>		<u>Concord Hospital Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Short-term investments	0-20%	0-20%	1%	3%
Equity securities	40-80%	40-80%	73%	69%
Fixed income securities	5-80%	5-80%	11%	11%
Other	0-30%	0-30%	15%	17%

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

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5. Retirement Plans (Continued)

The target allocation for the CH-Laonia Plan's assets as of September 30, 2022 and 2021 by asset category are as follows:

	<u>Target</u> <u>Allocation</u>		<u>Percentage</u> <u>of Plan Assets</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Short-term investments	0%	0%	3%	2%
Equity securities	50%	50%	48%	49%
Fixed income securities	50%	50%	49%	49%

The funds-of-funds in the Concord Hospital Plan are invested with various investment managers and have various restrictions on redemptions. One manager holding amounts totaling approximately \$15 million at September 30, 2022 allows for semi-monthly redemptions, with 5 days' notice. One manager holding approximately \$7 million at September 30, 2022 allows for monthly redemptions, with 15 days' notice. Six managers holding amounts totaling approximately \$40 million at September 30, 2022 allow for quarterly redemptions, with notices ranging from 45 to 65 days. One manager holding amounts of approximately \$8 million at September 30, 2022 allows for annual redemptions, with 90 days' notice. Two managers holding amounts of approximately \$12 million at September 30, 2022 allow 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.

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.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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5. Retirement Plans (Continued)

Amounts included in expense during fiscal 2022 and 2021 consist of:

	<u>Concord Hospital Plan</u>		<u>CH-Laconia Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Components of net periodic benefit cost:				
Service cost	\$ 14,507	\$ 14,578	\$ 2,012	\$ 752
Interest cost	10,933	10,367	2,284	1,002
Expected return on plan assets	(21,846)	(20,416)	(3,048)	(1,402)
Amortization of prior service credit and loss	9,906	12,380	-	-
Settlements	-	-	450	-
Net periodic benefit cost	<u>\$ 13,500</u>	<u>\$ 16,909</u>	<u>\$ 1,698</u>	<u>\$ 352</u>

The accumulated benefit obligation for the Concord Hospital Plan at September 30, 2022 and 2021 was \$257,998 and \$308,420, respectively. The accumulated benefit obligation for the CH-Laconia Plan was \$57,170 and \$66,600 at September 30, 2022 and 2021, respectively.

	<u>Concord Hospital Plan</u>		<u>CH-Laconia Plan</u>	
	<u>2022</u>	<u>2021</u>	<u>2022</u>	<u>2021</u>
Weighted average assumptions to determine benefit obligation:				
Discount rate	5.63%	3.33%	5.63%	3.33%
Rate of compensation increase	3.00%	2.50% for the next year, 3.00% thereafter	3.00%	3.00%
Weighted average assumptions to determine net periodic benefit cost:				
Discount rate	3.33%	3.11%	3.33%	3.55%
Expected return on plan assets	7.75%	7.75%	6.50%	6.50%
Cash balance credit rate	5.00%	5.00%	N/A	N/A
Rate of compensation increase	2.50%/3.00%	2.50%/3.00%	3.00%	3.00%

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 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.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

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5. Retirement Plans (Continued)

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 2023 plan year. There are no contributions expected to the CH-Laconia Plan in 2023.

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 Plan</u>
2023	\$ 17,845	\$ 7,118
2024	17,490	5,620
2025	18,418	4,666
2026	19,838	5,128
2027	21,491	5,018
2028 – 2032	120,191	22,801

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.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

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6. Estimated Third-Party Payor Settlements (Continued)

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 2022 and 2021. The amount of tax incurred by the System for 2022 and 2021 was \$32,035 and \$26,631, 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 \$29,744 in 2022 and \$26,545 in 2021, 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 2019, 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.

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 2017 for Medicare and 2016 for Medicaid. Settlements for CH-Laconia have been finalized through 2019 for Medicare and 2018 for Medicaid. Settlements for CH-Franklin have been finalized through 2019 for Medicare and 2017 for Medicaid.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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(In thousands)

6. Estimated Third-Party Payor Settlements (Continued)

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, 2022 and 2021, the current portion due within a year, totaling \$248 and \$41,036, respectively, is recorded under the caption "accrual for estimated third-party payors".

7. Long-Term Debt

Long-term debt consists of the following at September 30, 2022 and 2021:

	<u>2022</u>	<u>2021</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 \$1,685 to \$3,095 through October 2042, including unamortized original issue premium of \$6,950 in 2022 and \$7,590 in 2021	\$ 48,610	\$ 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. This note converted into tax-exempt revenue bonds effective July 6, 2022. As a result of the conversion, the interest rate was reduced to 1.84%	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 \$6,249 in 2022 and \$6,575 in 2021	60,459	60,785

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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7. Long-Term Debt (Continued)

	<u>2022</u>	<u>2021</u>
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. Series 2013A revenue bonds totaling \$33,785 were refunded in 2020 through issuance of the 2020B note payable described below. The remaining amounts due were repaid in full during 2022	\$ <u>—</u>	\$ <u>1,461</u>
	158,171	162,278
Less unamortized bond issuance costs	(1,415)	(1,508)
Less current portion	<u>(4,147)</u>	<u>(5,447)</u>
	<u>\$152,609</u>	<u>\$155,323</u>

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 of September 30, 2021, \$11,780 of the Series 2011 advance refunded bonds, which were considered extinguished for purposes of these consolidated financial statements, remained outstanding. No amounts of the Series 2011 advance refunded bonds remain outstanding as of September 30, 2022. 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 of September 30, 2022 and 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. The Hospital exercised this option on July 6, 2022, which resulted in the interest rate decreasing from 2.26% to 1.84%.

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.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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7. Long-Term Debt (Continued)

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. The bonds were paid in full during 2022.

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.

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, 2022 and 2021.

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 \$5,531 and \$4,465 (including capitalized interest of \$200) for the years ended September 30, 2022 and 2021, respectively.

The aggregate principal payments on long-term debt for the next five fiscal years ending September 30 and thereafter are as follows:

2023	\$ 4,147
2024	6,144
2025	4,455
2026	5,181
2027	6,949
Thereafter	<u>118,096</u>
	<u>\$144,972</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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September 30, 2022 and 2021
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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. 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 of GSIE since the acquisition date are included in the accompanying consolidated financial statements.

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, 2023, 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, 2022, 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 \$20,253 and \$22,303 at September 30, 2022 and 2021, respectively, and are reflected in the accompanying consolidated balance sheets within reserves for 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.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

September 30, 2022 and 2021
(In thousands)

8. Commitments and Contingencies (Continued)

In accordance with ASU No. 2010-24, "Health Care Entities" (Topic 954): *Presentation of Insurance Claims and Related Insurance Recoveries*, at September 30, 2022 and 2021, the System recorded a liability of approximately \$3,300 and \$6,600, respectively, related to estimated professional liability losses. At September 30, 2022 and 2021, the System also recorded a receivable of \$3,300 and \$6,600, respectively, related to estimated recoveries under insurance coverage for recoveries of the potential losses. These amounts are included in reserve for insurance (\$3,300 at September 30, 2022 and \$6,600 at September 30, 2021), accounts receivable (\$0- at September 30, 2022 and \$2,800 at September 30, 2021) and other assets (\$3,300 at September 30, 2022 and \$3,800 at September 30, 2021), respectively, in the accompanying consolidated balance sheets.

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 \$3,888 and \$3,043 at September 30, 2022 and 2021, 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 \$2,521 and \$2,988 at September 30, 2022 and 2021, 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 on individual claims. Estimated unpaid claims, and those claims incurred but not reported at September 30, 2022 and 2021, have been recorded as a liability of \$13,286 and \$10,042, respectively, and are reflected in the accompanying consolidated balance sheets, within accounts payable and accrued expenses.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2022 and 2021
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8. Commitments and Contingencies (Continued)

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, 2022 are as follows:

Year Ending September 30:	
2023	\$ 8,078
2024	7,038
2025	5,590
2026	3,333
2027	2,967
Thereafter	<u>10,826</u>
	<u>\$37,832</u>

Rent expense was \$9,532 and \$7,886 for the years ended September 30, 2022 and 2021, respectively.

9. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at September 30:

	<u>2022</u>	<u>2021</u>
Purpose restriction:		
Health education and program services	\$ 18,991	\$ 21,662
Capital acquisitions	610	806
Indigent care	116	135
Pledges receivable with stipulated purpose and/or time restrictions	<u>391</u>	<u>499</u>
	20,108	23,102
Perpetual in nature:		
Health education and program services	20,225	22,613
Capital acquisitions	803	803
Indigent care	2,105	2,105
Annuities to be held in perpetuity	<u>273</u>	<u>280</u>
	<u>23,406</u>	<u>25,801</u>
Total net assets with donor restrictions	<u>\$43,514</u>	<u>\$48,903</u>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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(In thousands)

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>2022</u>	<u>2021</u>
Private payor (includes coinsurance and deductibles)	\$391,300	\$335,415
Medicare	276,967	226,029
Medicaid	40,340	33,413
Self-pay	<u>789</u>	<u>3,676</u>
	<u>\$709,396</u>	<u>\$598,533</u>

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>2022</u>				
Salaries and wages	\$320,669	\$ 59,597	\$ 580	\$380,846
Employee benefits	77,767	14,455	141	92,363
Supplies and other	135,008	21,486	180	156,674
Purchased services	33,227	17,988	177	51,392
Professional fees	16,495	3	-	16,498
Depreciation and amortization	19,424	9,222	307	28,953
Medicaid enhancement tax	32,035	-	-	32,035
Interest	<u>3,065</u>	<u>1,455</u>	<u>48</u>	<u>4,568</u>
	<u>\$637,690</u>	<u>\$124,206</u>	<u>\$ 1,433</u>	<u>\$763,329</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	30,435	14,920	146	45,501
Professional fees	10,579	81	-	10,660
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>

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

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11. Functional Expenses (Continued)

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.

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>2022</u>	<u>2021</u>
Government sponsored healthcare	\$ 36,515	\$29,001
Community health services	1,281	1,408
Health professions education	2,038	1,813
Subsidized health services	54,744	49,746
Research	131	62
Financial contributions	1,440	936
Community benefit operations	89	130
Community building activities	414	2,411
Charity care costs (see Note 1)	<u>3,389</u>	<u>4,043</u>
	<u>\$100,041</u>	<u>\$89,550</u>

The System incurred estimated costs for services to Medicare patients in excess of the payment from this program of \$76,111 and \$73,871 in 2022 and 2021, respectively.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

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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>2022</u>	<u>2021</u>
Patients	8%	8%
Medicare	42	40
Anthem Blue Cross	18	16
Cigna	3	3
Medicaid	11	13
Commercial	16	18
Workers' compensation	<u>2</u>	<u>2</u>
	<u>100%</u>	<u>100%</u>

14. Volunteer Services (Unaudited)

Total volunteer service hours received by the System were approximately 23,000 and 16,000 in 2022 and 2021, respectively. 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.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

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15. Fair Value Measurements (Continued)

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, 2022 and 2021. 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.

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>2022</u>				
Cash and cash equivalents	\$ 34,294	\$ –	\$ –	\$ 34,294
Fixed income securities	35,203	10,645	–	45,848
Marketable equity and other securities	136,062	–	–	136,062
Inflation-protected securities and other	15,760	–	–	15,760
Trust funds administered by others	–	–	9,836	9,836
	<u>\$221,319</u>	<u>\$10,645</u>	<u>\$ 9,836</u>	241,800
Funds measured at net asset value:				
Marketable equity and other securities				<u>203,040</u>
				<u>\$444,840</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	–	–	12,341	12,341
	<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>

In addition, for the years ended September 30, 2022 and 2021, there are certain investments totaling \$4,172 and \$4,072, respectively, which are appropriately being carried at cost.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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15. Fair Value Measurements (Continued)

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.

A reconciliation of the fair value measurements using significant unobservable inputs (Level 3) is as follows for 2022 and 2021:

	<u>Trust Funds Administered by Others</u>
Balance at September 30, 2020	\$ 10,965
Net realized and unrealized gains	<u>1,376</u>
Balance at September 30, 2021	12,341
Net realized and unrealized losses	<u>(2,505)</u>
Balance at September 30, 2022	<u>\$ 9,836</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, 2022:				
Funds-of-funds	\$ 18,489	\$ -	Semi-monthly	5 days
Funds-of-funds	9,645	-	Monthly	15 days
Funds-of-funds	53,791	-	Quarterly	45 - 65 days**
Funds-of-funds	10,329	-	Annual	90 days
Funds-of-funds	8,250	-	Semi-annual	60 days*
Funds-of-funds	42,296	25,854	Illiquid	N/A
Collective trust funds	12,582	-	Daily	10 days
Collective trust funds	7,008	-	Weekly	10 days
Collective trust funds	40,650	-	Monthly	6 - 10 days

CONCORD HOSPITAL, INC. AND SUBSIDIARIES
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15. Fair Value Measurements (Continued)

	<u>Fair Value</u>	<u>Unfunded Commitments</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

* 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.

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.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

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15. Fair Value Measurements (Continued)

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 \$63,183 with various investment managers, and had funded \$27,329 of that commitment as of September 30, 2022. 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.

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, 2022:

Cash and cash equivalents	\$ 54,630
Short-term investments	15,322
Accounts receivable	110,525
Funds held by trustee for insurance reserves, escrows and construction costs	<u>50,118</u>
	<u>\$230,595</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, 2022, the balance of liquid investments in board-designated assets was \$300,735.

CONCORD HOSPITAL
BOARD OF TRUSTEES
2023

Christopher Allen, MD (ex-officio, CH Medical Staff President)
Frederick Briccetti, MD
William Chapman, Esq., **Secretary**
Philip Emma
Charles Fanaras, **Vice Chair**
Lucy Hodder, Esq.
Lucy Karl, Esq.
Linda Lorden
Joseph Meyer, MD
Matthew Nadeau
Peter Noordsij, MD
Manisha Patel, DDS, **Chair**
Katherine Saunders
Robert Segal
Robert Steigmeyer, **President/CEO** (ex-officio)
Jeffrey Towle
Donald Welford

Treasurer (not Member of the Board):
Scott W. Sloane

1/2023

Angela Conforti



EDUCATION

N.H.T.I

Concord, New Hampshire 2015-2018 *associate degree in Addiction Counseling*

Inter-lakes High School

Meredith, NH 2014-2018 *High School Diploma*

CAPABILITIES

Sensitivity towards diverse populations and knowledge of the challenges facing them. The ability to build lasting and trusting relationships with clients. Versatile and capable of working individually and in team atmospheres.

WORK EXPERIENCE

White Horse Recovery Clinical Department Ossipee, NH

August 2022 to Present – Outpatient Counselor

- Assessments/ screenings/ referrals
- LADC Evaluations
- Assisting with IOP
- Working within EMR to complete notes and other documentation as needed.
- Care coordination working with peer support department as well as outside agencies.

White Horse Recovery Peer Support Services (Recovery Community Organization) Ossipee, NH

May 2018 to December 2022 – Manager

- Recovery Coaching
- Assisting clients seeing treatment
- Assisting clients with DHHS applications/ collecting documentation for insurance
- Supervising staff/ running weekly group & individual supervision.
- Also provided case management for clinical clients at this time

The Bob House Moultonborough, NH

May 2017 to April 2018 – Hostess

- Greeting and seating guest

References

Krystal Cardoza
Former Co worker
(508) 965-4301

Michelle Peare
Former Co Worker
(603) 293-3408

Vanessa Smith
Co Worker
(603) 707-9273

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
Horizons 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

LORI L. 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

Page Four

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 BUSINESS 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
- IAHS – Supervisory
- CPR/AED

Tarah B. Morel-Taylor

[REDACTED]

Professional Overview

Energetic, great at multi-tasking, with proven ability to work in a fast paced office

Skills

- Management skills
- Excellent communication skills
- Extensive experience with patient scheduling
- Filing/editing patient charts
- Filing and data archiving
- Proficient with medical terminology
- Professional telephone skills
- CPR Certified

Work Experience

Concord Hospital Recovery Clinic Patient Care Coordinator

June 2021—Current day

Laconia Clinic Patient Service Representative

December 2020—June 2021

Athletic Swim Club

Water Aerobics Instructor: Choreographed Water Aerobics

Periodically over several years

Dr. Mark Horvath Dental Office

Dental Assistant: Front desk, sterilization, assisted in patient care and multiple procedures

2006-2008

Lakes Region OB/GYN

Front Desk Manager: Scheduling, hiring, managing employees, organizing and running meetings between departments at the hospital, booking surgeries, insurance clearance, billing, event planning, etc.

1992-2002

Toy Store

Assistant Manager: Scheduling, hiring/firing, marketing, accounting, banking, employee management, customer service, etc.

1991-1992

Education

Laconia Vocational Technical College
Human Services 1992 Certificate
Management 1992 Certificate
Management Skill Classes 1997-2000 Certificate
Dental X-Ray 2005
On line classes for Nutrition
Class for Medical Terminology

Laconia High School
Graduated 1990

References

References available upon request

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

Concord Hospital, Inc. - Laconia
Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
Corey Gately	Director Substance Use Services	\$57,159
Lori Seog	Licensed Alcohol and Drug Counselor	\$54,444
Mark Dorman	Doorway Coordinator	\$52,000
Angela Conforti	Patient Care Coordinator	\$40,000
Shaney Blais	Practice Manager	\$ 5,423
Tarah Morel-Taylor	Patient Care Coordinator	\$10,679

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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

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: 6/2/21 Item #28 A1: 10/13/21 Item #39

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

*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	\$6,036,900	\$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	\$4,108,788	\$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.						

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 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.

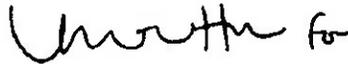
Should the Governor and Executive Council not authorize this request, individuals seeking treatment for opioid use and/or stimulant use disorders may experience difficulty navigating a complex system, may not receive the supports and clinical services needed, and may experience delays in receiving care.

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".

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	\$436,668.00	\$0.00	\$436,668.00
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	\$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	\$693,947.00	\$3,511,583.00	

Vendor Name LRGHealthcarer							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 # 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	\$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 #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; 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
600D06B04C83442

Name: Katja S. Fox

Title: Director

Concord Hospital – Laconia

10/22/2022

Date

DocuSigned by:
Robert Steigmeyer
8DD5DBFF8EA8428...

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

DocuSigned by:
Robyn Guarino
748734844941480

Date

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

New Hampshire Department of Health and Human Services Complete one budget form for each budget period.			
Contractor Name: <u>Concord Hospital, Inc. - Laconia</u>			
Budget Request for: <u>Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services</u>			
Budget Period <u>FY24 - (July 1, 2023 - September 29, 2023)</u>			
Indirect Cost Rate (if applicable) <u>2.00%</u>			
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)			
<i>Naloxone</i>	\$28,000	\$0	\$28,000
<i>Flex Funds - Client Transportation</i>	\$36,000	\$0	\$36,000
<i>Flex Funds - Client Housing</i>	\$14,000	\$0	\$14,000
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23</i>	\$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



Lori A. Shibley
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
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
Page 4 of 4

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
4CAAS2904125473...

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
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	\$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	\$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	\$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 # 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
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	\$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	\$473,668.00	\$0.00	\$473,668.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,115,878.00	\$1,115,878.00
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		\$3,920,536.00	\$1,136,810.00	\$5,057,346.00

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 - 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
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	\$16,139,458.00	\$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
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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 Cheahire				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				\$1,145,956.00	\$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	92052561	\$16,000.00	\$0.00	\$16,000.00
		Sub Total		\$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
		Sub Total		\$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
		Sub Total		\$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
		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	\$37,617,414.00	\$11,190,088.00	\$48,807,502.00
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MAY 19 '21 PM 3:34 RCVD

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MANLari A. Shiblett
CommissionerKatie 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 Svcs	92057048	\$200,000
2022	102-500731	Contracts for Program Svcs	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 Svcs	92058501	\$109,222
2022	102-500731	Contracts for Program Svcs	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

**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 Littleton Hospital Association ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on October 31, 2018 (Item #17A), September 18, 2019 (Item #20), June 24, 2020 (Item #31), February 03, 2021 (Item #10), October 13, 2021 (Item #39), and most recently amended on December 7, 2022 (Item #11), 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, 2024
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$4,279,864
3. Modify Exhibit A, Amendment #3, Scope of Services by replacing in its entirety with Exhibit A Amendment #6, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B, Amendment #4, Methods and Conditions Precedent to Payment, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1 98.55% Federal funds from the U.S. Department of Health and Human Services (US DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), State Opioid Response Grant (SOR), ALN #93.788 as awarded on:
 - 1.1.1 08/30/2018, FAIN H79TI081685.
 - 1.1.2 09/30/2020, FAIN H79TI083326.
 - 1.1.3 08/09/2021, FAIN H79TI083326.
 - 1.1.4 09/23/2022, FAIN H79TI085759.
 - 1.2 0.44% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the US DHHS, SAMHSA, ALN #93.959, FAIN TI083509.
 - 1.3 0.06% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG, as awarded on 02/10/2022, by the US DHHS, SAMHSA, ALN #93.959, FAIN TI084659.
 - 1.4 0.37% Federal Funds from the Opioid SOR Grant, as awarded on 05/01/2017, by the US DHHS, SAMHSA, ALN #93.788, FAIN TI080246
 - 1.5 0.58% 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.

5. 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 #6, SOR III SFY25 Budget.
6. Add Exhibit B-13, Amendment #6, SOR III SFY24 Budget, which is attached hereto and incorporated by reference herein.
7. Add Exhibit B-14, Amendment #6, SOR III SFY25 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, 2023, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

10/2/2023

Date

DocuSigned by:

Katja S. Fox

Name: Katja S. Fox

Title: Director

Littleton Hospital Association

DocuSigned by:

Robert F. Nutter

Name: Robert F. Nutter

Title: President & CEO

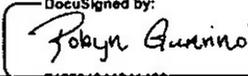
10/2/2023

Date

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

OFFICE OF THE ATTORNEY GENERAL

10/3/2023
Date

DocuSigned by:

Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

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



EXHIBIT A – Amendment 6

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 continue to operate a regional Doorway for access to care for substance use related needs and 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 Littleton Region with facilitated referrals to prevention services, substance use disorder (SUD) treatment, recovery support services, and/or harm reduction services and other health and social services, including medications for SUD.
- 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. Medications for SUD, consistent with the principles of the Medication First model.
 - 2.4.2. Coordination of outpatient, residential and inpatient SUD treatment 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.
- 2.5. The Contractor shall identify any gaps in financial and staffing resources required in Section 5. Staffing.
- 2.6. The Contractor shall ensure formalized coordination with 2-1-1 NH; other Doorways, including the After Hours Doorway; 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:

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EXHIBIT A – Amendment 6

- 2.6.1.1. A process that ensures the individual's preferred Doorway receives information on the individual, outcomes, and events for continued follow-up.
- 2.6.1.2. A process for sharing information about each individual receiving services 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 individual was referred for respite care or housing.
 - 2.6.1.2.2. Other services offered or provided to the individual.
- 2.6.2. Enabling the sharing of information and resources, which include, but are not limited to:
 - 2.6.2.1. Demographics of individuals receiving services.
 - 2.6.2.2. Referrals made.
 - 2.6.2.3. Services rendered.
 - 2.6.2.4. Identification of resource providers involved in each individual's care.
- 2.7. The Contractor 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 individual.
 - 2.7.2. Private insurance carriers to coordinate case management efforts on behalf of the individual.
- 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 above.
- 2.9. The Contractor shall develop a Department-approved conflict of interest policy related to Doorway services and referrals to treatment and recovery supports and services programs funded outside of this contract that maintains the integrity of the referral process and individual 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 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.

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Littleton Hospital Association d.b.a.
Littleton Regional Healthcare

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Date 10/2/2023

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



EXHIBIT A – Amendment 6

- 2.11.2. Ensure meeting agendas include, but are not limited to:
 - 2.11.2.1. Receiving input on successes of services.
 - 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 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 saturation and distribution.
 - 2.12.2. Enhanced coverage and services to enable reduced Emergency Room use.
 - 2.12.3. Reducing fatal and non-fatal overdose.
 - 2.12.4. Increasing access to medications for SUD.
- 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; and
 - 3.1.1.2. Expanded hours as agreed to by the Department.
 - 3.1.2. A physical location for individuals to receive face-to-face services, ensuring any request for a change in location is submitted to the Department no later than 30 days prior to the requested move for Department approval;
 - 3.1.3. Telehealth services consistent with state and federal law;
 - 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 provided same day;
 - 3.1.6. Crisis intervention and stabilization counseling services provided by a licensed clinician for any individual in a substance use related behavioral health crisis who requires immediate non-emergency intervention requiring urgent assessment and history of the crisis state, mental status exam, and disposition. If the individual is calling rather than physically presenting at the Doorway, the Contractor shall ensure services include, but are not limited to:
 - 3.1.6.1. Community-based mobile crisis services through New Hampshire Rapid Response.

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Access and Delivery Hub for Opioid Use Disorder Services

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- 3.1.6.2. Directing callers to dial 911, or calling on individual's behalf if necessary, if an individual is in imminent danger or there is an emergency.
- 3.1.6.3. Assessment and history of the crisis state.
- 3.1.6.4. Mental Status Exam and disposition.
- 3.1.6.5. Plans for Safety.
- 3.1.7. Same day, trauma-informed, 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); and
 - 3.1.7.3. Identification of the individual's 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 individual based on the clinical evaluation referenced above. 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 individual 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 needs.
 - 3.1.8.2.4. Social services needs.
 - 3.1.8.2.5. Criminal justice needs that include Corrections, Treatment Court, and Division for Children, Youth, and Families (DCYF) matters.
 - 3.1.8.3. A plan for addressing all areas of need identified above 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 above is not available to the individual within 48 hours of service plan development, which are defined as:
 - 3.1.8.4.1. A minimum of one (1), 60-minute individual or group outpatient session per week; and/or
 - 3.1.8.4.2. Recovery support services, as needed by the individual; and/or
 - 3.1.8.4.3. Daily calls to the individual to assess and respond to any emergent needs; and/or
 - 3.1.8.4.4. Respite shelter while awaiting treatment and recovery services.

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Littleton Hospital Association d.b.a.
Littleton Regional Healthcare

10/2/2023
Date: _____

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- 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 people.
 - 3.1.9.3. Families involved with DCYF.
 - 3.1.9.4. Individuals at-risk of or living 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 individual-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.
 - 3.1.10.3. Assisting individuals with obtaining services with the provider agency, as appropriate.
 - 3.1.10.4. Contacting the provider agency on behalf of the individual, as appropriate.
 - 3.1.10.5. Assisting individuals 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.
 - 3.1.10.5.2. Providing assistance with accessing financial assistance including, but not limited to:
 - 3.1.10.5.2.1. Assisting the individual with making contact with the assistance agency, as appropriate.
 - 3.1.10.5.2.2. Contacting the assistance agency on behalf of the individual, as appropriate.
 - 3.1.10.5.2.3. Supporting the individual in meeting the admission, entrance, and intake requirements of the assistance agency.
 - 3.1.10.5.3. When no other payer is available, assisting individuals with accessing services by utilizing flexible needs funds, as directed by the Department, that supports individuals who meet the eligibility criteria for assistance under the Department-approved Flexible Needs Fund Policy with their financial needs, which may include but are not limited to:

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- 3.1.10.5.3.1. Transportation for eligible individuals to and from recovery-related medical appointments, treatment programs, and other locations;
- 3.1.10.5.3.2. Childcare to permit an eligible individual 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 clothing appropriate for cold weather, job interviews, or work;
- 3.1.10.5.3.5. Assisting individuals in need of respite shelter resources while awaiting treatment and recovery services; and
- 3.1.10.5.3.6. Other uses preapproved in writing by the Department.

3.1.11. Continuous care coordination which include, but are not limited to:

- 3.1.11.1. Continuous reassessment of the clinical evaluation, identified above, 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. Continuous reassessment in collaboration or consultation with the individual's external service provider(s) of necessary support services to address needs identified in the evaluation or by the individual's service provider that may create barriers to the individual entering and/or maintaining treatment and/or recovery.
- 3.1.11.3. Supporting individuals with meeting the admission, entrance, and intake requirements of the provider agency.
- 3.1.11.4. Ongoing follow-up and support of individuals engaged in services in collaboration or consultation with the individual's external service 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 individual at a minimum, once per week until the discharge GPRA interview is completed, according to the following guidelines:

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- 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 individual would normally be available.
- 3.1.11.4.1.2. If the first contact attempt 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 individual 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 second contact attempt 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 individual 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 identified above 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.
 - 3.1.11.5.1. Clinicians shall screen individuals for suicide risk using a validated tool, with information being communicated to partners where necessary; and
 - 3.1.11.5.2. If screening is positive, call Rapid Response.
- 3.1.11.6. When possible, contact with, and outreach to, individuals shall be conducted in coordination and consultation with the individual'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. Inquiring on the status of each individual's recovery and experience with their external service provider.
 - 3.1.11.7.2. Identifying individual needs.
 - 3.1.11.7.3. Assisting the individual with addressing identified needs.
 - 3.1.11.7.4. Providing early intervention to individuals who have resumed use.

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- 3.1.11.8. Collecting and documenting attempts to collect individual-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; and
 - 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 engagement in follow-up GPRA interviews, which may include, but are not limited to gift cards provided to individuals for follow-up participation at each follow-up interview, which shall not exceed \$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, and or waiver programs within 14 calendar days after intake.
- 3.1.11.12. Providing Naloxone purchase, distribution, information, and training to individuals and organizations receiving kits.
- 3.2. The Contractor shall obtain consent forms from all individuals 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 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; and
 - 3.3.5. The ASAM Criteria 3rd Edition.
- 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:

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- 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; and
- 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 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.
 - 3.6.3. Referrals and evaluation from other providers.
 - 3.6.4. Complaints.
 - 3.6.5. Grievances.
 - 3.6.6. Formalized agreements with community partners and other agencies that include, but are not limited to:
 - 3.6.6.1. 2-1-1 NH.
 - 3.6.6.2. Other Doorway partners.
 - 3.6.6.3. After Hours.
 - 3.6.6.4. Providers and supports available after normal Doorway operating hours.
- 3.7. The Doorway must collaborate with the Department contracted 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.
- 4. **Subcontracting for the Doorways**
 - 4.1. The Doorway shall annually submit a written plan to the Department for review and written approval for any proposed subcontracting of Core Doorway services.
 - 4.2. The Doorway shall annually submit all subcontracts the Doorway proposes to enter into for services funded through this contract to the Department for written approval prior to execution.
 - 4.3. The Doorway shall at all times be responsible for continuous oversight of, and compliance with, all Core Doorway services, including those provided by any subcontract, and shall be the single point of contact with the Department for those Core services. To the furthest extent possible, the patient experience with subcontracts should be consistent with that provided directly by the Doorway.
- 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 via telehealth;

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- 5.1.2. One (1) CRSW with the ability to fulfill recovery support and care coordination functions; and.
- 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 3.1.9.
- 5.2. The Contractor shall ensure sufficient staffing levels appropriate for the services provided and the number of individuals 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, 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 eight (8) 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:
 - 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 12 core functions and The Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice within 12 months of hire.
 - 5.7.1.5. A Department-approved ethics course within 12 months of hire.
 - 5.7.2. For recovery support staff and other non-clinical staff working directly with individuals:
 - 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

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- 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 12 months of hire.
- 5.7.3. Ensuring all recovery support staff and clinical staff receive annual continuous education regarding substance use.
- 5.7.4. Providing, and documenting, in-service training to all staff involved in direct-care within 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; and
 - 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 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; and
 - 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 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,

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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; and

6.1.4. Medical records on each patient/recipient of services.

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 A, 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 24 hours and follow up with written documentation submitted to the Bureau of Quality Assurance and Improvement within 72 hours, as specified in PO.1003, any sentinel event that occurs with any individual who is receiving services under this contract. This

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does not replace the responsibility of the Contractor's responsibility to notify the appropriate authority if the Contractor suspects a crime has occurred.

- 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 by the 3rd working day of the month 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 individuals seen, separately identifying new individuals and individuals 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.
 - 8.4.11. Individual demographic data.
- 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 Contractor(s), including individual-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, Contractor(s) must collect and share data with the Department in a format specified by the Department.

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Littleton Hospital Association d.b.a.
Littleton Regional Healthcare

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Access and Delivery Hub for Opioid Use Disorder Services**



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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.
- 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.

11. SOR Grant Standards

- 11.1. The Contractor shall meet with the Department within sixty (60) days of the contract effective date to review the proposed plan for contract implementation.
- 11.2. The Contractor and/or referred providers shall ensure that only Food and Drug Administration approved medications for Opioid Use Disorder (OUD) are utilized.
- 11.3. The Contractor and referred providers shall only provide medical withdrawal management services to any individual supported by SOR Grant Funds if the withdrawal management service is accompanied by the use of injectable extended-release naltrexone, as clinically appropriate.
- 11.4. The Contractor and referred providers shall ensure staff who are trained in Presumptive Eligibility for Medicaid are available to assist individuals with enrolling in public or private health insurance.
- 11.5. The Contractor shall ensure individuals receiving services, rendered from SOR funds, have a documented history or current diagnoses of Opioid Use Disorder or Stimulant Use Disorders (OUD/StimUD) or are at risk for such.

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Littleton Hospital Association d.b.a.
Littleton Regional Healthcare

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REN

Date 10/2/2023

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Access and Delivery Hub for Opioid Use Disorder Services**



EXHIBIT A – Amendment 6

- 11.6. The Contractor shall coordinate completion of Government Performance Results Act (GPRA) initial interview and associated follow-ups at six (6) months and discharge for individuals referenced previously.
- 11.7. The Contractor shall submit a detailed plan within thirty (30) days of contract effective date for ensuring GPRA completion for all clients receiving SOR funding.
- 11.8. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide cannabis or for providing treatment using cannabis. The Contractor shall ensure:
 - 11.8.1. Treatment in this context includes the treatment of OUD/StimUD.
 - 11.8.2. Grant funds are not provided to any individual who or organization that provides or permits cannabis use for the purposes of treating substance use or mental health disorders.
 - 11.8.3. This cannabis restriction applies to all subcontracts and Memorandums of Understanding that receive SOR funding.
- 11.9. The Contractor shall ensure Naloxone kits are available to individuals, utilizing SOR funding.
- 11.10. If the Contractor intends to distribute test strips, the Contractor shall provide a test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes, but is not limited to:
 - 11.10.1. Internal policies for the distribution of test strips;
 - 11.10.2. Distribution methods and frequency; and
 - 11.10.3. Other key data as requested by the Department.
- 11.11. The Contractor shall provide services to eligible individuals who:
 - 11.11.1. Receive MOUD services from other providers, including the individual's primary care provider;
 - 11.11.2. Have co-occurring mental health disorders; or
 - 11.11.3. Are on medications and are taking those medications as prescribed regardless of the class of medication.
- 11.12. The Contractor shall ensure individuals who refuse to consent to information sharing with the Doorways do not receive services utilizing SOR funding.
- 11.13. The Contractor shall ensure individuals who rescind consent to information sharing with the Doorways do not receive any additional services utilizing SOR funding.
- 11.14. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.
- 11.15. The Contractor shall comply with all appropriate Department, State of NH, Substance Abuse and Mental Health Services Administration (SAMHSA), and other Federal terms, conditions, and requirements, and as amended, and shall collaborate with the Department to understand the aforesaid.

New Hampshire Department of Health and Human Services
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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 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 individuals 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 individuals 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 individuals 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 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

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Contractor Initials _____

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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)

- 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.

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Access and Delivery Hub for Opioid Use Disorder Services**



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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 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.

Exhibit B-13, Amendment #6,
SOR III SFY24 Budget

New Hampshire Department of Health and Human Services		
Contractor Name: Littleton Hospital Association		
Budget Request for: Access and Delivery Hub for Opioid Use Disorder Services		
Budget Period: SFY24-(September 29, 2023-June 30, 2024)		
Indirect Cost Rate (if applicable): 5.7% across both budget periods for entire amendment total		
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages	\$313,101	\$0
2. Fringe Benefits	\$78,275	\$0
3. Consultants	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$36,000	\$0
5.(d) Supplies - Medical	\$2,978	\$0
5.(e) Supplies Office	\$4,271	\$0
6. Travel	\$1,500	\$0
7. Software	\$0	\$0
8. (a) Other - Marketing/ Communications	\$0	\$0
8. (b) Other - Education and Training	\$1,332	\$0
8. (c) Other - Other (specify below)	\$0	\$0
Rent / occupancy	\$28,647	\$0
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
Other (please specify)	\$0	\$0
9. Subrecipient Contracts	\$59,517	\$0
Total Direct Costs	\$525,621	\$157,320
Total Indirect Costs	\$3,591	\$0
TOTAL	\$529,212	\$157,320

Contractor: RFN

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: 0006317969



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 7th day of September A.D. 2023.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, JEFF WOODWARD, hereby certify that:

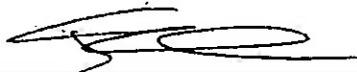
1. I am a duly elected Clerk/Secretary/Officer of Littleton Hospital Association dba Littleton Regional Healthcare.
(Corporation/LLC Name)
2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on December 12, 2016, at which a quorum 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: 9/7, 2023



Signature of Elected Officer
Name: JEFF WOODWARD
Title: Chairman, Board of Trustees



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/28/2023

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

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

PRODUCER AJGRMS LLC Gallagher Healthcare Rolling Meadows 2850 Golf Rd Rolling Meadows IL 60008	CONTACT NAME: Tim Gilhooly PHONE (A/C, No, Ext): E-MAIL: ADDRESS:														
	FAX (A/C, No): 630-694-5370														
INSURED Littleton Regional Healthcare 600 Saint Johnsbury Rd Littleton NH 03561	LITTREG-04 <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 : MedChoice Risk Retention Group, Inc.</td> <td style="text-align: center;">15738</td> </tr> <tr> <td>INSURER B : New Hampshire Employers Insurance Company</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 : MedChoice Risk Retention Group, Inc.	15738	INSURER B : New Hampshire Employers Insurance Company		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER: 1031917285** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	INSQ	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:					500005040	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Damage Patient Prop \$ 25,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY								COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$					500005040	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Sexual Misconduct \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N				ECC-600-4000559-2023	10/1/2023	10/1/2024	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Medical Professional Liability Retroactive Date: 5/2/1982					500005040	10/1/2023	10/1/2024	\$1,000,000 \$3,000,000 Each Medical Incid Aggregate

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

Employee Benefit Liability Limits of Insurance: \$1,000,000 Each Incident, \$3,000,000 Annual Aggregate

Evidence of Current General Liability, Healthcare Professional Liability, Excess Liability and Workers Compensation Insurance Coverage for the Insured.

CERTIFICATE HOLDER State of New Hampshire Department of Health and Human Services 129 Pleasant St 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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north country healthcare



Littleton Regional Healthcare

About LRH

Our Mission



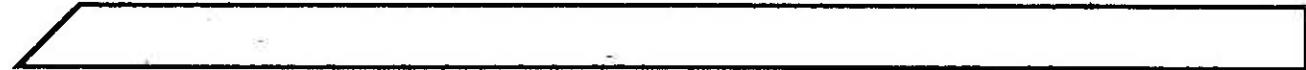
To provide quality, compassionate and accessible healthcare in a manner that brings value to all.

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 Dunn 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>-</u>	<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)
Additons 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	(7,064,180)	18,938,458
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.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

Notes to Financial Statements

September 30, 2021 and 2020

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.

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

Notes to Financial Statements

September 30, 2021 and 2020

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

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

Notes to Financial Statements

September 30, 2021 and 2020

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.

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

Notes to Financial Statements

September 30, 2021 and 2020

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

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

Notes to Financial Statements

September 30, 2021 and 2020

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.

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

Notes to Financial Statements

September 30, 2021 and 2020

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.

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

Notes to Financial Statements

September 30, 2021 and 2020

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 contractuals and discounts	<u>105,450,295</u>	<u>86,214,961</u>
	<u>92,524,600</u>	92,983,476
Patient service revenue (net of contractual allowances and discounts)	<u>92,524,600</u>	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>

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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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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	<u>(223,413)</u>	<u>(159,887)</u>
Total long-term debt	21,917,164	23,292,737
Less current portion	<u>1,360,350</u>	<u>1,312,047</u>
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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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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September 30, 2021 and 2020

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.

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

Notes to Financial Statements

September 30, 2021 and 2020

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>

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

Notes to Financial Statements

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>

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

Notes to Financial Statements

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.

**LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)**

Notes to Financial Statements

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>	-
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>	-
	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	\$ 2,164,280	\$ -	\$ 2,164,280
Total liabilities	<u>\$ 2,164,280</u>	<u>\$ -</u>	<u>\$ 2,164,280</u>

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

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.

LITTLETON HOSPITAL ASSOCIATION, INC.
(d/b/a LITTLETON REGIONAL HEALTHCARE)

Notes to Financial Statements

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>Redemption Frequency</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
	<u>2021</u>	<u>2020</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 Dunn 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 Dunn 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><u>7,252,613</u></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><u>1,162,855</u></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? X yes no
 Reportable condition(s) identified not
 considered to be material weaknesses? yes X none reported
 Noncompliance material to general-purpose
 basic financial statements noted? yes X no

Federal Awards

Internal control over major programs:
 Material weakness(e's) identified? yes X no
 Significant deficiency(ies) identified not
 considered to be material weaknesses? yes X none reported
 Type of auditor's report issued on compliance
 for major programs: Unmodified
 Any audit findings disclosed that are required
 to be reported in accordance with 2 CFR
 Section 200.516(a)? yes X no

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
 Auditee qualified as low-risk auditee? yes X no

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.

as of August, 2023

FIRST NAME	LAST NAME	Position
Fred	Chisolm	Elected Member, Treasurer
Dr. Patrick	Fitzpatrick	Elected Member
Ashley	Garrison	Elected Member, Vice Chair
Dr. Stephen	Goldberg	Elected Member
Audrey	Goudie	Elected Member
Richard	Jesseman	Elected Member
Elizabeth	Kunz	Elected Member
Dr. Jennifer	Lucas	Ex-Officio, Med Staff Pres
Robert	MacLeod	Elected Member
Dr. Richard	McKenzie	Elected Member
Laurie	Morgan	<i>Elected Member</i>
Stephen	Noyes	Elected Member
Bob	Nutter	Ex-Officio, LRH Pres & CEO
Charyl	Reardon	Elected Member
Paul	Smith	Elected Member
Thomas	Tremblay	Elected Member, Secretary
Jeff	Woodward	Elected Member, Chair

CATHERINE JOHNSON

CUSTOMER SERVICE SPECIALIST

Ct

EDUCATION

Diploma
Littleton Regional HS
September 1994 - June 1998
Littleton, NH

SKILLS

Management
Data Analysis
Problem Solving
Organizational
Customer Service
Strategic Planning
Retail Management

WORK EXPERIENCE

Patient Services Coordinator
Heading Health, Inc
September 2022 – January 2023 / Austin, TX

- Maintained the highest call rate in the company during my tenure.
- Assisted patients with scheduling, billing questions, and escalating of issues to the appropriate manager.
- Worked closely with four providers, improving the relationship, and collaborated on workflow improvements.
- Managed multiple communication channels including phone, email, voicemail and internet patient bookings.

Administrative Assistant, Human Resources
North Country Healthcare, Weeks Medical Center
January 2022 – July 2022 / Lancaster, NH

- Assisted in the development and implementation of the employee housing reservation procedure.
- Audited and completed I-9 forms, identifying, and correcting ten errors in my first 60 days of employment.
- Enhanced the employee/human resources relationship through being the first point of contact for all employee interactions.
- Worked closely with Director to design and deliver the companies first on-boarding and orientation program.

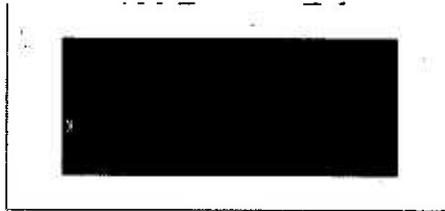
COVID-19 Health Screener
North Country Healthcare, Weeks Medical Center
January 2021 - January 2022 / Lancaster, NH

- Greeted and captured basic vital information from patients entering the facility.
- Assisted with patient appointment questions and provided guided directions.
- Monitored and sanitized all surfaces each hour to reduce possible infection.

First Assistant Manager
McDonald's Restaurant Chain
March 2008 - October 2020 / Lancaster, NH

- Successfully completed the ServSafe Certification in the first week of employment.
- Participated in and passed the Basic Shift Management and Advanced Shift Management courses during my tenure, earning four college credits towards future education.
- Participated in employee relation conversations and problem resolution implementation.
- Honed my customer service skills through various situational exposures, allowing me to provide feedback and training to on-site staff.

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

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 apprised 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

Scott Pontti PT, MBA

Experience

Rehabilitation Director - Physical Therapist, HealthPro - Coos County Nursing Home

Berlin, NH March 2019 - current

I am a physical therapist and rehabilitation director providing clinical and management services at a skilled nursing and long term care facility in Berlin, NH

- I am a contracted by HealthPro to provide management and clinical services to Coos County Nursing Home in Berlin, NH
- Directly manage a staff of physical therapists, occupational therapists, assistants, and speech language therapist
- Maintain corporate productivity levels to facilitate profitability margins while ensuring high quality clinical care
- Work with the interdisciplinary team to maintain clinical and financial compliance with the Centers for Medicare & Medicaid Services.
- Develop monthly QAPI projects with the quality department
- Implement strategies with the administrator and MDS coordinator to maximize case mix index scores
- Built a strong respectful rapport with subordinate staff to mitigate turnover, while maintaining a well functioning department

Rehabilitation Director, The Morrison

Whitefield, NH October 2017 - March 2019

I was the rehabilitation director of a skilled nursing and long term care facility called The Morrison in Whitefield, NH.

Accomplishments

- Facilitated the transition of rehab services from the contracted services with Synertx to direct services provided by The Morrison
- The rehab department has had 0% staff turnover in two years while maintaining quality, volume, and strong patient satisfaction
- Zero state survey deficiencies for three years in the rehab department
- Developed the policy for Morrison's new hire physical performance testing and implement the testing on all new hires
- Involved in monthly Quality Assurance/Performance Improvement programs
- Audit therapist charts for proper documentation and compliance requirements

Rehabilitation Director, Synertx

Whitefield, NH September 2015 - October 2017

I was the rehabilitation director of a company that was contracted to provide services for a skilled nursing and long term care facility called The Morrison in Whitefield, NH. When Morrison decided to employ the therapists directly rather than through the contract, then I became employed by Morrison.

Accomplishments

- Developed a functional system and process for outpatient admission in a newly constructed rehabilitation gym at The Morrison

- Secured financing and oversaw the construction of an award winning medical office building in Franconia, NH
- Responsible for obtaining and overseeing the implementation of an MRI system, and an x-ray system for the diagnostic imaging department
- Managed 5 orthopedic office locations, and 2 physical therapy office locations, and 1 diagnostic imaging department with 24 FTEs and the partnered surgeons throughout Northern New Hampshire
- Managed 25 staff members, including radiology, orthopedics, and physical therapy
- Oversaw the implementation an electronic medical record system, eClinicalWorks
- Demonstrated a diverse set of management skills including all human resource duties, financial manager / controller / data analyst, IT director, liaison with the corporate accountant and legal counsel, and effective communicator with all executive relationships to outside affiliates

Director of Rehabilitation Services, Cottage Hospital
Woodsville, NH August 2007 -November 2008

I was the rehabilitation department's director and physical therapist.

Accomplishments

- Responsible for department budget development and adherence
- Developed clinical pathways to treat post-surgical rehabilitation programs
- Accountable for the day to day operations of a team of occupational therapists, physical therapists, COTAs, PTAs, speech pathologist.
- Established a part-time neurologist office and practice within the rehab department

Chief Operating Officer, Rehabilitation Specialists
Jamestown, NY May 2003 - August 2007

I advanced my position from a staff physical therapist to become the company's COO of an expanding comprehensive rehabilitation service company in Western New York. We had several PT's, PTA's, OT's, COTA's, and special educators.

Accomplishments

- Managed a broad variety of outpatient therapy services among several offices.
- Worked daily with the other rehabilitation team members, including special educators for the pediatric population
- Developed care planning for adults and pediatrics as a physical therapist for a contract with Aspire, which is a day service center for people with disabilities
- Expanded the role of the company's occupational health contract within the Cummins Engine Plant in Jamestown, NY
- Completed my internship within the occupational health department of Cummins Engine Plant, and completed my didactic coursework to receive my Six Sigma certifications

- Oversaw the day to day operational management of 4 office locations within Western New York

Physical Therapist, Olean General Hospital
Olean, NY June 2002 -May 2003

I was a staff therapist within a community based hospital in Western New York.

Accomplishments

- Provided outpatient and inpatient physical therapy services for a broad variety of patients
- Worked very closely with the discharge planning team, OTs, speech therapists, nursing staff and other PTs to ensure successful transition of patients

Physical Therapist, Cattaraugus - Little Valley Regional School
Little Valley, NY August 2001-June 2002

I provided school based physical therapy services for a regional school system in Western New York

Accomplishments

- Created policies and procedures for the school district's physical therapy department; I was the first district-employed Physical Therapist
- Performed physical therapy treatments, evaluations, and IEP assessments
- Established a department budget for clinical equipment and testing tools

Physical Therapist, Diversified Rehabilitation Services
Buffalo, NY January 2001-August 2001

I was a contracted physical therapist at a sub-acute rehabilitation facility in Western New York

Accomplishments

- Provided physical therapy services for the Cattaraugus County Nursing Home and Rehabilitation Center in Olean, NY
- Assisted in the development of a new MDS record keeping system
- Worked very closely with the nursing staff, discharge planners, OT's , and speech therapy department to provide quality care to sub-acute and long term care patients

Education

Villanova University

Six Sigma and Lean Six Sigma Certification -December 2005

Internship with Cummins Engine Plant health care services in Jamestown, NY

Regis University

Masters of Business Administration - May 2005

Graduated with High Honors concentrating in health care administration.

Daemen College

Bachelors of Science - May 2000

Graduated with Honors concentrating with a degree in physical therapy; minors in chemistry and biology

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

Littleton Regional Healthcare
Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
Andrea Berry, DO	Medical Director/Medical Provider	98,400
Georgia Hadley	Office Supervisor	51,397
Debra Towle, LADC	Drug and Alcohol Counselor	75,795
Catherine Johnson	Medical Secretary	38,958
Janessa White	Case Manager/CRSW candidate	38,958
Scott Pontti	Service Line Director	44,004

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ARC

Lori A. Shibanine
CommissionerKajja 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

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: 6/2/21 Item #28 A1: 10/13/21 Item #39

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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*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	\$3,674,248	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	177661-B001	Lebanon	\$6,817,031	\$1,488,129	\$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	165405-B001	Keene	\$4,108,786	\$1,418,205	\$5,626,991	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:	\$48,807,602	\$12,022,982	\$60,830,484	
<i>*Indicates contracts that have expired or have been terminated.</i>						

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 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.

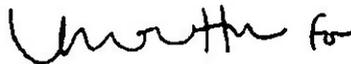
Should the Governor and Executive Council not authorize this request, individuals seeking treatment for opioid use and/or stimulant use disorders may experience difficulty navigating a complex system, may not receive the supports and clinical services needed, and may experience delays in receiving care.

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".

Lori A. Shibinette
Commissioner

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

**06-96-92-920510-70400000 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	\$853,075.00	\$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 # 177182
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				\$2,815,638.00	\$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	82057058	\$0.00	\$2,182,534.00	\$2,182,534.00
2024	074/500589	Welfare Assistance	82057058	\$0.00	\$727,512.00	\$727,512.00
		Sub Total		\$7,531,180.00	\$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 # 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	\$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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06-95-92-920510-19810000 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	\$18,960.00	\$18,960.00
		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 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
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	\$38,740.00	\$0.00	\$38,740.00
Sub Total				\$145,962.00	\$0.00	\$145,962.00

GC Total	\$1,145,958.00	\$0.00	\$1,145,958.00
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05-95-92-920510-2559 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	\$48,807,602.00	\$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 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.			
		<i>Littleton Hospital Association d.b.a Littleton Regional Healthcare</i>	
		Contractor Name:	
		Access and Delivery Hub for Opioid Use Disorder Services - Doorway Services	
		Budget Request for:	
		Budget Period <i>FY23 - (September 30, 2022 - June 30, 2023)</i>	
		Indirect Cost Rate (if applicable) <i>9.40%</i>	
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

Contractor Initials



Date 10/7/2022

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

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

Lori A. Shlbinette
 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	\$560,862	\$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
4CA482904125473...

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		Address		in 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		\$1,808,517.00	\$653,075.00	\$2,461,592.00	

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	\$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		\$2,500,820.00	\$718,608.00	\$3,209,428.00

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		\$2,872,258.00	\$1,028,381.00	\$3,900,639.00

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	\$1,855,736.00	\$0.00	\$1,855,736.00
		Sub Total		\$3,204,709.00	\$0.00	\$3,204,709.00

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		\$2,119,669.00	\$695,947.00	\$2,815,616.00

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	\$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	\$473,686.00	\$0.00	\$473,686.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$1,115,878.00	\$1,115,878.00
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	\$1,136,810.00	\$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 - Laconia				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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05-92-920510-19810000 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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05-95-92-920510-33820000 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 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
		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 # 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 # 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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05-05-02-020510-2559 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	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
DIVISION FOR BEHAVIORAL HEALTH

Lori A. Shiblinette
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)

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

05-95-92-920510-7040000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SYC'S DEPT OF HMS: BEHAVIORAL HEALTH DIV OF BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT 100% Federal Funds CFDA #93.788 FAIN H79T001685 and H79T003326

Androscoggin Valley

Vendor # 117220

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 # 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

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	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ -	\$ -
		Sub-Total		\$ 3,214,709.00	\$ -	\$ 3,214,709.00

Litteton 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	\$ 882,895.00	\$ -	\$ 882,895.00
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
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 423,333.00	\$ 423,333.00
		Sub-Total		\$ 1,713,895.00	\$ 62,218.00	\$ 1,776,113.00

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
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 430,000.00	\$ 430,000.00
		Sub-Total		\$ 1,987,673.00	\$ 18,441.00	\$ 2,006,114.00

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		\$ 27,125,987.00	\$ 6,045,256.00	\$ 33,171,243.00

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

05-95-92-920510-33820000 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

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

Uxton 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	\$ 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 # 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	\$ 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 # 177160

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 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	\$ 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>		\$ 27,125,587.00	\$ 4,898,532.00	\$ 34,024,519.00

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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.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 \$2,271,728 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:

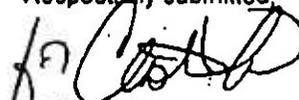
- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow-ups through the Web Information Technology System (WITS) database.

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					
Androscooggin 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	\$ 1,806,752.00		\$ 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

105 PLEASANT STREET, CONCORD, NH 03301
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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

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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
			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

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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:

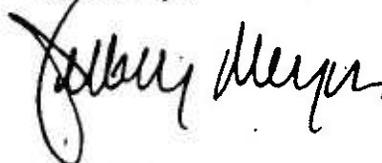
- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow ups through the Web Information Technology System (WITS) database.

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 #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 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 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	\$ 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

Androskoggin 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

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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

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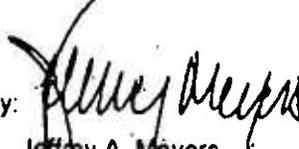
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

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			\$ 1,543,611.00
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

**State of New Hampshire
Department of Health and Human Services
Amendment #7**

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), September 18, 2019 (Item #20), June 24, 2020 (Item #31), February 17, 2021 (Item #18), October 13, 2021 (Item #39), and most recently amended on December 7, 2022 (Item #11), 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, 2024
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$9,635,108
3. Modify Exhibit A, Amendment #4, Scope of Services by replacing in its entirety with Exhibit A Amendment #7, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B, Amendment #5, Methods and Conditions Precedent to Payment, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1 98.76% 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 0.41% 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 and Mental Health Services Administration, CFDA #93.959, FAIN TI083509.
 - 1.3 0.29% 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 0.55% 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.

5. 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-25, Amendment #7, SOR III MOUD SFY25 Budget.
6. Add Exhibit B-21, Amendment #7, SOR III After Hours SFY24 Budget, which is attached hereto and incorporated by reference herein.
7. Add Exhibit B-22, Amendment #7, SOR III Doorway Services SFY24 Budget, which is attached hereto and incorporated by reference herein.
8. Add Exhibit B-23, Amendment #7, SOR III MOUD SFY24 Budget, which is attached hereto and incorporated by reference herein.
9. Add Exhibit B-24, Amendment #7, SOR III Doorway Services SFY25 Budget, which is attached hereto and incorporated by reference herein.
10. Add Exhibit B-25, Amendment #7, SOR III MOUD SFY25 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 September 29, 2023, subject to 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

10/24/2023

Date

DocuSigned by:

Katja S. Fox

Name: Katja S. Fox

Title: Director

Mary Hitchcock Memorial Hospital

10/24/2023

Date

DocuSigned by:

Edward J. Merrens, MD

Name: Edward J. Merrens, MD

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

10/25/2023

Date

DocuSigned by:
Robyn Guarino
748734841841460
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 – Amendment #7

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 A - Amendment #7 through K are attached hereto and incorporated by reference herein.

2. Statement of Work

- 2.1. The Contractor shall continue to implement a regional Doorway for access to care for substance use related needs and 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 Lebanon Region with facilitated referrals to prevention services, substance use disorder (SUD) treatment, recovery support services, and/or harm reduction services and other health and social services, including Medications for SUD (MSUD).
- 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. MSUD, consistent with the principles of the Medication First model.
 - 2.4.2. Coordination of outpatient, residential and inpatient SUD treatment 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.
- 2.5. The Contractor shall identify any gaps in financial and staffing resources required in Section 6. Staffing.
- 2.6. The Contractor shall ensure formalized coordination with 2-1-1 NH; other Doorways, including the After Hours Doorway; 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:

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



EXHIBIT A – Amendment #7

- 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 the individual's preferred Doorway receives information on the individual, outcomes, and events for continued follow-up.
 - 2.6.1.2. A process for sharing information about each individual receiving services 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 individual was referred for respite care or housing.
 - 2.6.1.2.2. Other services offered or provided to the individual.
- 2.6.2. Enabling the sharing of information and resources, which include, but are not limited to:
 - 2.6.2.1. Demographics of individuals receiving services.
 - 2.6.2.2. Referrals made.
 - 2.6.2.3. Services rendered.
 - 2.6.2.4. Identification of resource providers involved in each individual's care.
- 2.7. The Contractor 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 individual.
 - 2.7.2. Private insurance carriers to coordinate case management efforts on behalf of the individual.
- 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 above.
- 2.9. The Contractor shall develop a Department-approved conflict of interest policy related to Doorway services and referrals to treatment and recovery supports and services programs funded outside of this contract that maintains the integrity of the referral process and individual 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 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.

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



EXHIBIT A – Amendment #7

- 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.
 - 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 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 saturation and distribution.
 - 2.12.2. Enhanced coverage and services to enable reduced Emergency Room use.
 - 2.12.3. Reducing fatal and non-fatal overdose.
 - 2.12.4. Increasing access to MSUD.

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 8:00 am to 5:00 pm Monday through Friday.
 - 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 30 days prior to the requested move for Department approval;
 - 3.1.3. Telehealth services consistent with state and federal law;
 - 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 provided same day;
 - 3.1.6. Crisis intervention and stabilization counseling services provided by a licensed clinician for any individual in a substance use related behavioral health crisis who requires immediate non-emergency intervention requiring urgent assessment and history of the crisis state, mental status exam, and disposition. If the individual is calling rather than physically presenting at the Doorway, the Contractor shall ensure services include, but are not limited to:

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



EXHIBIT A – Amendment #7

- 3.1.6.1. Community-based mobile crisis services through New Hampshire Rapid Response.
- 3.1.6.2. Directing callers to dial 911, or calling on individual's behalf if necessary, if an individual is in imminent danger or there is an emergency.
- 3.1.6.3. Assessment and history of the crisis state.
- 3.1.6.4. Mental Status Exam and disposition.
- 3.1.6.5. Plans for Safety.
- 3.1.7. Same day, trauma-informed, 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); and
 - 3.1.7.3. Identification of the individual's 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 individual based on the clinical evaluation referenced above. 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 individual 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 needs.
 - 3.1.8.2.4. Social services needs.
 - 3.1.8.2.5. Criminal justice needs that include Corrections, Treatment Court, and Division for Children, Youth, and Families (DCYF) matters.
 - 3.1.8.3. A plan for addressing all areas of need identified above 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 above is not available to the individual within 48 hours of service plan development, which are defined as:
 - 3.1.8.4.1. A minimum of one (1), 60-minute individual or group outpatient session per week; and/or
 - 3.1.8.4.2. Recovery support services, as needed by the individual; and/or
 - 3.1.8.4.3. Daily calls to the individual to assess and respond to any emergent needs; and/or

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



EXHIBIT A – Amendment #7

- 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 people.
 - 3.1.9.3. Families involved with DCYF.
 - 3.1.9.4. Individuals at-risk of or living 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 individual-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.
 - 3.1.10.3. Assisting individuals with obtaining services with the provider agency, as appropriate.
 - 3.1.10.4. Contacting the provider agency on behalf of the individual, as appropriate.
 - 3.1.10.5. Assisting individuals 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.
 - 3.1.10.5.2. Providing assistance with accessing financial assistance including, but not limited to:
 - 3.1.10.5.2.1. Assisting the individual with making contact with the assistance agency, as appropriate.
 - 3.1.10.5.2.2. Contacting the assistance agency on behalf of the individual, as appropriate.
 - 3.1.10.5.2.3. Supporting the individual in meeting the admission, entrance, and intake requirements of the assistance agency.
 - 3.1.10.5.3. When no other payer is available, assisting individuals with accessing services by utilizing flexible needs funds, as directed by the Department, that supports individuals who meet the eligibility criteria for assistance under the Department-approved Flexible Needs Fund Policy with

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Access and Delivery Hub for Opioid Use Disorder Services



EXHIBIT A – Amendment #7

their financial needs, which may include but are not limited to:

- 3.1.10.5.3.1. Transportation for eligible individuals to and from recovery-related medical appointments, treatment programs, and other locations;
- 3.1.10.5.3.2. Childcare to permit an eligible individual 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 clothing appropriate for cold weather, job interviews, or work;
- 3.1.10.5.3.5. Assisting individuals in need of respite shelter resources while awaiting treatment and recovery services; and
- 3.1.10.5.3.6. Other uses preapproved in writing by the Department.

3.1.11. Continuous care coordination which includes, but is not limited to:

- 3.1.11.1. Continuous reassessment of the clinical evaluation, identified above, 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. Continuous reassessment in collaboration or consultation with the individual's external service provider(s) of necessary support services to address needs identified in the evaluation or by the individual's service provider that may create barriers to the individual entering and/or maintaining treatment and/or recovery.
- 3.1.11.3. Supporting individuals with meeting the admission, entrance, and intake requirements of the provider agency.
- 3.1.11.4. Ongoing follow-up and support of individuals engaged in services in collaboration or consultation with the individual's external service 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 individual at a minimum, once per week until the discharge GPRA interview is completed, according to the following guidelines:

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- 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 individual would normally be available.
- 3.1.11.4.1.2. If the first contact attempt 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 individual 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 second contact attempt 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 individual 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 identified above 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.
 - 3.1.11.5.1. Clinicians shall screen individuals for suicide risk using a validated tool, with information being communicated to partners where necessary; and
 - 3.1.11.5.2. If screening is positive, call Rapid Response.
- 3.1.11.6. When possible, contact with, and outreach to, individuals shall be conducted in coordination and consultation with the individual'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 individual's recovery and experience with their external service provider.
 - 3.1.11.7.1.2. Identifying individual needs.
 - 3.1.11.7.1.3. Assisting the individual with addressing identified needs.
 - 3.1.11.7.1.4. Providing early intervention to individuals who have resumed use.

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EXHIBIT A – Amendment #7

- 3.1.11.8. Collecting and documenting attempts to collect individual-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; and
 - 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 engagement in follow-up GPRA interviews, which may include, but are not limited to gift cards provided to individuals for follow-up participation at each follow-up interview, which shall not exceed \$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, and or waiver programs within 14 calendar days after intake.
- 3.1.11.12. Providing Naloxone purchase, distribution, information, and training to individuals and organizations receiving kits.
- 3.2. The Contractor shall obtain consent forms from all individuals 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 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; and
 - 3.3.5. The ASAM Criteria 3rd Edition.
- 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:

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



EXHIBIT A – Amendment #7

- 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; and
- 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 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.
 - 3.6.3. Referrals and evaluation from other providers.
 - 3.6.4. Complaints.
 - 3.6.5. Grievances.
 - 3.6.6. Formalized agreements with community partners and other agencies that include, but are not limited to:
 - 3.6.6.1. 2-1-1 NH.
 - 3.6.6.2. Other Doorway partners.
 - 3.6.6.3. After Hours.
 - 3.6.6.4. Providers and supports available after normal Doorway operating hours.

4. Additional Scope for After Hours Call Services (applicable until April 30, 2024)

- 4.1. Until April 30, 2024, the Contractor shall provide overnight, weekend, and holiday clinical telephone services for the Doorway system as follows:
 - 4.1.1. Monday through Friday from 5:00 pm through 8:00 am;
 - 4.1.2. Saturday at 8:00 am through Monday at 8:00 am; and
 - 4.1.3. 24 hours per day during holidays, including, but not limited to:
 - 4.1.3.1. New Year's Day;
 - 4.1.3.2. Martin Luther King Jr Day; and
 - 4.1.3.3. President's Day.
- 4.2. The Contractor shall ensure clinical telephone services are available for each of the nine (9) Doorways at the following locations, unless an alternative has been approved by the Department:
 - 4.2.1. Concord;
 - 4.2.2. Lebanon;
 - 4.2.3. Keene;
 - 4.2.4. Laconia;

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- 4.2.5. Manchester;
 - 4.2.6. Nashua;
 - 4.2.7. Littleton;
 - 4.2.8. Berlin; and
 - 4.2.9. Dover.
- 4.3. The Contractor shall ensure minimum shift coverage includes, but is not limited to:
- 4.3.1. One (1) clinician Monday through Friday between the hours of 5 pm and 8 am.
 - 4.3.2. One (1) clinician from Saturday at 8:00 am through Monday at 8:00 am.
 - 4.3.3. An additional one (1) clinician for shift coverage for calls that require clinical assessment as determined by the Contractor and Department.
- 4.4. The Contractor shall collaborate with the Department to determine ongoing staffing and resource needs for After Hours call coverage based on call volumes and demand. The Contractor shall ensure:
- 4.4.1. On-call staffing by licensed clinicians and/or on call pager back-up coverage is available by licensed clinicians to meet the call volume to ensure that clients are not on hold or receiving busy signals when transferred from 2-1-1 NH;
 - 4.4.2. Licensed clinicians with the ability to assess for co-occurring mental health needs are given preference for open positions;
- 4.5. The Contractor shall ensure that telephonic services provided to include:
- 4.5.1. Crisis intervention and stabilization, which ensures that individuals in an acute SUD related crisis that require immediate, non-emergency intervention are provided with crisis counseling services by a licensed clinician;
 - 4.5.2. If the determination is made that the caller is in imminent danger of harming themselves or someone else, the Contractor shall directly connect the caller with the on call clinician or to 911 Emergency Services as identified by ASAM Imminent Need Profile (ASAM 2013);
 - 4.5.2.1. If the client is unable or unwilling to be connected with the clinician or 911, contacting emergency services on behalf of the client;
 - 4.5.3. Screening;
 - 4.5.4. Coordinating with shelters or emergency services, as needed;
 - 4.5.5. Immediate, trauma-informed clinical evaluations that include:
 - 4.5.5.1. Evaluations of all ASAM Criteria (ASAM 2013), domains;
 - 4.5.5.2. A level of care recommendation based on ASAM Criteria (ASAM 2013); and
 - 4.5.5.3. Identification of client strengths and resources that can be used to support treatment and recovery.

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- 4.5.6. If providing clinical evaluation in accordance with ASAM telephonically, if appropriate and reasonable to conduct, based on the callers mental state, willingness, and health status, including:
 - 4.5.6.1. Evaluation of all ASAM, 2013 domains.
 - 4.5.6.2. A level of care recommendation, based on ASAM Criteria (ASAM 2013) when possible, which will be sent to the client's preferred Doorway.
 - 4.5.6.3. Identification of client strengths and resources that can be used to support treatment and recovery when possible, which will be sent to the client's preferred Doorway.
- 4.5.7. Communicating the client's preferred scheduling needs for face-to-face intake to the client's preferred Doorway in order for the client to obtain an evaluation and referral services, if determined necessary.
- 4.5.8. ASAM Assessments shall be conducted and completed by a NH Licensed or Unlicensed Counselor that include DSM 5 Diagnostic information and a recommendation for a level of care based on the ASAM Criteria (ASAM 2013) from a referring agency, conducted and completed less than 30 days prior to the individual's admission to the Contractor's SUD treatment program. Ensuring the client's preferred Doorway receives information on the outcome and events of the call for continued client follow-up and care via electronic communication.
- 4.6. The Contractor shall ensure a Continuity of Operations Plan for landline outage and provide the plan to the Department within 10 days of contract approval.
- 4.7. The Contractor shall ensure formalized coordination with 2-1-1 NH as the public facing telephone service for all service access. This coordination shall include:
 - 4.7.1. Continued implementation of an agreement with 2-1-1 NH which outlines individuals seeking substance use services or supports will call 2-1-1 NH and will be transferred to the After Hours staff.
 - 4.7.2. The agreement with 2-1-1 NH shall include a process for bi-directional information sharing of updated referral resource databases to ensure that each entity has recently updated referral information.
- 4.8. The Contractor shall obtain consent forms from all clients served telephonically, either in-person or through electronic means, to ensure compliance with all applicable state and federal confidentiality laws if the results of a call are being sent to the client's preferred Doorway.
- 4.9. The Contractor shall determine a process for obtaining appropriate consent forms in compliance with all applicable state and federal confidentiality laws from all clients served telephonically when the client presents at their preferred Doorway in order to enable the sharing of information on services provided to the client during the hours outlined in Subsection 4.2.
- 4.10. The Contractor shall market and advertise Doorway services in accordance with the shared marketing strategy that will be defined by all nine (9) Doorway locations in collaboration with the Department.
- 4.11. Reporting for Section 4., Additional Scope for After Hours Call Services

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- 4.11.1. The Contractor shall submit monthly activity reports by the 3rd working day of the month on templates provided by the Department with data elements that include, but may not be limited to:
 - 4.11.1.1. Number of phone calls received.
 - 4.11.1.2. Nature of each phone call.
 - 4.11.1.3. Percentage of total callers who hang up before reaching a clinician.
 - 4.11.1.4. Average amount of time it takes for the call to be answered by a clinician.
 - 4.11.1.5. Average amount of time a clinician spends speaking with the caller.
 - 4.11.1.6. Percentage of callers that received a busy tone when they call.
 - 4.11.1.7. Caller demographics and information when available including, but not limited to:
 - 4.11.1.7.1. Substances used.
 - 4.11.1.7.2. Housing status.
 - 4.11.1.7.3. Criminal Justice involvement.
 - 4.11.1.7.4. Employment status.
 - 4.11.1.7.5. Caller location.
 - 4.11.1.7.6. Emergency/Imminent Risk Involvement/Level of Urgency.
 - 4.11.1.8. Services requested.
 - 4.11.1.9. Outcome of each phone call including, but not limited to:
 - 4.11.1.9.1. Referrals to Doorway for services and clinical evaluation.
 - 4.11.1.9.2. Information and resources provided via the phone.
- 4.12. The Contractor shall begin working with the Department to develop a close-out plan for After Hours Call Services, no later than 60 days prior to April 30, 2024, unless otherwise specified by the Department. The Contractor shall ensure the close-out plan includes, but is not limited to:
 - 4.12.1. A comprehensive list of program-related items, as determined through collaboration and plan development with the Department, which shall be submitted to the Department within 90 days following the end date for the After Hours Call Services.
 - 4.12.2. A final report for After Hours Call Services, to the Department within 90 days following the end date for After Hours Services which includes, but is not limited to totals over the contract lifespan for the following:
 - 4.12.2.1. Number of phone calls received.
 - 4.12.2.2. Nature of each phone call.
 - 4.12.2.3. Percentage of total callers who hang up before reaching a clinician.
 - 4.12.2.4. Average amount of time it takes for the call to be answered by a clinician.
 - 4.12.2.5. Average amount of time a clinician spends speaking with the caller.

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- 4.12.2.6. Percentage of callers that received a busy tone when they call.
- 4.12.2.7. Caller demographics and information when available including, but not limited to:
 - 4.12.2.7.1. Substances used.
 - 4.12.2.7.2. Housing status.
 - 4.12.2.7.3. Criminal Justice involvement.
 - 4.12.2.7.4. Employment status.
 - 4.12.2.7.5. Caller location.
 - 4.12.2.7.6. Emergency/Imminent Risk Involvement/Level of Urgency.
- 4.12.2.8. Services requested.
- 4.12.2.9. Outcome of each phone call including, but not limited to:
 - 4.12.2.9.1. Referrals to Doorway for services and clinical evaluation.
 - 4.12.2.9.2. Information and resources provided via the phone.

5. Subcontracting for the Doorways

- 5.1. The Doorway shall annually submit a written plan to the Department for review and written approval for any proposed subcontracting of Core Doorway services.
- 5.2. The Doorway shall annually submit all subcontracts the Doorway proposes to enter into for services funded through this contract to the Department for written approval prior to execution.
- 5.3. The Doorway shall at all times be responsible for continuous oversight of, and compliance with, all Core Doorway services, including those provided by any subcontract, and shall be the single point of contact with the Department for those Core services. To the furthest extent possible, the patient experience with subcontracts should be consistent with that provided directly by the Doorway.

6. Staffing

- 6.1. The Contractor shall ensure staff during regular hours of operation includes, at a minimum:
 - 6.1.1. One (1) clinician with the ability to provide clinical evaluations for ASAM level of care placement, in-person or via telehealth;
 - 6.1.2. One (1) CRSW with the ability to fulfill recovery support and care coordination functions; and
 - 6.1.3. 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 3.1.9.
- 6.2. The Contractor shall ensure sufficient staffing levels appropriate for the services provided and the number of individuals served based on available staffing and the budget established for the Doorway.
- 6.3. The Contractor may provide alternative staffing, either temporary or long-term, for Department approval, 30 calendar days before making the change to staffing.

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- 6.4. The Contractor shall ensure all unlicensed staff providing treatment, education or recovery support services are directly supervised by a licensed supervisor.
- 6.5. The Contractor shall ensure no licensed supervisor supervises more than eight (8) unlicensed staff unless the Department has approved an alternative supervision plan.
- 6.6. The Contractor shall ensure peer clinical supervision is provided for all clinicians including, but not limited to:
 - 6.6.1. Weekly discussion of cases with suggestions for resources or alternative approaches.
 - 6.6.2. Group supervision to help optimize the learning experience, when enough candidates are under supervision.
- 6.7. 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:
 - 6.7.1. For all clinical staff:
 - 6.7.1.1. Suicide prevention and early warning signs.
 - 6.7.1.2. The 12 Core Functions of the Alcohol and Other Drug Counselor.
 - 6.7.1.3. The standards of practice and ethical conduct, with particular emphasis given to the individual's role and appropriate responsibilities, professional boundaries, and power dynamics.
 - 6.7.1.4. An approved course on the 12 core functions and The Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice within 12 months of hire.
 - 6.7.1.5. A Department-approved ethics course within 12 months of hire.
 - 6.7.2. For recovery support staff and other non-clinical staff working directly with individuals:
 - 6.7.2.1. Knowledge, skills, values, and ethics with specific application to the practice issues faced by the supervisee.
 - 6.7.2.2. 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.
 - 6.7.2.3. The four (4) recovery domains as described by the International Credentialing and Reciprocity Consortium.
 - 6.7.2.4. An approved ethics course within 12 months of hire.
 - 6.7.3. Ensuring all recovery support staff and clinical staff receive annual continuous education regarding substance use.
 - 6.7.4. Providing, and documenting, in-service training to all staff involved in direct-care within 15 business days of the contract effective date, or the staff person's start date, on the following:

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- 6.7.4.1. The contract requirements; and
- 6.7.4.2. All other relevant policies and procedures provided by the Department.
- 6.8. 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 security, privacy or confidentiality in accordance with state administrative rules and state and federal laws.
- 6.9. The Contractor shall notify the Department in writing:
 - 6.9.1. 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; and
 - 6.9.2. Within seven (7) calendar days when there is not sufficient staffing to perform all required services for more than one (1) month.
- 6.10. 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.
- 6.11. The Contractor shall ensure that student interns complete a Department-approved ethics course and a Department-approved course on the 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.

7. Records

- 7.1. The Contractor shall maintain the following records, to be provided to the Department upon request:
 - 7.1.1. Books, records, documents and other electronic or physical data evident of all expenses incurred, and all income received by the Contractor related to Exhibit A, Amendment #7, Scope of Services;
 - 7.1.2. 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;
 - 7.1.3. 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; and
 - 7.1.4. Medical records on each patient/recipient of services.

8. Health Insurance Portability and Accountability Act and Confidentiality

- 8.1. 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

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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.

- 8.2. 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 A, Scope of Services shall survive the termination of the Contract for any reason whatsoever.

9. Reporting Requirements

- 9.1. 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.
- 9.2. The Contractor shall report to the Department of Health and Human Services Bureau of Drug and Alcohol Services within 24 hours and follow up with written documentation submitted to the Bureau of Quality Assurance and Improvement within 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.
- 9.3. 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.
- 9.4. The Contractor shall provide the Department with a detailed list of identified gaps in financial and staffing resources required in Section 5. Staffing, no later than 3/31/24.
- 9.5. The Contractor shall submit monthly activity reports by the 3rd working day of the month on templates provided by the Department with data elements that include, but may not be limited to:
- 9.5.1. Reporting for Section 3., Scope of Work for Doorway Activities:
- 9.5.1.1. Call counts.
 - 9.5.1.2. Counts of individuals seen, separately identifying new individuals and individuals who revisit the Doorway after being administratively discharged.
 - 9.5.1.3. Reason types.

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- 9.5.1.4. Count of clinical evaluations.
- 9.5.1.5. Count of referrals made and type.
- 9.5.1.6. Naloxone distribution.
- 9.5.1.7. Referral statuses.
- 9.5.1.8. Recovery monitoring contacts.
- 9.5.1.9. Service wait times, flex fund utilization.
- 9.5.1.10. Respite shelter utilization.
- 9.5.1.11. Individual demographic data.

- 9.6. The Contractor shall submit reports on naloxone kits distributed, utilizing a template provided by the Department.
- 9.7. The Contractor shall report on required data points specific to this SOR grant as identified by SAMHSA over the grant period.
- 9.8. 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.

10. Performance Measures

- 10.1. 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.
- 10.2. The Department may collect other key data and metrics from Contractor(s), including individual-level demographic, performance, and service data.
- 10.3. The Department may identify expectations for active and regular collaboration, including key performance measures, in the resulting contract. Where applicable, Contractor(s) must collect and share data with the Department in a format specified by the Department.

11. Contract Management

- 11.1. The Contractor shall participate in periodic meetings with the Department to review the operational status of the Doorway, for the duration of the contract.
- 11.2. 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:
 - 11.2.1. Ensure the Department has access sufficient for monitoring of contract compliance requirements.
 - 11.2.2. Ensure the Department is provided with access that includes but is not limited to:
 - 11.2.2.1. Data.
 - 11.2.2.2. Financial records.
 - 11.2.2.3. Scheduled access to Contractor work sites, locations, work spaces and associated facilities.

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- 11.2.2.4. Unannounced access to Contractor work sites, locations, work spaces and associated facilities.
- 11.2.2.5. Scheduled access to Contractor principals and staff.
- 11.3. 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.
- 11.4. 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.

12. SOR Grant Standards

- 12.1. The Contractor shall meet with the Department within sixty (60) days of the contract effective date to review the proposed plan for contract implementation.
- 12.2. The Contractor and/or referred providers shall ensure that only Food and Drug Administration approved medications for Opioid Use Disorder (OUD) are utilized.
- 12.3. The Contractor and referred providers shall only provide medical withdrawal management services to any individual supported by SOR Grant Funds if the withdrawal management service is accompanied by the use of injectable extended-release naltrexone, as clinically appropriate.
- 12.4. The Contractor and referred providers shall ensure staff who are trained in Presumptive Eligibility for Medicaid are available to assist individuals with enrolling in public or private health insurance.
- 12.5. The Contractor shall ensure individuals receiving services, rendered from SOR funds, have a documented history or current diagnoses of Opioid Use Disorder or Stimulant Use Disorders (OUD/StimUD) or are at risk for such.
- 12.6. The Contractor shall coordinate completion of Government Performance Results Act (GPRA) initial interview and associated follow-ups at six (6) months and discharge for individuals referenced previously.
- 12.7. The Contractor shall submit a detailed plan within thirty (30) days of contract effective date for ensuring GPRA completion for all clients receiving SOR funding.
- 12.8. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide cannabis or for providing treatment using cannabis. The Contractor shall ensure:
 - 12.8.1. Treatment in this context includes the treatment of OUD/StimUD.
 - 12.8.2. Grant funds are not provided to any individual who or organization that provides or permits cannabis use for the purposes of treating substance use or mental health disorders.
- 12.9. This cannabis restriction applies to all subcontracts and Memorandums of Understanding that receive SOR funding.
- 12.10. The Contractor shall ensure Naloxone kits are available to individuals, utilizing SOR funding.
- 12.11. If the Contractor intends to distribute test strips, the Contractor shall provide a test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes, but is not limited to:

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- 12.11.1. Internal policies for the distribution of test strips;
 - 12.11.2. Distribution methods and frequency; and
 - 12.11.3. Other key data as requested by the Department.
- 12.12. The Contractor shall provide services to eligible individuals who:
- 12.12.1. Receive MOUD services from other providers, including the individual's primary care provider;
 - 12.12.2. Have co-occurring mental health disorders; or
 - 12.12.3. Are on medications and are taking those medications as prescribed regardless of the class of medication.
- 12.13. The Contractor shall ensure individuals who refuse to consent to information sharing with the Doorways do not receive services utilizing SOR funding.
- 12.14. The Contractor shall ensure individuals who rescind consent to information sharing with the Doorways do not receive any additional services utilizing SOR funding.
- 12.15. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.
- 12.16. The Contractor shall comply with all appropriate Department, State of NH, Substance Abuse and Mental Health Services Administration (SAMHSA), and other Federal terms, conditions, and requirements, and as amended, and shall collaborate with the Department to understand the aforesaid.

13. Data Management Requirements

- 13.1. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements, which is attached hereto and incorporated by reference herein.

14. Termination Report/Transition Plan

- 14.1. 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.
- 14.2. 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.
- 14.3. 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.

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- 14.4. 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.
- 14.5. 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 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.

15. Credits and Copyright Ownership

- 15.1. 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."
- 15.2. 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.

16. Operation of Facilities: Compliance with Laws and Regulations

- 16.1. 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.

17. Equal Employment Opportunity Plan (EEOP)

- 17.1. 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

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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>.

18. Equipment Purchases

- 18.1. 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.
- 18.2. 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.

19. Compliance with Federal and State Laws

- 19.1. 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.
- 19.2. Time and Manner of Determination.
 - 19.2.1. 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.
- 19.3. Documentation
 - 19.3.1. 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 regarding eligibility determinations that the Department may request or require.
- 19.4. Fair Hearings
 - 19.4.1. 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.

Exhibit B-21, Amendment #7,
SOR III After Hours, SFY24 Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	Mary Hitchcock Memorial Hospital
Budget Request for:	Access and Delivery Hub for Opioid Use Disorder Services After Hours
Budget Period	SFY24-(September 29, 2023-April 30, 2024)
Indirect Cost Rate (if applicable)	12% across both budget periods for entire amendment total
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$294,458
2. Fringe Benefits	\$91,326
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$414
8. (a) Other - Marketing/ Communication	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$39,400
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$425,597
Total Indirect Costs	\$51,072
TOTAL	\$476,669

DS
EJM

Contractor: _____

10/24/2023

Date: _____

Exhibit B-22, Amendment #7,
SOR III Doorway Services, SFY24 Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	Mary Hitchcock Memorial Hospital
Budget Request for:	Access and Delivery Hub for Opioid Use Disorder Services
Budget Period	SFY24-(September 29, 2023-June 30, 2024)
Indirect Cost Rate (if applicable)	12% across both budget periods for entire amendment total
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$283,495
2. Fringe Benefits	\$89,524
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$17,372
5.(d) Supplies - Medical	\$4,000
5.(e) Supplies Office	\$0
6. Travel	\$600
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Clinic Cell Phones	\$1,830
FlexFunds	\$15,908
Revenue Off-set	(\$46,413)
9. Subrecipient Contracts	\$0
Total Direct Costs	\$366,316
Total Indirect Costs	\$43,958
TOTAL	\$410,274



Contractor: _____
10/24/2023

Date: _____

Exhibit B-23, Amendment #7,
SOR III MOUD, SFY24 Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	Mary Hitchcock Memorial
Budget Request for:	Access and Delivery Hub for Opioid Use
Budget Period	SFY24-(September 29, 2023-June 30, 2024)
Indirect Cost Rate (if applicable)	budget periods for entire amendment total
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$153,541
2. Fringe Benefits	\$44,169
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$197,710
Total Indirect Costs	\$23,725
TOTAL	\$221,435

EJM

Contractor: _____

Exhibit B-24, Amendment #7,
SOR III Doorway Services, SFY25 Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	Mary Hitchcock Memorial Hospital
Budget Request for:	Access and Delivery Hub, for Opioid Use Disorder Services
Budget Period	SFY25-(July 1, 2024-September 29, 2024)
Indirect Cost Rate (if applicable)	12% across both budget periods for entire amendment total
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$98,471
2. Fringe Benefits	\$31,141
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$5,791
5.(d) Supplies - Medical	\$1,333
5.(e) Supplies Office	\$0
6. Travel	\$200
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Clinic Cell Phones	\$641
FlexFunds	\$0
Revenue Off-set	(\$15,471)
9. Subrecipient Contracts	\$0
Total Direct Costs	\$122,106
Total Indirect Costs	\$14,653
TOTAL	\$136,758

Contractor: DS
EJM

Exhibit B-25, Amendment #7,
SOR III Doorway Services, SFY25 Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	Mary Hitchcock Memorial Hospital
Budget Request for:	Access and Delivery Hub for Opioid Use Disorder Services MOUD
Budget Period	SFY25-(July 1, 2024-September 29, 2024)
Indirect Cost Rate (if applicable)	12% across both budget periods for entire amendment total
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$51,180
2. Fringe Benefits	\$14,723
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$65,903
Total Indirect Costs	\$7,908
TOTAL	\$73,812

Contractor:  _____

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: 0006201297

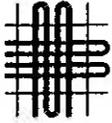


IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 10th day of April A.D. 2023.

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

David M. Scanlan
Secretary of State



Dartmouth Health

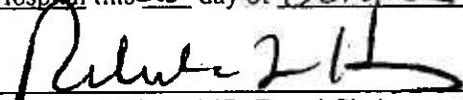
Dartmouth-Hitchcock | Dartmouth-Hitchcock Health

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 20th day of October 2023.


 Roberta L. Hines, MD, Board Chair

STATE OF NH

COUNTY OF GRAFTON

The foregoing instrument was acknowledged before me this 20th day of October 2023, by Roberta L Hines, MD.




 Notary Public
 My Commission Expires: Aug 4, 2024

DATE: June 29, 2023

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

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	
GENERAL LIABILITY		0002023-A	7/1/2023	7/1/2024	EACH OCCURRENCE	\$1,000,000
					DAMAGE TO RENTED PREMISES	\$1,000,000
					MEDICAL EXPENSES	N/A
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$3,000,000
					PRODUCTS-COMP/OP AGG	\$1,000,000
OTHER						
PROFESSIONAL LIABILITY		0002023-A	7/1/2023	7/1/2024	EACH CLAIM	\$1,000,000
					ANNUAL AGGREGATE	\$3,000,000
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 and 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



ADDITIONAL REMARKS SCHEDULE

AGENCY HUB International New England		License # 1780862	NAMED INSURED Dartmouth-Hitchcock Health 1 Medical Center Dr. Lebanon, NH 03756
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Mt. Ascutney Hospital and Health Center
Visiting Nurse Associates and Hospice of Vermont and New Hampshire

About Dartmouth Hitchcock Medical Center and Dartmouth Hitchcock 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 Dartmouth Hitchcock 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 2022, 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 as high performing in 2 adult specialties, Cancer and Neurology/Neurosurgery, as well as in 12 common adult 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 53 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, 2022 and 2021**

Dartmouth-Hitchcock Health and Subsidiaries

Index

June 30, 2022 and 2021

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Report of Independent Auditors

To the Board of Trustees of Dartmouth-Hitchcock Health and subsidiaries

Opinion

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, 2022 and 2021, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended, including the related notes (collectively referred to as the "consolidated financial statements").

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Health System as of June 30, 2022 and 2021, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Health System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

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

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System's ability to continue as a going concern for one year after the date the consolidated financial statements are issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

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



In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The accompanying consolidating information as of and for the years ended June 30, 2022 and 2021 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 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 and cash flows of the individual companies.

A handwritten signature in black ink, appearing to read 'Patricia A. Cropper, CPA', written in a cursive style.

Boston, Massachusetts
November 16, 2022

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Balance Sheets
June 30, 2022 and 2021

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Assets		
Current assets		
Cash and cash equivalents	\$ 191,929	\$ 374,928
Patient accounts receivable, net (Note 4)	251,250	232,161
Prepaid expenses and other current assets	169,133	157,318
Total current assets	<u>612,312</u>	<u>764,407</u>
Assets limited as to use (Notes 5 and 7)	1,181,094	1,378,479
Other investments for restricted activities (Notes 5 and 7)	175,116	168,035
Property, plant, and equipment, net (Note 6)	764,840	680,433
Right-of-use assets, net (Note 16)	58,925	58,410
Other assets	172,163	177,098
Total assets	<u>\$ 2,964,450</u>	<u>\$ 3,226,862</u>
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	\$ 6,596	\$ 9,407
Current portion of right-of-use obligations (Note 16)	11,319	11,289
Current portion of liability for pension and other postretirement plan benefits (Note 11)	3,500	3,468
Accounts payable and accrued expenses	156,572	131,224
Accrued compensation and related benefits	190,560	182,070
Estimated third-party settlements (Note 3 and 4)	134,898	252,543
Total current liabilities	<u>503,445</u>	<u>590,001</u>
Long-term debt, excluding current portion (Note 10)	1,117,288	1,126,357
Long-term right-of-use obligations, excluding current portion (Note 16)	48,824	48,167
Insurance deposits and related liabilities (Note 12)	78,391	79,974
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11)	228,606	224,752
Other liabilities	154,096	214,714
Total liabilities	<u>2,130,650</u>	<u>2,283,965</u>
Commitments and contingencies (Notes 3, 4, 6, 7, 10, 13, and 16)		
Net assets		
Net assets without donor restrictions (Note 9)	634,297	758,627
Net assets with donor restrictions (Notes 8 and 9)	199,503	184,270
Total net assets	<u>833,800</u>	<u>942,897</u>
Total liabilities and net assets	<u>\$ 2,964,450</u>	<u>\$ 3,226,862</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, 2022 and 2021

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Operating revenue and other support		
Net patient service revenue (Note 4)	\$ 2,243,237	\$ 2,138,287
Contracted revenue	77,666	85,263
Other operating revenue (Note 4)	534,031	424,958
Net assets released from restrictions	15,894	15,201
Total operating revenue and other support	<u>2,870,828</u>	<u>2,663,709</u>
Operating expenses		
Salaries	1,315,407	1,185,910
Employee benefits	322,570	302,142
Medications and medical supplies	649,272	545,523
Purchased services and other	403,862	383,949
Medicaid enhancement tax (Note 4)	82,725	72,941
Depreciation and amortization	86,958	88,921
Interest (Note 10)	32,113	30,787
Total operating expenses	<u>2,892,907</u>	<u>2,610,173</u>
Operating (loss) income	<u>(22,079)</u>	<u>53,536</u>
Non-operating (losses) gains		
Investment (loss) income, net (Note 5)	(78,744)	203,776
Other components of net periodic pension and post retirement benefit income (Note 11 and 14)	13,910	13,559
Other losses, net (Note 10)	(6,658)	(4,233)
Total non-operating (losses) gains, net	<u>(71,492)</u>	<u>213,102</u>
(Deficiency) excess of revenue over expenses	<u>\$ (93,571)</u>	<u>\$ 266,638</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, 2022 and 2021

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Net assets without donor restrictions		
(Deficiency) excess of revenue over expenses	\$ (93,571)	\$ 266,638
Net assets released from restrictions for capital	1,573	2,017
Change in funded status of pension and other postretirement benefits (Note 11)	(32,309)	59,132
Other changes in net assets	(23)	(186)
(Decrease) increase in net assets without donor restrictions	<u>(124,330)</u>	<u>327,601</u>
Net assets with donor restrictions		
Gifts, bequests, sponsored activities	39,710	30,107
Investment (loss) income, net	(7,010)	19,153
Net assets released from restrictions	(17,467)	(17,218)
Increase in net assets with donor restrictions	<u>15,233</u>	<u>32,042</u>
Change in net assets	(109,097)	359,643
Net assets		
Beginning of year	<u>942,897</u>	<u>583,254</u>
End of year	<u>\$ 833,800</u>	<u>\$ 942,897</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, 2022 and 2021

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Cash flows from operating activities		
Change in net assets	\$ (109,097)	\$ 359,643
Adjustments to reconcile change in net assets to net cash provided by operating and non-operating activities		
Depreciation and amortization	87,006	88,904
Amortization of bond premium, discount, and issuance cost, net	(2,764)	(2,820)
Amortization of right-of-use asset	9,270	10,034
Payments on right-of-use lease obligations - operating	(9,190)	(9,844)
Change in funded status of pension and other postretirement benefits	32,309	(59,132)
(Gain) loss on disposal of fixed assets	(523)	592
Net realized gains and change in net unrealized gains on investments	86,652	(228,489)
Restricted contributions and investment earnings	(20,151)	(3,445)
Proceeds from sales of donated securities	10,665	
Changes in assets and liabilities		
Patient accounts receivable, net	(19,089)	(48,342)
Prepaid expenses and other current assets	(9,915)	4,588
Other assets, net	2,517	(39,760)
Accounts payable and accrued expenses	17,104	1,223
Accrued compensation and related benefits	8,490	39,079
Estimated third-party settlements	(120,117)	9,787
Insurance deposits and related liabilities	(1,583)	2,828
Liability for pension and other postretirement benefits	(28,422)	(40,373)
Other liabilities	(56,687)	11,267
Net cash (used in) provided by operating activities	<u>(123,525)</u>	<u>95,740</u>
Cash flows from investing activities		
Purchase of property, plant, and equipment	(160,855)	(122,347)
Proceeds from sale of property, plant, and equipment	613	316
Purchases of investments	(65,286)	(95,943)
Proceeds from maturities and sales of investments	137,781	75,071
Net cash used in investing activities	<u>(87,747)</u>	<u>(142,903)</u>
Cash flows from financing activities		
Proceeds from line of credit	30,000	-
Payments on line of credit	(30,000)	-
Repayment of long-term debt	(9,116)	(9,183)
Repayment of finance leases	(3,253)	(3,117)
Payment of debt issuance costs	-	(230)
Restricted contributions and investment earnings	20,151	3,445
Net cash provided by (used in) financing activities	<u>7,782</u>	<u>(9,085)</u>
Decrease in cash and cash equivalents	(203,490)	(56,248)
Cash and cash equivalents, beginning of year	<u>396,975</u>	<u>453,223</u>
Cash and cash equivalents, end of year	<u>\$ 193,485</u>	<u>\$ 396,975</u>
Supplemental cash flow information		
Interest paid	\$ 42,867	\$ 41,819
Construction in progress included in accounts payable and accrued expenses	9,407	16,192
Donated securities	10,665	-

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.

	<u>2022</u>	<u>2021</u>
Cash and cash equivalents	\$ 191,929	\$ 374,928
Cash and cash equivalents included in assets limited as to use	1,350	18,500
Restricted cash and cash equivalents included in other investments for restricted activities	206	3,547
Total of cash, cash equivalents, and restricted cash shown in the consolidated statements of cash flows	<u>\$ 193,485</u>	<u>\$ 396,975</u>

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

Dartmouth-Hitchcock Health and Subsidiaries

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1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (D-HH), its Members, and their Subsidiaries (the Health System) is a system of hospitals, clinics, and other healthcare service providers across New Hampshire and Vermont. The Health System's mission is to 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. The Health System seeks to achieve the healthiest population possible, leading the transformation of health care in the region and setting the standard for the nation. The Health System's expanding network of services are the fabric of its commitment to serve the region with exceptional medical care.

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, Inc. (NLH), Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) (MAHHC) and Subsidiaries, The Cheshire Medical Center (Cheshire) and Subsidiaries, Alice Peck Day Memorial Hospital (APD) and Subsidiary, and Visiting Nurse and Hospice for Vermont and New Hampshire (VNH) and 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 parties submitted filings with the Federal Trade Commission and the New Hampshire Attorney General's Office, seeking regulatory clearance of the proposed transaction. On May 13, 2022, D-HH and GOH ended their pursuit of regulatory approval of the transaction and terminated the Combination Agreement.

Community Benefits

Consistent with its 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 seeks to work collaboratively with other area healthcare providers to improve the health status of the region. As a component of an integrated

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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 Improvement 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* includes costs, in excess of awards, for numerous health research and service initiatives within the Health System.
- *Cash and In-Kind Contributions* occur outside of the System through various financial contributions of cash, in-kind donations, and grants to local organizations.
- *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.
- *Charity Care* includes losses, at-cost, incurred by providing health care services to persons qualifying for hospital financial assistance programs.
- *The Uncompensated Cost of Care for Medicaid* patients reported in the unaudited Community Benefits Reports for 2021 was approximately \$198,859,000. The 2022 Community Benefits Reports are expected to be filed in February 2023.

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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)

Uncompensated cost of care for Medicaid	\$ 198,859
Health professional education	41,554
Subsidized health services	16,785
Charity care	12,678
Community health improvement services	13,589
Research	4,839
Cash and In-Kind Contributions	4,741
Community building activities	2,885
Total community benefit value	<u>\$ 295,930</u>

In fiscal years 2022 and 2021, funds received to offset or subsidize charity care costs provided were \$452,000 and \$848,000, respectively.

For fiscal year 2022, Medicare costs exceeding reimbursement totaled \$105,460,000.

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, 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.

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.

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(Deficiency) Excess of Revenue over Expenses

The Consolidated Statements of Operations and Changes in Net Assets include the (deficiency) excess of revenue over expenses. Operating revenues consist of those items attributable to the care of patients, including contributions and investment (loss) income on investments of net assets without donor restrictions, which are utilized to provide charity and other operational support. Peripheral activities, including realized gains/losses on sales of investment securities and changes in unrealized gains/losses on investments are reported as non-operating (losses) gains.

Changes in net assets without donor restrictions which are excluded from the (deficiency) excess 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 qualifying 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).

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, which consists primarily of revenue from retail pharmacy, specialty pharmacy, and contract pharmacy, is recorded in the amounts to which it expects to be entitled in exchange for the prescriptions. Other revenue also includes Coronavirus Aid, Relief, and Economic Securities Act (CARES Act Provider Relief Funds)

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from the Department of Health and Human Services (HHS), operating agreements, grant revenue, cafeteria sales, and other support service revenue (Note 3 and 4).

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 included within the Health System's endowment and similar investment pools, otherwise qualifying as cash equivalents, are classified as investments at fair value and, therefore, are excluded from cash and cash equivalents in the Consolidated Statements of Cash Flows.

Investments and Investment (Loss) 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 (deficiency) excess 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 (deficiency) excess of revenue over expenses.

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 (deficiency) excess 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.

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- 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.

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 (deficiency) excess 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.

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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 \$8,885,000 and \$9,403,000 as intangible assets as of June 30, 2022 and 2021, 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.

Recently Issued Accounting Pronouncements

In March 2020, January 2021, and April 2022, the FASB issued standard updates on Reference Rate Reform in response to the planned discontinuation of the London Inter-Bank Offered Rate (LIBOR), a key interbank reference rate. The standard provides accounting relief to contract modifications and optional expedients for applying U.S. GAAP to contracts and other transactions that reference LIBOR or other reference rates that are expected to be discontinued because of rate reform. The Health System is currently in the process of evaluating the impact of adoption of these standards on the financial statements.

3. The COVID-19 Pandemic

On March 11, 2020, the World Health Organization designated COVID-19 as a global pandemic resulting in an extraordinary disruption to our nation's healthcare system. 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 organizations and individuals. The Health System employed several CARES Act provisions, with the most significant impacts summarized below.

Health and Human Services Provider Relief Funds

The Health System received \$100,346,000 and \$65,600,000 in CARES Act Provider Relief Funds for the years ended June 30, 2022 and 2021, respectively. The Health System will continue to pursue Provider Relief Funds as available, and as needed, to support the Health System.

In July 2020, HHS issued reporting requirements for CARES Act Provider Relief Funds, requiring recipients to identify healthcare-related expenses that remain unreimbursed by another source, attributable to the COVID-19 pandemic. If those expenses do not exceed the funding received, recipients will need to demonstrate that the remaining funds were used to compensate for a negative variance in patient service revenue. HHS is entitled to recoup Provider Relief Funds

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awarded in excess of expenses attributable to the COVID-19 pandemic that were not reimbursed by another source plus losses incurred due to the decline in patient care revenue. There have been no recoupments through June 2022.

Medicare and Medicaid Services (CMS) Accelerated and Advance Payment Program

The Health System received CMS prepayment advances, related to the CARES Act, totaling \$245,200,000. In addition, the Health System accumulated payroll tax deferrals of \$33,100,000. Repayment of funds commenced in April 2021. The balances of CMS prepayment advances and accumulated payroll tax deferrals at June 30, 2022 were \$54,890,000 and \$16,550,000, respectively, and are included in estimated third party settlements and accrued compensation and related benefits on the Consolidated Balance Sheets.

The Health System continues to address the challenges and impacts of the COVID-19 pandemic including protecting the health and safety of employees and patients as well as assessing the availability of personal protective equipment and other needed supplies to be better positioned for potential surges. Additionally, the Health System continues to evaluate the impact of new or changes to laws and regulations at the federal, state, and local levels and the potential effect on Health System staffing and operations. At this time, the Health System cannot accurately predict the full extent to which the COVID-19 pandemic will affect the Health System's future finances and operations.

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

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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.

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 NH and 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 Critical Access Hospitals (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.

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- 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.
- 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 (MCPs) 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 MCPs 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 MCPs 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 Vermont annual net patient revenue. In fiscal years 2022 and 2021, home health provider taxes paid were \$627,000 and \$623,000, respectively.

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

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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, 2022 and 2021, the Health System had reserves of \$134,898,000 and \$252,543,000, respectively, recorded in estimated third-party settlements. As of June 30, 2022 and 2021, estimated third-party settlements includes \$54,880,000 and \$179,382,000 respectively, of Medicare accelerated and advanced payments, received as working capital support during the novel coronavirus ("COVID-19") outbreak.

For the years ended June 30, 2022 and 2021, additional increases in revenue of \$19,743,000 and \$4,287,000, respectively, were recognized due to changes in estimates of implicit price concessions for performance obligations satisfied in prior years.

Net operating revenues 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.

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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, 2022 and 2021.

<i>(in thousands of dollars)</i>	2022		
	PPS	CAH	Total
Hospital			
Medicare	\$ 542,292	\$ 99,976	\$ 642,268
Medicaid	158,121	15,739	173,860
Commercial	809,736	81,395	891,131
Self-pay	7,027	902	7,929
Subtotal	1,517,176	198,012	1,715,188
Professional	470,559	40,186	510,745
Subtotal	1,987,735	238,198	2,225,933
Home based care			17,304
Subtotal			2,243,237
Other revenue			528,762
Provider Relief Funds			98,829
Total operating revenue and other support			\$ 2,870,828

<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	1,468,241	165,924	1,634,165
Professional	446,181	37,935	484,116
Subtotal	1,914,422	203,859	2,118,281
Home based care			20,006
Subtotal			2,138,287
Other revenue			462,517
Provider Relief Funds			62,905
Total operating revenue and other support			\$ 2,663,709

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

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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) 2021 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, 2022 and 2021, the Health System received DSH payments of approximately, \$77,488,000 and \$67,940,000, respectively. DSH payments are subject to audit and, therefore, for the years ended June 30, 2022 and 2021, the Health System recognized as revenue DSH receipts of approximately \$75,988,000 and approximately \$61,602,000, respectively.

During the years ended June 30, 2022 and 2021, the Health System recorded \$82,725,000 and \$72,941,000, respectively, of State of NH MET and State of VT provider taxes. 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.

Accounts Receivable

The following table categorizes payors into four groups based on their respective percentages of patient accounts receivable as of June 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Medicare	38%	34%
Medicaid	12%	13%
Commercial	38%	41%
Self Pay	12%	12%
Total	100%	100%

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5. Investments

The composition of investments at June 30, 2022 and 2021 is set forth in the following table:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	\$ 31,130	\$ 24,692
U.S. government securities	126,222	157,373
Domestic corporate debt securities	234,490	322,616
Global debt securities	68,610	74,292
Domestic equities	198,742	247,486
International equities	63,634	81,060
Emerging markets equities	34,636	52,636
Global equities	73,035	79,296
Real Estate Investment Trust	2	422
Private equity funds	138,605	110,968
Hedge funds	55,069	-
Subtotal	1,024,175	1,150,841
Investments held by captive insurance companies (Note 12)		
U.S. government securities	27,242	26,759
Domestic corporate debt securities	7,902	5,979
Global debt securities	7,595	6,617
Domestic equities	10,091	11,396
International equities	4,692	6,488
Subtotal	57,522	57,239
Held by trustee under indenture agreement (Note 9)		
Cash and short-term investments	99,397	170,399
Total assets limited as to use	1,181,094	1,378,479
Other investments for restricted activities		
Cash and short-term investments	8,463	13,400
U.S. government securities	27,600	28,330
Domestic corporate debt securities	37,343	40,676
Global debt securities	10,059	8,953
Domestic equities	34,142	33,634
International equities	10,698	9,497
Emerging markets equities	5,587	5,917
Global equities	11,153	8,755
Real Estate Investment Trust	19	21
Private equity funds	21,166	12,251
Hedge funds	8,852	6,557
Other	34	44
Total other investments for restricted activities	175,116	168,035
Total investments	\$ 1,356,210	\$ 1,546,514

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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, 2022 and 2021. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

<i>(in thousands of dollars)</i>	2022		
	<u>Fair Value</u>	<u>Equity</u>	<u>Total</u>
Cash and short-term investments	\$ 138,990	\$ -	\$ 138,990
U.S. government securities	181,064	-	181,064
Domestic corporate debt securities	118,642	161,093	279,735
Global debt securities	57,558	28,706	86,264
Domestic equities	191,767	51,208	242,975
International equities	47,631	31,393	79,024
Emerging markets equities	298	39,926	40,224
Global equities	-	84,187	84,187
Real Estate Investment Trust	21	-	21
Private equity funds	-	159,771	159,771
Hedge funds	443	63,478	63,921
Other	34	-	34
Total investments	\$ 736,448	\$ 619,762	\$ 1,356,210

<i>(in thousands of dollars)</i>	2021		
	<u>Fair Value</u>	<u>Equity</u>	<u>Total</u>
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
Total investments	\$ 951,270	\$ 595,244	\$ 1,546,514

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For the years ended June 30, 2022 and 2021, investment (loss) income is reflected in the accompanying Consolidated Statements of Operations and Changes in Net Assets as other operating revenue of approximately \$857,000 and \$930,000, respectively, and as non-operating (losses) gains of approximately (\$78,744,000) and \$203,776,000, 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 agreements expire. 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, 2022 and 2021, the Health System has outstanding commitments of \$75,070,000 and \$47,419,000, respectively.

6. Property, Plant, and Equipment

Property, plant, and equipment consists of the following at June 30, 2022 and 2021:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Land	\$ 40,749	\$ 40,749
Construction in progress	163,145	80,231
Land improvements	44,834	43,927
Buildings and improvements	984,743	955,094
Equipment	<u>1,042,582</u>	<u>993,899</u>
Subtotal property, plant, and equipment	2,276,053	2,113,900
Less accumulated depreciation	<u>1,511,213</u>	<u>1,433,467</u>
Total property, plant, and equipment, net	<u>\$ 764,840</u>	<u>\$ 680,433</u>

As of June 30, 2022, construction in progress primarily consists of three projects; an in-patient tower, an emergency department (ED) expansion, and a central pharmacy/supply chain facility renovation. The estimated cost to complete the in-patient tower is \$52,400,000 with an anticipated completion date occurring in the fourth quarter of fiscal 2023. The estimated cost to complete the ED expansion is \$2,000,000 with an expected completion date occurring in the first quarter of fiscal 2023. The estimated cost to complete the central pharmacy/supply chain facility is \$1,600,000 with an expected completion date occurring in the first quarter of fiscal 2023.

The construction in progress as of June 30, 2021, included the Manchester Ambulatory Surgical Center (ASC) and the in-patient tower in Lebanon, NH. The ASC was fully operational in October 2021.

Capitalized interest of \$6,853,000 and \$5,127,000 is included in construction in progress as of June 30, 2022 and 2021, respectively.

Depreciation expense included in operating and non-operating activities was \$83,661,000 and \$86,011,000 for 2022 and 2021, respectively.

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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).

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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, 2022 and 2021:

<i>(in thousands of dollars)</i>	2022			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets				
Investments				
Cash and short term investments	\$ 138,990	\$ -	\$ -	\$ 138,990
U.S. government securities	181,064	-	-	181,064
Domestic corporate debt securities	1,768	116,874	-	118,642
Global debt securities	24,745	32,813	-	57,558
Domestic equities	187,063	4,704	-	191,767
International equities	47,631	-	-	47,631
Emerging market equities	298	-	-	298
Real estate investment trust	21	-	-	21
Hedge funds	443	-	-	443
Other	-	34	-	34
Total fair value investments	<u>582,023</u>	<u>154,425</u>	<u>-</u>	<u>736,448</u>
Deferred compensation plan assets				
Cash and short-term investments	8,053	-	-	8,053
U.S. government securities	36	-	-	36
Domestic corporate debt securities	10,874	-	-	10,874
Global debt securities	964	-	-	964
Domestic equities	33,742	-	-	33,742
International equities	4,911	-	-	4,911
Emerging market equities	19	-	-	19
Real estate	12	-	-	12
Multi strategy fund	57,964	-	-	57,964
Total deferred compensation plan assets	<u>116,575</u>	<u>-</u>	<u>-</u>	<u>116,575</u>
Beneficial interest in trusts	-	-	16,051	16,051
Total assets	<u>\$ 698,598</u>	<u>\$ 154,425</u>	<u>\$ 16,051</u>	<u>\$ 869,074</u>

Dartmouth-Hitchcock Health and Subsidiaries
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<i>(in thousands of dollars)</i>	<u>2021</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
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 fair value 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
Guaranteed contract	-	-	-	-
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>

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, 2022 and 2021.

<i>(in thousands of dollars)</i>	<u>2022</u>
	<u>Beneficial Interest in Perpetual Trust</u>
Beginning of year balance	\$ 10,796
Net realized/unrealized gains	5,255
End of year balance	<u>\$ 16,051</u>

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<i>(in thousands of dollars)</i>	<u>2021</u>		
	<u>Beneficial Interest In Perpetual Trust</u>	<u>Guaranteed Contract</u>	<u>Total</u>
	Beginning of year balance	\$ 9,202	\$ 92
Net realized/unrealized gains (losses)	1,594	(92)	1,502
End of year balance	<u>\$ 10,796</u>	<u>\$ -</u>	<u>\$ 10,796</u>

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, 2022 and 2021.

8. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30, 2022 and 2021:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Investments held in perpetuity	\$ 84,117	\$ 64,498
Healthcare services	36,123	38,869
Health education	27,164	26,934
Research	27,477	24,464
Charity care	12,155	15,377
Other	8,639	7,215
Purchase of equipment	3,828	6,913
Total net assets with donor restrictions	<u>\$ 199,503</u>	<u>\$ 184,270</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 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 Health System 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)

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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.

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, 2022 and 2021.

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Endowment net asset composition by type of fund consists of the following at June 30, 2022 and 2021:

	<u>2022</u>		
	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
<i>(in thousands of dollars)</i>			
Donor-restricted endowment funds	\$ -	\$ 107,590	\$ 107,590
Board-designated endowment funds	41,344	-	41,344
Total endowed net assets	<u>\$ 41,344</u>	<u>\$ 107,590</u>	<u>\$ 148,934</u>

	<u>2021</u>		
	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
<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	<u>\$ 41,728</u>	<u>\$ 108,213</u>	<u>\$ 149,941</u>

Changes in endowment net assets for the years ended June 30, 2022 and 2021 are as follows:

	<u>2022</u>		
	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
<i>(in thousands of dollars)</i>			
Beginning of year balances	\$ 41,728	\$ 108,213	\$ 149,941
Net investment return	(1,065)	(3,998)	(5,063)
Contributions	-	12,950	12,950
Transfers	795	(7,105)	(6,310)
Release of appropriated funds	(114)	(2,470)	(2,584)
End of year balances	<u>\$ 41,344</u>	<u>\$ 107,590</u>	<u>\$ 148,934</u>
End of year balances		107,590	
Beneficial interest in perpetual trusts		14,903	
Net assets with donor restrictions		<u>\$ 122,493</u>	

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	<u>2021</u>		
	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
<i>(in thousands of dollars)</i>			
Beginning of year balances	\$ 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)
End of year balances	<u>\$ 41,728</u>	<u>\$ 108,213</u>	<u>\$ 149,941</u>
End of year balances		108,213	
Beneficial interest in perpetual trusts		<u>9,721</u>	
Net assets with donor restrictions		<u>\$ 117,934</u>	

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10. Long-Term Debt

A summary of obligated group debt at June 30, 2022 and 2021 is as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
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)	23,950	24,425
Series 2012, principal maturing in varying annual amounts, through July 2039 (6)	22,605	23,470
Series 2014B, principal maturing in varying annual amounts, through August 2033 (7)	14,530	14,530
Series 2016B, principal maturing in varying annual amounts, through August 2045 (8)	10,970	10,970
Series 2014A, principal maturing in varying annual amounts, through August 2022 (7)	4,810	12,385
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>\$ 1,044,722</u>	<u>\$ 1,053,637</u>

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A summary of long-term debt at June 30, 2022 and 2021 is as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Other		
Mortgage note payable to the US Dept of Agriculture; monthly payments of \$10,892 include interest of 2.375% through November 2046	\$ 2,417	\$ 2,489
Note payable to a financial institution with entire principal due June 2034; collateralized by land and building. The note payable is interest free	247	273
Note payable to a financial institution payable in interest free monthly installments through December 2024; collateralized by associated equipment	55	147
Total nonobligated group debt	<u>2,719</u>	<u>2,909</u>
Total obligated group debt	<u>1,044,722</u>	<u>1,053,637</u>
Total long-term debt	1,047,441	1,056,546
Add: Original issue premium and discounts, net	83,249	86,399
Less: Current portion	6,596	9,407
Debt issuance costs, net	<u>6,806</u>	<u>7,181</u>
Total long-term debt, net	<u>\$ 1,117,288</u>	<u>\$ 1,126,357</u>

Aggregate annual principal payments for the next five years ending June 30 and thereafter are as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>
2023	\$ 6,596
2024	15,207
2025	19,362
2026	20,209
2027	20,915
Thereafter	<u>965,152</u>
Total	<u>\$ 1,047,441</u>

Dartmouth-Hitchcock Obligated Group (DHOG) Debt

MHMH established the DHOG for the 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

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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 mature in variable amounts through 2037 and were used primarily to refund a portion of Series 2015A and Series 2016A revenue bonds. The Series 2018B revenue bonds mature in variable amounts through 2048, and were used primarily to refund a portion of Series 2015A and Series 2016A revenue bonds, revolving line of credit, Series 2012 bank loan, and the Series 2015A and Series 2016A swap terminations. The interest on the Series 2018A revenue bonds is variable, with a current interest rate of 5.00%. 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 Series 2020A revenue bonds mature in variable amounts through 2059 and the proceeds 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%.

(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 mature in variable amounts through 2040 and were used primarily to refund Series 2009 and Series 2010 revenue bonds. The Series 2017B revenue bonds mature in variable amounts through 2031 and were used to refund Series 2012A and Series 2012B revenue bonds. The interest on the Series 2017A revenue bonds is fixed, with an interest rate of 5.00%. The interest on the Series 2017B revenue bonds is fixed, with an interest rate of 2.54%.

(4) Series 2019A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2019A, in October 2019. The Series 2019A revenue bonds mature in variable amounts through 2043 and were 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%.

(5) Series 2018C Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018C, in August 2018. The Series 2018C revenue bonds mature in variable amounts through 2030 and were used primarily to refinance

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the Series 2010 revenue bonds. The interest on the Series is fixed, with an interest rate of 3.22%.

(6) Series 2012 Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2012, in November 2012. The Series 2012 revenue bonds mature in variable amounts through 2039 and were used to refund 1998 and 2009 Series revenue bonds, finance the settlement cost of the interest rate swap, and finance the purchase of certain equipment and renovations. The revenue bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%).

(7) Series 2014A and Series 2014B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2014A and Series 2014B, in August 2014. The Series 2014A revenue bonds mature in 2022. The Series 2014B revenue bonds mature at various dates through 2033. The proceeds from the Series 2014A and 2014B revenue bonds were used partially to 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%. Interest on the Series 2014B revenue bonds is fixed, with an interest rate of 4.00%.

(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 mature at various dates through 2045 and were used to finance certain 2016 projects. The Series 2016B is fixed, with an interest rate of 1.78%.

(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 needs require. The note matures at various dates through 2035 and is fixed, with an interest rate of 2.56%.

Outstanding joint and several indebtedness of the DHOG at June 30, 2022 and 2021 is \$1,044,722 and \$1,053,637, respectively.

The Health System indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of \$99,397,000 and \$170,399,000 at June 30, 2022 and 2021, respectively, are classified as assets limited as to use in the accompanying Consolidated Balance Sheets (Note 5). In addition, debt service reserves of approximately \$6,674,000 and \$8,035,000 at June 30, 2022 and 2021, 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, 2022 and 2021.

For the years ended June 30, 2022 and 2021 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 \$32,113,000 and \$30,787,000, respectively, and other non-operating losses of \$3,782,000 and \$3,782,000, respectively, net of amounts capitalized.

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11. Employee Benefits

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 insurance benefit plans to certain active and former employees who meet eligibility requirements. The postretirement medical and life plans are not funded.

The Health System's defined benefit plans have been frozen and, therefore, there are no remaining participants earning benefits in any of the Health System's defined benefit plans.

For the year ended June 30, 2021, the Health System executed 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.

Defined Benefit Plans

Net periodic pension expense included in employee benefits expense, in the Consolidated Statements of Operations and Changes in Net Assets, is comprised of the following components for the years ended June 30, 2022 and 2021:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Interest cost on projected benefit obligation	\$ 36,722	\$ 36,616
Expected return on plan assets	(65,917)	(63,261)
Net loss amortization	<u>13,139</u>	<u>14,590</u>
Total net periodic pension expense	<u>\$ (16,056)</u>	<u>\$ (12,055)</u>

The following assumptions were used to determine net periodic pension expense as of June 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Discount rates	3.30%	3.00 - 3.10%
Rate of increase in compensation	N/A	N/A
Expected long-term rates 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, 2022 and 2021:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Change in benefit obligation		
Benefit obligation, beginning of year	\$ 1,140,221	\$ 1,209,100
Interest cost	36,722	36,616
Benefits paid	(54,864)	(52,134)
Actuarial loss	(183,193)	(22,411)
Settlements	-	(30,950)
	<u>938,886</u>	<u>1,140,221</u>
Benefit obligation, end of year		
Change in plan assets		
Fair value of plan assets, beginning of year	958,864	929,453
Actual return on plan assets	(169,405)	87,446
Benefits paid	(54,864)	(52,134)
Employer contributions	12,500	25,049
Settlements	-	(30,950)
	<u>747,095</u>	<u>958,864</u>
Fair value of plan assets, end of year		
Funded status of the plans	(191,791)	(181,357)
Less: Current portion of liability for pension	-	(46)
	<u>(191,791)</u>	<u>(181,311)</u>
Long-term portion of liability for pension		
Liability for pension	<u>\$ (191,791)</u>	<u>\$ (181,357)</u>

As of June 30, 2022 and 2021, 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 \$519,946,000 and \$481,073,000 of net actuarial loss as of June 30, 2022 and 2021, respectively.

The estimated amounts to be amortized from net assets without donor restrictions into net periodic pension expense in fiscal year 2022 for net actuarial losses is \$13,139,000.

The accumulated benefit obligation for the defined benefit pension plans was \$939,000,000 and \$1,140,000,000 at June 30, 2022 and 2021, respectively.

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The following table sets forth the assumptions used to determine the accumulated benefit obligation at June 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Discount rates	4.40 - 5.10%	3.30%
Rate of increase in compensation	N/A	N/A

The primary investment objective for the defined benefit plans' 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 pension plan's liabilities. As of June 30, 2022, it is expected that the LDI strategy will hedge approximately 70% of the interest rate risk associated with pension liabilities. As of June 30, 2021, the expected LDI hedge was approximately 75%. To achieve the appreciation and hedging objectives, the pension plans utilize a diversified structure of asset classes. The asset classes are 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:

	<u>Range of Target Allocations</u>	<u>Target Allocations</u>
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 pension 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 pension 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 pension plans' investments and deferred compensation plan assets that were accounted for at fair value as of June 30, 2022 and 2021:

(in thousands of dollars)	2022				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Investments						
Cash and short-term investments	\$ -	\$ 16,030	\$ -	\$ 16,030	Daily	1
U.S. government securities	124,686	-	-	124,686	Daily-Monthly	1-15
Domestic debt securities	17,530	226,107	-	243,637	Daily-Monthly	1-15
Global debt securities	-	24,136	-	24,136	Daily-Monthly	1-15
Domestic equities	104,070	31,324	-	135,394	Daily-Monthly	1-10
International equities	15,558	20,406	-	35,964	Daily-Monthly	1-11
Emerging market equities	-	25,487	-	25,487	Daily-Monthly	1-17
Global equities	-	54,787	-	54,787	Daily-Monthly	1-17
REIT funds	-	-	-	-	Daily-Monthly	1-17
Private equity funds	-	-	14	14	See Note 5	See Note 5
Hedge funds	-	-	86,960	86,960	Quarterly-Annual	60-96
Total investments	\$ 261,844	\$ 398,277	\$ 86,974	\$ 747,095		

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<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 5	See Note 5
Hedge funds	-	-	15,512	15,512	Quarterly-Annual	60-96
Total investments	\$ 355,225	\$ 588,112	\$ 15,527	\$ 958,864		

The following tables present additional information about the changes in Level 3 assets measured at fair value for the years ended June 30, 2022 and 2021:

<i>(in thousands of dollars)</i>	2022		
	Hedge Funds	Private Equity Funds	Total
Beginning of year balances	\$ 15,512	\$ 15	\$ 15,527
Purchases	81,400	-	81,400
Sales	(2,152)	-	(2,152)
Net unrealized losses	(7,800)	(1)	(7,801)
End of year balances	\$ 86,960	\$ 14	\$ 86,974

<i>(in thousands of dollars)</i>	2021		
	Hedge Funds	Private Equity Funds	Total
Beginning of year balances	\$ 47,351	\$ 17	\$ 47,368
Sales	(38,000)	-	(38,000)
Net unrealized gains (losses)	6,161	(2)	6,159
End of year balances	\$ 15,512	\$ 15	\$ 15,527

The total aggregate net unrealized (losses) gains included in the fair value of the Level 3 investments as of June 30, 2022 and 2021 were approximately (\$543,000) and \$7,635,000, respectively. There were transfers out of Level 3 measurements during the years ended June 30, 2022 and 2021. The hedge funds' liquidation will be completed by the end of Fiscal Year 2023.

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, 2022 and 2021.

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The weighted average asset allocation, by asset category, for the Health System's pension plans is as follows at June 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Cash and short-term investments	2 %	6 %
U.S. government securities	17	5
Domestic debt securities	33	46
Global debt securities	3	4
Domestic equities	18	19
International equities	5	7
Emerging market equities	3	5
Global equities	7	6
Hedge funds	12	2
Total	<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 \$12,500,000 to the Plans in 2023 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:

<i>(in thousands of dollars)</i>	
2023	\$ 124,252
2024	56,264
2025	57,774
2026	59,040
2027	60,176
2028 – 2032	310,262

The Cheshire Medical Center plan was terminated effective June 30, 2022, pending regulatory approvals. Following regulatory approval, the plan sponsor intends to distribute assets and settle plan obligations through a lump sum offering to active and terminated vested participants and a group annuity contract will be purchased for any participant that doesn't elect the lump sum, along with all participants currently in pay status. It is anticipated that benefits will be distributed by June 30, 2023. The benefit obligation for the plan reflects anticipated disbursement costs and a terminal cash contribution to fully fund benefits will be made at that time. The obligations reflect the cost of providing the lump sums and group annuity, described above, as well as administrative costs and a terminal contribution which will be necessary to fund all of the costs of terminating the plan. It is expected that the obligations will be settled by June 30, 2023 and the plan termination liability will reflect economic conditions, lump sum election rates and annuity pricing at that time. As a result, the final plan termination liability may be different from the amounts shown in this report.

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Defined Contribution Plans

The Health System has an employer-sponsored 401(a) plan for certain of its members, under which the employer makes base match contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of approximately \$64,946,000 and \$60,268,000 in 2022 and 2021, respectively, are included in employee benefits expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

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 2022 and 2021.

Postretirement Medical and Life Insurance Benefits

The Health System has postretirement medical and life insurance 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, 2022 and 2021:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Service cost	\$ 456	\$ 533
Interest cost	1,394	1,340
Net prior service income	-	(3,582)
Net loss amortization	752	738
Total	<u>\$ 2,602</u>	<u>\$ (971)</u>

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The following table sets forth the accumulated postretirement medical and life insurance benefit obligation amounts recognized in the Health System's consolidated financial statements at June 30, 2022 and 2021:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Change in benefit obligation		
Accumulated benefit obligation, beginning of year	\$ 46,863	\$ 48,078
Service cost	456	533
Interest cost	1,394	1,340
Benefits paid	(3,401)	(3,439)
Actuarial loss	(4,964)	383
Employer contributions	<u>(33)</u>	<u>(32)</u>
Accumulated benefit obligation, end of year	<u>40,315</u>	<u>46,863</u>
Current portion of liability for postretirement medical and life benefits	\$ (3,500)	\$ (3,422)
Long-term portion of liability for postretirement medical and life benefits	<u>(36,815)</u>	<u>(43,441)</u>
Funded status of the plans and liability for postretirement medical and life benefits	<u>\$ (40,315)</u>	<u>\$ (46,863)</u>

As of June 30, 2022 and 2021, the liability for postretirement medical and life insurance 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 income for the postretirement medical and life insurance benefit plans, included in the change in net assets without donor restrictions, are as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Net actuarial loss	<u>4,445</u>	<u>9,981</u>
Total	<u>\$ 4,445</u>	<u>\$ 9,981</u>

The estimated amount of net losses that will be amortized from net assets without donor restrictions into net periodic postretirement income in fiscal year 2023 is approximately \$62,000.

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The following future benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30, 2022 and thereafter:

(in thousands of dollars)

2023	\$ 3,500
2024	3,721
2025	3,725
2026	3,720
2027	3,700
2028-2032	16,820

In determining the accumulated benefit obligation for the postretirement medical and life insurance plans, the Health System used a discount rates of 5.10% in 2022, and an assumed healthcare cost trend rate of 7.00%, trending down to 5.00% in 2029 and thereafter.

12. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College, Cheshire, 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. RRG cedes the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda, and HAC cedes a portion of this risk to a variety of commercial reinsurers. D-H has majority ownership interest in both HAC and RRG. The insurance program provides coverage to the covered institutions, named insureds and their employees 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, 2022 and 2021, are summarized as follows:

	2022		
	<u>HAC</u>	<u>RRG</u>	<u>Total</u>
<i>(in thousands of dollars)</i>			
Assets	\$ 79,831	\$ 2,245	\$ 82,076
Shareholders' equity	13,620	50	13,670
	2021		
	<u>HAC</u>	<u>RRG</u>	<u>Total</u>
<i>(in thousands of dollars)</i>			
Assets	\$ 71,772	\$ 3,583	\$ 75,355
Shareholders' equity	13,620	50	13,670

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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.

Line of Credit

The Health System has entered into a loan agreement with a financial institution, establishing access to revolving loans ranging from \$10,000,000 up to \$30,000,000. Interest is variable and determined using the Bloomberg Short-Term Bank Yield Index or the Wall Street Journal Prime Rate. The loan agreement is due to expire March 29, 2023. There was no outstanding balance under the line of credit as of June 30, 2022 and 2021. Interest expense was approximately \$91,000 and \$28,000, 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.

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Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2022:

	2022			
<i>(in thousands of dollars)</i>	Program Services	Management and General	Fundraising	Total
Operating expenses				
Salaries	\$ 1,129,572	\$ 184,533	\$ 1,302	\$ 1,315,407
Employee benefits	281,455	40,887	228	322,570
Medical supplies and medications	645,437	3,835	-	649,272
Purchased services and other	255,639	142,241	5,982	403,862
Medicaid enhancement tax	82,725	-	-	82,725
Depreciation and amortization	42,227	44,675	56	86,958
Interest	9,116	22,987	10	32,113
Total operating expenses	<u>\$ 2,446,171</u>	<u>\$ 439,158</u>	<u>\$ 7,578</u>	<u>\$ 2,892,907</u>
Non-operating income				
Employee benefits	\$ 12,144	\$ 1,755	\$ 11	\$ 13,910
Total non-operating income	<u>\$ 12,144</u>	<u>\$ 1,755</u>	<u>\$ 11</u>	<u>\$ 13,910</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, 2021:

<i>(in thousands of dollars)</i>	2021			
	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Total</u>
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>

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 Sheets 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, 2022 and 2021 to meet cash needs for general expenditures within one year of June 30, 2022 and 2021, are as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Cash and cash equivalents	\$ 191,929	\$ 374,928
Patient accounts receivable	251,250	232,161
Assets limited as to use	1,181,094	1,378,479
Other investments for restricted activities	175,116	168,035
Total financial assets	<u>\$ 1,799,389</u>	<u>\$ 2,153,603</u>
Less: Those unavailable for general expenditure within one year:		
Investments held by captive insurance companies	57,522	57,239
Investments for restricted activities	175,116	168,035
Bond proceeds held for capital projects	99,397	178,434
Other investments with liquidity horizons greater than one year	159,792	111,390
Total financial assets available within one year	<u>\$ 1,307,562</u>	<u>\$ 1,638,505</u>

The Health System generated cash flow from operations of approximately \$(123,525,000) and \$95,740,000 for the years ended June 30, 2022 and June 30, 2021, 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. The Health System uses the implicit rate noted within the contract. If not readily available, the Health System uses an 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, rather the Health System recognizes lease expense for these leases on a straight-line basis, over the lease term, within lease and rental expense.

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. 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 the Health System's sole discretion. When

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determining the lease term, management includes options to extend or terminate the lease when it is reasonably certain that the Health System 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 years ended June 30, 2022 and 2021 are as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Operating lease cost	\$ 9,573	\$ 10,381
Variable and short term lease cost (a)	<u>10,894</u>	<u>8,019</u>
Total lease and rental expense	<u>\$ 20,467</u>	<u>\$ 18,400</u>
Finance lease cost:		
Depreciation of property under finance lease	\$ 3,345	\$ 3,408
Interest on debt of property under finance lease	<u>448</u>	<u>533</u>
Total finance lease cost	<u>\$ 3,793</u>	<u>\$ 3,941</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 years ended June 30, 2022 and 2021 are as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	\$ 9,952	\$ 10,611
Operating cash flows from finance leases	448	533
Financing cash flows from finance leases	<u>3,255</u>	<u>3,108</u>
Total	<u>\$ 13,655</u>	<u>\$ 14,252</u>

Dartmouth-Hitchcock Health and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2022 and 2021

Supplemental balance sheet information related to leases as of June 30, 2022 and 2021 are as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Operating Leases		
Right-of-use assets - operating leases	\$ 61,165	\$ 51,410
Accumulated amortization	<u>(21,222)</u>	<u>(15,180)</u>
Right-of-use assets - operating leases, net	<u>39,943</u>	<u>36,230</u>
Current portion of right-of-use obligations	8,314	8,038
Long-term right-of-use obligations, excluding current portion	<u>32,207</u>	<u>28,686</u>
Total operating lease liabilities	<u>40,521</u>	<u>36,724</u>
Finance Leases		
Right-of-use assets - finance leases	27,963	27,940
Accumulated depreciation	<u>(8,981)</u>	<u>(5,760)</u>
Right-of-use assets - finance leases, net	<u>18,982</u>	<u>22,180</u>
Current portion of right-of-use obligations	3,005	3,251
Long-term right-of-use obligations, excluding current portion	<u>16,617</u>	<u>19,481</u>
Total finance lease liabilities	<u>\$ 19,622</u>	<u>\$ 22,732</u>
Weighted Average remaining lease term, years		
Operating leases	7.73	6.75
Finance leases	19.77	18.73
Weighted Average discount rate		
Operating leases	2.24%	2.12%
Finance leases	2.17%	2.14%

The System obtained \$8.9 million and \$0.1 million of new and modified operating and financing leases, respectively, during the year ended June 30, 2022.

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.

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2022 and 2021

Future maturities of lease liabilities as of June 30, 2022 are as follows:

<i>(in thousands of dollars)</i>	<u>Operating Leases</u>	<u>Finance Leases</u>
Year ending June 30:		
2023	\$ 9,121	\$ 3,395
2024	7,971	2,297
2025	5,083	1,261
2026	3,750	882
2027	3,357	800
Thereafter	<u>15,096</u>	<u>15,713</u>
Total lease payments	44,378	24,348
Less: Imputed interest	<u>3,857</u>	<u>4,726</u>
Total lease obligations	<u>\$ 40,521</u>	<u>\$ 19,622</u>

17. Subsequent Events

The Health System has assessed the impact of subsequent events through November 16, 2022, 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.

Consolidating Supplemental Information

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2022

<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
Assets											
Current assets											
Cash and cash equivalents	\$ 2,056	\$ 66,827	\$ 20,165	\$ 38,416	\$ 28,467	\$ 11,327	\$ -	\$ 167,258	\$ 24,671	\$ -	\$ 191,929
Patient accounts receivable, net	-	206,400	18,106	9,817	9,175	5,360	-	248,858	2,392	-	251,250
Prepaid expenses and other current assets	23,561	161,262	19,580	3,522	4,452	1,472	(31,119)	182,730	(11,372)	(2,225)	169,133
Total current assets	25,617	434,489	57,851	51,755	42,094	18,159	(31,119)	598,846	15,691	(2,225)	612,312
Assets limited as to use											
Notes receivable, related party	301,000	858,919	12,665	14,680	16,005	25,753	(98,848)	1,130,174	50,920	-	1,181,094
Other investments for restricted activities	842,052	11,557	-	803	-	-	(853,609)	803	(803)	-	-
Property, plant, and equipment, net	490	118,082	16,422	727	3,925	6,846	-	146,492	28,624	-	175,116
Right-of-use assets, net	-	585,064	63,067	24,757	45,973	15,526	-	734,387	30,453	-	764,840
Other assets	1,362	35,321	1,830	14,892	166	5,249	-	58,820	105	-	58,925
Total assets	\$ 1,171,202	\$ 2,189,948	\$ 153,022	\$ 122,005	\$ 114,736	\$ 76,516	\$ (983,576)	\$ 2,843,853	\$ 122,822	\$ (2,225)	\$ 2,964,450
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term debt	\$ -	\$ 4,810	\$ 865	\$ 800	\$ 23	\$ -	\$ -	\$ 6,498	\$ 98	\$ -	\$ 6,596
Current portion of right-of-use obligations	559	8,514	689	852	172	473	-	11,259	60	-	11,319
Current portion of liability for pension and other postretirement plan benefits	-	3,500	-	-	-	-	-	3,500	-	-	3,500
Accounts payable and accrued expenses	147,626	100,110	16,607	4,893	4,843	8,693	(129,967)	152,795	6,002	(2,225)	156,572
Accrued compensation and related benefits	-	169,194	6,817	4,431	4,507	4,434	-	189,383	1,177	-	190,560
Estimated third-party settlements	3,002	68,876	22,999	17,488	21,886	647	-	134,898	-	-	134,898
Total current liabilities	151,187	355,004	47,977	28,454	31,431	14,247	(129,967)	498,333	7,337	(2,225)	503,445
Notes payable, related party	-	808,602	-	-	27,437	17,570	(853,609)	-	-	-	-
Long-term debt, excluding current portion	1,044,845	25,084	21,867	23,060	32	(110)	-	1,114,778	2,510	-	1,117,288
Right-of-use obligations, excluding current portion	803	27,359	1,233	14,499	-	4,885	-	48,779	45	-	48,824
Insurance deposits and related liabilities	-	76,678	623	373	401	250	-	78,325	66	-	78,391
Liability for pension and other postretirement plan benefits, excluding current portion	-	220,350	7,774	-	-	481	-	228,605	1	-	228,606
Other liabilities	-	129,092	1,109	300	1,749	-	-	132,250	21,846	-	154,096
Total liabilities	1,196,835	1,642,169	80,583	66,686	61,050	37,323	(983,576)	2,101,070	31,805	(2,225)	2,130,650
Commitments and contingencies											
Net assets											
Net assets without donor restrictions	(25,638)	418,255	53,646	54,590	48,974	31,078	-	580,905	53,352	40	634,297
Net assets with donor restrictions	5	129,524	18,793	729	4,712	8,115	-	161,878	37,665	(40)	199,503
Total net assets	(25,633)	547,779	72,439	55,319	53,686	39,193	-	742,783	91,017	-	833,800
Total liabilities and net assets	\$ 1,171,202	\$ 2,189,948	\$ 153,022	\$ 122,005	\$ 114,736	\$ 76,516	\$ (983,576)	\$ 2,843,853	\$ 122,822	\$ (2,225)	\$ 2,964,450

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2022

<i>(in thousands of dollars)</i>	<u>D-HH and Other Subsidiaries</u>	<u>D-H and Subsidiaries</u>	<u>Cheshire and Subsidiaries</u>	<u>NLH</u>	<u>MAHHC and Subsidiaries</u>	<u>APD and Subsidiary</u>	<u>VNH and Subsidiaries</u>	<u>Eliminations</u>	<u>Health System Consolidated</u>
Assets									
Current assets									
Cash and cash equivalents	\$ 2,056	\$ 68,075	\$ 32,500	\$ 28,467	\$ 11,631	\$ 47,894	\$ 1,306	\$ -	\$ 191,929
Patient accounts receivable, net	-	206,400	18,106	9,175	5,431	9,817	2,321	-	251,250
Prepaid expenses and other current assets	23,561	161,508	8,296	4,452	1,499	2,678	483	(33,344)	169,133
Total current assets	25,617	435,983	58,902	42,094	18,561	60,389	4,110	(33,344)	612,312
Assets limited as to use	301,000	884,007	13,183	16,005	26,979	14,680	24,088	(98,848)	1,181,094
Notes receivable, related party	842,052	11,557	-	-	-	-	-	(853,609)	-
Other investments for restricted activities	490	125,614	37,124	3,925	6,846	1,031	86	-	175,116
Property, plant, and equipment, net	-	587,739	66,385	45,973	16,947	42,436	5,360	-	764,840
Right-of-use assets, net	1,362	35,321	1,830	166	5,248	14,892	106	-	58,925
Other assets	681	146,699	8,316	6,573	2,526	7,292	76	-	172,163
Total assets	<u>\$ 1,171,202</u>	<u>\$ 2,226,920</u>	<u>\$ 185,740</u>	<u>\$ 114,736</u>	<u>\$ 77,107</u>	<u>\$ 140,720</u>	<u>\$ 33,826</u>	<u>\$ (985,801)</u>	<u>\$ 2,964,450</u>
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	\$ -	\$ 4,810	\$ 865	\$ 23	\$ 26	\$ 800	\$ 72	\$ -	\$ 6,596
Current portion of right-of-use obligations	559	8,514	689	172	472	852	61	-	11,319
Current portion of liability for pension and other postretirement plan benefits	-	3,500	-	-	-	-	-	-	3,500
Accounts payable and accrued expenses	147,626	100,617	16,726	4,843	8,831	5,481	4,640	(132,192)	156,572
Accrued compensation and related benefits	-	169,194	6,817	4,507	4,490	4,735	817	-	190,560
Estimated third-party settlements	3,002	68,876	22,999	21,886	647	17,488	-	-	134,898
Total current liabilities	151,187	355,511	48,096	31,431	14,466	29,356	5,590	(132,192)	503,445
Notes payable, related party	-	808,602	-	27,437	17,570	-	-	(853,609)	-
Long-term debt, excluding current portion	1,044,845	25,084	21,867	32	110	23,005	2,345	-	1,117,288
Right-of-use obligations, excluding current portion	803	27,359	1,233	-	4,885	14,499	45	-	48,824
Insurance deposits and related liabilities	-	76,678	623	401	250	373	66	-	78,391
Liability for pension and other postretirement plan benefits, excluding current portion	-	220,350	7,774	-	482	-	-	-	228,606
Other liabilities	-	129,092	1,109	1,749	-	22,146	-	-	154,096
Total liabilities	<u>1,196,835</u>	<u>1,642,676</u>	<u>80,702</u>	<u>61,050</u>	<u>37,763</u>	<u>89,379</u>	<u>8,046</u>	<u>(985,801)</u>	<u>2,130,650</u>
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	(25,638)	447,013	56,674	48,974	31,231	50,308	25,695	40	634,297
Net assets with donor restrictions	5	137,231	48,364	4,712	8,113	1,033	85	(40)	199,503
Total net assets	<u>(25,633)</u>	<u>584,244</u>	<u>105,038</u>	<u>53,686</u>	<u>39,344</u>	<u>51,341</u>	<u>25,780</u>	<u>-</u>	<u>833,800</u>
Total liabilities and net assets	<u>\$ 1,171,202</u>	<u>\$ 2,226,920</u>	<u>\$ 185,740</u>	<u>\$ 114,736</u>	<u>\$ 77,107</u>	<u>\$ 140,720</u>	<u>\$ 33,826</u>	<u>\$ (985,801)</u>	<u>\$ 2,964,450</u>

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

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
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	6,699	6,522	-	229,588	2,573	-	232,161
Prepaid expenses and other current assets	23,267	151,336	20,932	2,012	4,771	1,793	(35,942)	168,169	(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)	764,407
Assets limited as to use											
Notes receivable, related party	380,020	1,039,327	19,016	15,480	16,725	20,195	(169,849)	1,320,914	57,565	-	1,378,479
Other investments for restricted activities	845,157	11,769	-	1,010	-	-	(856,926)	1,010	(1,010)	-	-
Property, plant, and equipment, net	248	111,209	12,212	1,128	4,266	7,699	-	136,762	31,273	-	168,035
Right-of-use assets	-	501,640	64,101	22,623	47,232	15,403	-	650,999	29,434	-	680,433
Other assets	1,233	32,343	2,396	16,104	360	5,819	-	58,255	155	-	58,410
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	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	8,648	5,706	4,407	5,343	-	180,177	1,893	-	182,070
Estimated third-party settlements	-	160,410	31,226	27,006	28,902	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	2,601	-	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	5,286	-	-	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	69,115	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	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	-	144,363	39,947	(40)	184,270
Total net assets	(2,276)	638,858	80,436	40,097	45,034	39,431	-	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>	<u>D-HH and Other Subsidiaries</u>	<u>D-H and Subsidiaries</u>	<u>Cheshire and Subsidiaries</u>	<u>NLH and Subsidiaries</u>	<u>MAHHC and Subsidiaries</u>	<u>APD and Subsidiary</u>	<u>VNH and Subsidiaries</u>	<u>Eliminations</u>	<u>Health System Consolidated</u>
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	(36,159)	157,318
Total current assets	25,093	575,429	67,598	38,284	27,037	58,648	8,477	(36,159)	764,407
Assets limited as to use	380,020	1,066,781	20,459	16,725	21,533	15,480	27,330	(169,849)	1,378,479
Notes receivable, related party	845,157	11,769	-	-	-	-	-	(856,926)	-
Other investments for restricted activities	248	119,371	34,921	4,266	7,698	1,501	30	-	168,035
Property, plant, and equipment, net	-	504,315	67,543	47,232	16,932	41,218	3,193	-	680,433
Right-of-use assets, net	1,233	32,343	2,396	360	5,820	16,104	154	-	58,410
Other assets	2,431	146,408	10,286	7,282	2,715	7,534	442	-	177,098
Total assets	<u>\$ 1,254,182</u>	<u>\$ 2,456,416</u>	<u>\$ 203,203</u>	<u>\$ 114,149</u>	<u>\$ 81,735</u>	<u>\$ 140,485</u>	<u>\$ 39,626</u>	<u>\$ (1,062,934)</u>	<u>\$ 3,226,862</u>
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	99,682	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	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	36,565	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	1,047,659	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	-	26,852	-	-	214,714
Total liabilities	<u>1,256,458</u>	<u>1,778,429</u>	<u>88,041</u>	<u>69,115</u>	<u>41,962</u>	<u>103,921</u>	<u>8,973</u>	<u>(1,062,934)</u>	<u>2,283,965</u>
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	758,627
Net assets with donor restrictions	248	120,886	46,576	5,477	9,592	1,501	30	(40)	184,270
Total net assets	<u>(2,276)</u>	<u>677,987</u>	<u>115,162</u>	<u>45,034</u>	<u>39,773</u>	<u>36,564</u>	<u>30,653</u>	<u>-</u>	<u>942,897</u>
Total liabilities and net assets	<u>\$ 1,254,182</u>	<u>\$ 2,456,416</u>	<u>\$ 203,203</u>	<u>\$ 114,149</u>	<u>\$ 81,735</u>	<u>\$ 140,485</u>	<u>\$ 39,626</u>	<u>\$ (1,062,934)</u>	<u>\$ 3,226,862</u>

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions

Year Ended June 30, 2022

<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	\$ -	\$ 1,751,093	\$ 236,645	\$ 99,403	\$ 78,754	\$ 59,040	\$ -	\$ 2,225,935	\$ 17,302	\$ -	\$ 2,243,237
Contracted revenue	209	133,928	165	21	22	3,521	(60,573)	77,293	458	(85)	77,666
Other operating revenue	38,568	492,455	23,736	4,148	7,527	2,754	(50,711)	518,475	16,731	(1,175)	534,031
Net assets released from restrictions	249	13,299	779	435	190	204	-	15,156	738	-	15,894
Total operating revenue and other support	39,026	2,390,775	261,325	104,005	87,493	65,519	(111,284)	2,836,859	35,229	(1,260)	2,870,828
Operating expenses											
Salaries	-	1,091,601	135,083	43,268	40,219	28,960	(45,229)	1,293,900	20,422	1,085	1,315,407
Employee benefits	-	266,795	31,761	10,302	7,537	8,240	(5,842)	318,793	3,514	263	322,570
Medications and medical supplies	-	578,581	43,203	12,266	9,946	4,127	-	648,123	1,149	-	649,272
Purchased services and other	25,638	312,373	42,723	15,951	13,068	17,383	(32,962)	394,274	11,398	(1,810)	403,862
Medicaid enhancement tax	-	64,036	9,468	3,980	2,834	2,407	-	82,725	-	-	82,725
Depreciation and amortization	-	64,643	8,771	3,519	4,819	2,359	-	84,111	2,847	-	86,958
Interest	32,536	25,365	914	876	1,073	493	(29,530)	31,727	386	-	32,113
Total operating expenses	58,174	2,403,394	271,923	90,160	79,496	63,969	(113,463)	2,853,653	39,716	(462)	2,892,907
Operating (loss) margin	(19,148)	(12,619)	(10,598)	13,845	7,997	1,550	2,179	(16,794)	(4,487)	(798)	(22,079)
Non-operating (losses) gains											
Investment losses, net	(8,026)	(58,973)	(2,068)	(795)	(1,114)	(1,555)	(210)	(72,741)	(6,003)	-	(78,744)
Other components of net periodic pension and post retirement benefit income	-	11,902	2,008	-	-	-	-	13,910	-	-	13,910
Other (losses) income, net	(3,540)	(1,641)	(542)	-	1	169	(1,969)	(7,522)	66	798	(6,658)
Total non-operating (losses) gains, net	(11,566)	(48,712)	(602)	(795)	(1,113)	(1,386)	(2,179)	(66,353)	(5,937)	798	(71,492)
(Deficiency) excess of revenue over expenses	(30,714)	(61,331)	(11,200)	13,050	6,884	164	-	(83,147)	(10,424)	-	(93,571)
Net assets without donor restrictions											
Net assets released from restrictions for capital	-	678	52	-	460	233	-	1,423	150	-	1,573
Change in funded status of pension and other postretirement benefits	-	(27,860)	(4,496)	-	-	48	-	(32,308)	(1)	-	(32,309)
Net assets transferred to (from) affiliates	7,600	(19,385)	4,066	2,571	2,096	795	-	(2,257)	2,257	-	-
Other changes in net assets	-	-	-	-	(23)	-	-	(23)	-	-	(23)
(Decrease) increase in net assets without donor restrictions	\$ (23,114)	\$ (107,898)	\$ (11,578)	\$ 15,621	\$ 9,417	\$ 1,240	\$ -	\$ (118,312)	\$ (8,018)	\$ -	\$ (124,330)

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions

Year Ended June 30, 2022

<i>(in thousands of dollars)</i>	Dartmouth- Hitchcock Health	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH	MAHHC and Subsidiaries	APD and Subsidiary	VNH and Subsidiaries	Eliminations	Health System Consolidated
Operating revenue and other support									
Patient service revenue	\$ -	\$ 1,751,093	\$ 236,645	\$ 79,754	\$ 59,041	\$ 99,403	\$ 17,301	\$ -	\$ 2,243,237
Contracted revenue	209	134,388	165	21	3,521	21	-	(80,859)	77,666
Other operating revenue	38,568	494,383	23,794	7,527	4,370	14,587	2,708	(51,886)	534,031
Net assets released from restrictions	249	13,873	821	190	204	548	9	-	15,894
Total operating revenue and other support	39,026	2,393,717	261,425	87,492	67,136	114,559	20,018	(112,545)	2,870,828
Operating expenses									
Salaries	-	1,091,601	135,118	40,219	29,729	47,352	15,534	(44,144)	1,315,407
Employee benefits	-	266,795	31,770	7,537	8,361	11,189	2,517	(5,579)	322,570
Medications and medical supplies	-	578,581	43,203	9,948	4,126	12,297	1,123	(4)	649,272
Purchased services and other	25,638	315,589	42,938	13,067	18,072	18,915	4,313	(34,670)	403,862
Medicaid enhancement tax	-	64,036	9,469	2,834	2,406	3,980	-	-	82,725
Depreciation and amortization	-	64,643	8,895	4,819	2,483	5,595	523	-	86,958
Interest	32,536	25,385	914	1,073	493	1,204	58	(29,530)	32,113
Total operating expenses	58,174	2,406,610	272,305	79,495	65,670	100,512	24,068	(113,927)	2,892,907
Operating (loss) margin	(19,148)	(12,893)	(10,880)	7,997	1,466	14,047	(4,050)	1,382	(22,079)
Non-operating (losses) gains									
Investment losses, net	(8,026)	(61,039)	(2,163)	(1,114)	(1,663)	(1,373)	(3,155)	(211)	(78,744)
Other components of net periodic pension and post retirement benefit income	-	11,902	2,008	-	-	-	-	-	13,910
Other (losses) income, net	(3,540)	(1,641)	(542)	1	179	-	56	(1,171)	(6,658)
Total non-operating losses, net	(11,566)	(50,778)	(697)	(1,113)	(1,484)	(1,373)	(3,099)	(1,382)	(71,492)
(Deficiency) excess of revenue over expenses	(30,714)	(63,671)	(11,577)	6,884	(18)	12,674	(7,149)	-	(93,571)
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	834	53	460	226	-	-	-	1,573
Change in funded status of pension and other postretirement benefits	-	(27,860)	(4,496)	-	47	-	-	-	(32,309)
Net assets transferred to (from) affiliates	7,600	(19,391)	4,108	2,096	795	2,571	2,221	-	-
Other changes in net assets	-	-	-	(23)	-	-	-	-	(23)
(Decrease) increase in net assets without donor restrictions	\$ (23,114)	\$ (110,088)	\$ (11,912)	\$ 9,417	\$ 1,050	\$ 15,245	\$ (4,928)	\$ -	\$ (124,330)

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	<u>37,247</u>	<u>2,230,670</u>	<u>239,146</u>	<u>84,339</u>	<u>66,546</u>	<u>64,025</u>	<u>(93,040)</u>	<u>2,628,933</u>	<u>36,591</u>	<u>(1,815)</u>	<u>2,663,709</u>
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	291,364	33,737	12,396	18,591	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	4,384	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	<u>51,837</u>	<u>2,162,732</u>	<u>241,942</u>	<u>77,196</u>	<u>72,320</u>	<u>59,789</u>	<u>(95,369)</u>	<u>2,570,447</u>	<u>40,170</u>	<u>(444)</u>	<u>2,610,173</u>
Operating (loss) margin	<u>(14,590)</u>	<u>67,938</u>	<u>(2,796)</u>	<u>7,143</u>	<u>(5,774)</u>	<u>4,236</u>	<u>2,329</u>	<u>58,486</u>	<u>(3,579)</u>	<u>(1,371)</u>	<u>53,536</u>
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	<u>(2,317)</u>	<u>184,836</u>	<u>3,761</u>	<u>2,495</u>	<u>4,508</u>	<u>4,053</u>	<u>(2,329)</u>	<u>195,007</u>	<u>16,724</u>	<u>1,371</u>	<u>213,102</u>
(Deficiency) excess of revenue over expenses	<u>(16,907)</u>	<u>252,774</u>	<u>965</u>	<u>9,638</u>	<u>(1,266)</u>	<u>8,289</u>	<u>-</u>	<u>253,493</u>	<u>13,145</u>	<u>-</u>	<u>266,638</u>
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)
(Decrease) increase in net assets without donor restrictions	<u>\$ (8,048)</u>	<u>\$ 283,329</u>	<u>\$ 17,495</u>	<u>\$ 9,518</u>	<u>\$ 3,399</u>	<u>\$ 8,591</u>	<u>\$ -</u>	<u>\$ 314,284</u>	<u>\$ 13,317</u>	<u>\$ -</u>	<u>\$ 327,601</u>

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 Subsidiary	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)
(Decrease) 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

Note to Supplemental Consolidating Information

June 30, 2022 and 2021

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.

**MARY HITCHCOCK MEMORIAL HOSPITAL (MHMH)/
DARTMOUTH HITCHCOCK CLINIC (DHC)
DARTMOUTH HEALTH**

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Effective: January 1, 2023

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Dartmouth Health Board Treasurer & Secretary

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FAAN**
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*Chief executive officer emeritus of the American
Organization of Nurse Executives (AONE)*

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MHMH/DHC Trustee
*William N. and Bessie Allyn Professor of Surgery,
Chair of the Department of Surgery at Dartmouth-
Hitchcock Medical Center (DHMC) and the Geisel
School of Medicine at Dartmouth, and senior vice
president of the Surgical Service Line at D-HH*

Member of Dartmouth Health, not a member of MHMH & DHC:

Richard J. Powell, MD
Dartmouth Health Trustee
*Section Chief, Vascular Surgery; Professor of Surgery
and Radiology*

CURRICULUM VITAE AND BIBLIOGRAPHY
3/2023

Alena Katherine Neton Shoemaker, MD
Assistant Professor of Community and Family Medicine

EDUCATION

2006 Bachelor of Science John Carroll University, University Heights, OH

2011 Doctor of Medicine The Ohio State University School of Medicine, Columbus, OH

POSTDOCTORAL TRAINING

Residency:

6/2011 – 6/2014 Family Medicine
Greater Lawrence Family Medicine Residency, Lawrence MA

Fellowship:

10/2014 – 10/2015 Holistic, Integrative, and Pluralistic Medicine
Greater Lawrence Family Health Center, Lawrence MA

LICENSURE AND CERTIFICATION

2014 – 2018 Medical Board of Massachusetts, American Board of Family Medicine (ABFM)
2018 – present Medical Board of New Hampshire, ABFM

HOSPITAL APPOINTMENTS

2014 - 2018 Associate Staff, Dept of Family Medicine, Lawrence General Hospital
2018 – present Associate Staff, Dartmouth Hitchcock Medical Center

TEACHING RESPONSIBILITIES

Regular Clinical Teaching:

Community faculty for medical student education

Community faculty for pediatric residents

Inpatient faculty of residents and medical students in the Newborn Nursery

Periodic lectures to medical students and residents in internal medicine, pediatrics, and obstetrics

Presentations:

- Oct 2015 OMT for the primary care physician, co-presenter, FMEC 2015 Danvers, MA
- Oct 2018 Teaching osteopathic Manipulative Treatment in an Allopathic Family Medicine Program, faculty co-presenter with resident N Macedo, FMEC 2018 Rye Brook, NY

Awards:

- June 2009 **Fay Gee Scholarship Recipient**
Awarded to one student annually for exemplary demonstration of altruism, compassion, honesty, integrity, service, respect, and accountability.
- June 2009 **Medical Alumni Society Community Service Award**
Award recognizing a 2nd year medical student for efforts related to community service.
- May 2009 **Student Award for Excellence in Community Service**
Campus-wide award recognizing two Ohio State University students for their contributions to local communities and the service learning environment at OSU.
- June 2018 **Residency Innovation Award** for development of Resident OMM Curriculum

PROFESSIONAL SOCIETIES

American Academy of Family Physicians
Integrative Medicine for the Underserved

MAJOR RESEARCH INTERESTS

Care of underserved populations, Integrative medicine

BIBLIOGRAPHY

Sowden G, Shoemaker A, Batliner M, Duncan M. Psychiatric e-Consults: A Guide for the Referring Physician. *Fam Pract Manag.* 2022;29(4):9-14.

Heather Markey Waniga, RN, MSN, Travis Gerke, ScD, Alena Shoemaker, MD, Derek Bourgoine, MHA and Pracha Emranond, MD, MPH. The Impact of Revised Discharged Instructions on Patient Satisfaction. *Journal of Patient Experience:* 2016, Vol 3 (3): 64-48

Geller JS, Kulla J, Shoemaker A. Group Medical Visits Using an Empowerment-based Model as Treatment for Women with Chronic Pain in an Underserved Community. *Global Advances in Health and Medicine:* 2015 Nov; 4(6): 27-31, 60

LANGUAGES SPOKEN

English, Spanish

Cheri Bryer

Current Experience

Dartmouth Hitchcock Medical Center, Addiction Treatment Program *Recovery Coach*

- Engages with patients in the Addiction Treatment Program and encourages them to maintain sobriety, participate in recovery-oriented activities and develop a network of sober supports. Participates in group treatment activities and models effective group participation and recovery-oriented perspective for patients with substance use disorders. Helps patients identify and access needed resources and recovery supports.

Relevant Experience

- March 2017 - Present - DHMC Recovery Coach Co-facilitator for groups in the perinatal and postpartum programs at DHMC Addiction Treatment Program in the Rivermill Complex Lebanon, N.H.
- Oct 2017- Present DHMC Recovery Coach working as part of an integrated team who specializes with pregnant women with Substance Use disorder and she provides individualized advocacy, support, and referrals to community recovery resources.
- May 2017- Present- Providing recovery services to Families who's Children's are in the NICU, PICU, Birthing Pavilion and Chad Unit.
- 2018- Co-wrote and co-facilitate for recovery friendly practice workshop.
- May 2018- Participated in a Documentary produced by Dartmouth Medical Students
- April 2018 - Trained Recovery Coach "Ethical Considerations"
- January 2017 & January 2018 - Trained Recovery Coaches at Hypertherm
- March 2017 to May 2018 - Recovery Coach at Second Growth Housing Program
- February 2016 to April 2018- Facilitated Peer led all Recovery meeting groups
- November 2015 - Present - Independent Recovery Coach
- November 2015- Present- Done numerous speeches and public forums to help reduce stigma and to advocate for people with Substance Use Disorders
- September, 2015 – May, 2016 WISE Volunteer Advocate Supported survivors of domestic, sexual violence and stalking. Performed telephone intake interviews, documented case data, accompanied and advocated for clients in courts, assisted with calls to shelters, attorneys and other resources as needed.
- Oct. 2014- April 2015 The Haven - Winter Warming Shelter and Clothing room
- August 2009-March 2010-Headrest -Peer Support residential program.

Education

- 1986 Graduated Hanover High School, Hanover, NH
- April 1995 New Hampshire LNA
- November 2015 CCAR Recovery Coach Training 2015
- March 2016 CCAR Ethical Considerations
- May 2016 NHBDAS Initial Training on Addiction & Recovery
- May 2016 Recovery Coach Training, Training of Trainers
- August 2016 Community Health Worker
- September 2016 Green Dot Project Trainer
- March 2017 Ethical Considerations, Training of Trainers
- November 2017 HIV/Aids Training
- May 2018 Suicide Prevention Training
- August 2018 Obtained certification to supervise Recovery Coaches and CRSW

Communication

- October 2018- Guest Speaker at Opioid Forum at Grappone Center in Concord, NH
- April 2018 - Guest Speaker at Lebanon Rotary Club
- November 2017 - Guest Speaker at Lebanon Rotary Club
- August 2017 - Panel Speaker at Opiate Awareness Council in New London
- July 2017 - Guest speaker at Community Health Worker Training at DHMC
- June 2017 - Guest speaker at Springfield VT Rotary Club
- February 2017 - Guest Speaker at Lebanon Rotary Club
- February 2017 - Guest speaker at Claremont Rotary Club
- January 2015 - Present - Guest Speaker Monthly at Various treatment facilities in NH and VT.
- August 2016 -Present Guest Speaker at Candlelight Vigil Overdose Awareness Day WRJ, Vt.
- March 2016 - Panel Speaker at The Killer High Forum - Claremont Opera House
- February 2016 - Guest Speaker for Dartmouth College Students
- January 2016 - Guest Speaker at The Hungry Heart event Dartmouth College
- January 2016 - Guest Speaker at N.H. Opioid Awareness Dinner Lebanon, N.H.

Leadership

- March 2018- Assist with supervision of Recovery Coaches in DHMC Emergency Department.
- March 2018- On the Board of the Perinatal Task Force for the State of NH.
- November 2018- Co-Chair of PCORI Research Project through Dartmouth Medical School.
- March 2017 - Started Woman for Sobriety Group at WISE Lebanon, N.H.
- January 2017 - Co-facilitated and trained 23 new Recovery coaches in Lebanon, N.H.
- October 2016 - Present - Board Member Women's Supportive Housing
- April 2016 - August 2016 - Started, Co-facilitated All Recovery Meeting in Lebanon, N.H.

Other Employment Experience

- January 1988 - Present - Raised three children.
- 1995-2008 licensed nursing assistant
- 1995-1996 Genesis health care facility Lebanon, N.H., .
- 1996-1998 Alice Peck Day Hospital Extended Care Facility Lebanon, N.H.
- 1998-1999 Marion County Nursing Home Ocala, Florida
- 2000-2003 Genesis Health Care Facility Lebanon, N.H.
- 2004-2006 Foodstop Convenience Store West Lebanon, N.H.
- 2006-2008 Private Client Homecare
- 2008-2010 Lebanon Village Market
- 2012-2013 College Cleaners Dry Cleaning
- 2013-2014 Dunkin Doughnuts Shift Leader

References

Available upon request.

HEATHER N. DAVIS

EDUCATION

UNIVERSITY OF MASSACHUSETTS LOWELL, Lowell, MA

Master's in Public Health, Concentration in Healthcare Management/Administration (GPA 4.0)

May 2019

- Related courses: Operations Analysis and Quality Improvement, Healthcare Management, Social and Behavioral Determinants of Health, Health Policy and Management, Healthcare Finance, Leadership and Management in Public Health

EXPERIENCE

Dartmouth Hitchcock, The Doorway, Addiction Treatment Program Lebanon, NH

December 2021 – Present

Program Manager

Manages and creates programmatic support for patients looking to engage in treatment for their substance use disorder. Provides program oversight and development at the local and State level and engages community partnerships in support of substance use disorder treatment and services. Supports a specialized team within the Department of Psychiatry by serving as the liaison among the patient, healthcare providers and the healthcare system. Develops partnerships throughout the community and coordinates services as required.

Vermont Department of Health, Alcohol & Drug Abuse Programs Springfield, VT

February 2020 – December 2021

Prevention Consultant

Acted as the state prevention liaison for an assigned portion of the state. Collaborated with key stakeholders to increase the local community's capacity to lead and carry out effective substance misuse prevention initiatives. Facilitated services to these groups through community organizing, program planning and consultation, presentations and training, community grants information and guidance, and attaining information or referrals.

Vermont Department of Health, HOC Response Springfield, VT

Case Contact Management & Data Quality

March 2021 – May 2021

Utilized various software and systems to support case/contact management, data quality, and assignment to investigators for cases and contacts of COVID-19.

Clinical Lead and Case Investigator

November 2020 – March 2021

Provided oversight in real time to contact tracing teams during scheduled hours. Offered support and ongoing training to Case Investigators, alleviating knowledge gaps of team members and providing quality assurance. Ensured compliance with guidelines and protocols in addition to providing feedback on best practices with investigators, to enable them to provide proper guidance to mitigate the spread of COVID-19 in Vermont. Coordinated and collaborated with other administrative leads, various outbreak prevention response and care coordination teams, and various other epidemiology response branches as needed. Conducted calls to persons diagnosed with COVID-19 to perform a formal case interview. Collected pertinent information to provide proper quarantine, isolation, and/or testing guidance to cases and contacts. Contributed towards efforts to increase testing and improve communication and implementation of isolation and quarantine, while ensuring that impacted individuals have the supports needed to fortify efforts in mitigating the spread of COVID-19 in Vermont.

Department of Public Health, UMass Lowell, Lowell, MA

September 2018 – May 2019

Graduate Research Coordinator

Coordinated research logistics for an evaluation research project of an adult alternatives diversion project for individuals involved in the community justice system experiencing substance use disorders. Conducted quantitative and qualitative data analysis using SPSS and NVivo software. Responsible for drafting and submitting amendments on research study protocol to the Office of Research Integrity as needed. Tasked with reviewing potential grant opportunities for upcoming projects.

NFI, Structured Outpatient Addictions Program (SOAP), Haverhill, MA

December 2016 – December 2018

Outreach Manager

Managed and coordinated the care of clients through case management, care coordination, management of treatment plans, advocacy, crisis intervention, and community outreach. Managed outreach projects and led community events for prevention education to disseminate information on community resources. Collaborated on the Mayor's Haverhill Opioid Prevention and Education Task Force; co-led monthly meetings, coordinated with other agencies and organizations on Task Force activities and events, and assisted with management of Task Force projects.

Jennifer Lord

Sr. Clinical Secretary with 10+ years of experience in scheduling patients with multiple providers. Adept in handling multiple busy schedules, coordinating patient appointments, and providing resource assistance and access to treatment. 2+ years of experience with the recovery community and treatment options in the local area. Assists in community outreach during community recovery events and adept in networking with local recovery organizations.

EDUCATION & CERTIFICATIONS

- Southern New Hampshire University, Bachelor's Degree in Human Services – Anticipated 2026
- Certified Recovery Support Worker Training – 2023
- Ethical Considerations for Recovery Coaches Training – 2023
- Suicide Prevention for Peers – 2023
- HIV, AIDS, and Hepatitis Prevention for Recovery Coaches – 2023

PROFESSIONAL EXPERIENCE

Dartmouth Hitchcock Medical Center – Hanover, New Hampshire May 2019 – Current

Sr. Clinical Secretary in Psychiatry Department, Addiction Treatment Program

Responsible for performing a variety of clerical and customer service-related functions for the clinic. Assists patients in accessing residential treatment, inpatient, or medical detox, housing resources, health insurance, transportation reimbursement through state insurance provider, fuel assistance, and many other community resources. Assists patients with Presumptive Eligibility applications and notify them of determination. Maintains and updates Doorway After Hours call logs, 211-day call logs, and non-211 day call log spreadsheets. Provides coverage for 211 phone as needed and educates patients about treatment, recovery and harm reduction options, and provides assistance with accessing these services. Maintains and updates resource folder information on residential and inpatient treatment options, insurance resources, safe stations, transportation options, suboxone providers, intensive outpatient groups and other resources. Monitors Amion and Mighty Call to ensure on-call Physicians and Clinicians are appropriately reflected. Performs community outreach, representing the Doorway and ATP clinic at community fairs, vigils, and other events. Develops and maintains collaborative relationships with local treatment providers and coordinates monthly meetings with them to share updates. Maintains and distributes Naloxone in accordance with Doorway policy. Attends monthly Doorway meetings with NH DHHS. Provides support coverage to Resource Specialist position as needed.

Dartmouth Hitchcock Medical Center – Hanover, New Hampshire February 2016 – May 2019

Sr. Clinical Secretary in Nephrology-Hypertension Department

Performed a variety of clerical and customer service-related functions for the clinic. Answered incoming phone calls, address patient questions and other related issues. Scheduled and coordinated patient appointments to the appropriate physician. Gathered and organized the flow of confidential internal and external department information between various departmental staff. Prepared and organized paperwork along with other materials necessary for department meetings, conferences and patient referrals. Worked with mail and office filing systems such as Excel, Epic and Trillion. Managed notes and updates for our weekly vascular access meeting for physicians and staff.

Genesis Healthcare – Lebanon, New Hampshire August 2006 – 2016

Licensed Nurse's Aide / Geriatric Nursing Assistant Specialist

Responsible for many facets of a patient's health and well-being. Recorded patient's temperature, pulse, blood pressure, respiratory rates, food and fluid intake and output as directed. Completed daily documentation of all agency required material and incident reports in accordance with company policy and procedures. Provided behavioral/emotional support and supervised patients with Dementia and Alzheimer's. Reported findings or changes in physical, mental and emotional conditions to nursing staff. Trained new employees and maintained effective communication with other healthcare employees. Complied with HIPAA Standards and all patient documentation interaction

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

Experience

RESOURCE SPECIALIST | DARTMOUTH HITCHCOCK MEDICAL CENTER | 04/22/19 - PRESENT

- -assist clinicians and medical providers with resource needs
- -assist patients with resource needs, including but not limited to, insurance, detox/residential, housing, disability, and follow up as needed
- -assist with walk in patients resource needs
- -updates to Patient Resource Tracking Spreadsheet regarding patients/resources
- -keep monthly excel spreadsheet of Doorway Flex Fund spend accounts
- -update monthly Doorway Flex Fund Receipts
- -keep excel spreadsheet of Donor Funds money spent on resource needs
- -attend IOP groups regarding resource needs as needed
- -getting and keeping up to date information from different community resources
- -community outreach/monthly meetings
- -daily coverage of 211 phone
- -perform baseline and 6mth GPRAs within WITs
- -complete GPRA discharges within WITs as needed
- -attend NH Doorway monthly meetings and data meetings
- -collaborate with other NH Doorways regarding mutual patients

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

Name: Luke Archibald

Curriculum Vitae

Luke J Archibald, M.D.

Date Prepared: 7/14/2023

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

- 6/2020 – current Program Director, Addiction Psychiatry fellowship
Geisel School of Medicine at Dartmouth
- 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

Name: Luke Archibald

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

Licensure and Certification

2018 – current State of New Hampshire Board of Medicine, License #19180
2022 – current Vermont Board of Medical Practice, License #042.0015762-COM
2010 – 2021 State of New York License in Medicine, Registration #258530 (inactive)

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

Name: Luke Archibald

6/2002 – 8/2005 Actuarial Analyst, Mercer Consulting (Marsh & McLennan)
New York, NY

Professional Development Activities

8/2021 – 10/2021 Participant, Leading at Dartmouth-Hitchcock Health (D-HH) Term 3

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 Fellowship Didactics
7/2020 – current
Geisel School of Medicine at Dartmouth
Course Instructor and Lecturer
50 hours/year; 2 fellows/year

Psychiatry Resident (PGY2) Didactics – Substance Use Disorders
7/2020 – current
Geisel School of Medicine at Dartmouth
Lecturer
4 hours/year; 8 residents/year

Internal Medicine Resident Supervision
7/2020 – 7/2022
Geisel School of Medicine at Dartmouth
Clinical Supervisor, Substance Abuse Clinic, Ambulatory Internal Medicine block
20 hours/year; 5 residents/year

Name: Luke Archibald

6/2002 – 8/2005 Actuarial Analyst, Mercer Consulting (Marsh & McLennan)
New York, NY

Professional Development Activities

8/2021 – 10/2021 Participant, Leading at Dartmouth-Hitchcock Health (D-HH) Term 3

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 Fellowship Didactics
7/2020 – current
Geisel School of Medicine at Dartmouth
Course Instructor and Lecturer
50 hours/year; 2 fellows/year

Psychiatry Resident (PGY2) Didactics – Substance Use Disorders
7/2020 – current
Geisel School of Medicine at Dartmouth
Lecturer
4 hours/year; 8 residents/year

Internal Medicine Resident Supervision
7/2020 – 7/2022
Geisel School of Medicine at Dartmouth
Clinical Supervisor, Substance Abuse Clinic, Ambulatory Internal Medicine block
20 hours/year; 5 residents/year

Name: Luke Archibald

- 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: New Hampshire Project Echo for the Judiciary
5/2022 – 8/2022
Sponsoring Organization: Judicial Opioid Initiative / National Center for State Courts
Expert Panelist
8 hours/year, 10 participants/session

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

Headrest Professional Advisory Board Member
3/2020 – 3/2021
Member
6 hours/year

Research Activities

Dates: 2/2022 - current
Project title: AudioCare. Sharing meaningful moments from psychotherapy in the treatment of substance use and co-occurring disorders
Role: co-investigator
Percent effort: 0.00 FTE
Sponsoring agency: Center for Technology and Behavioral Health (CTBH) Pilot Core (funded through the NIH/NIDA Technology-based Treatments for Substance Use Disorders P30DA02996. PI Lisa Marsch)

Name: Luke Archibald

Dates: 7/2021 - current
Project title: CTN-0100: Optimizing Retention, Duration, and Discontinuation Strategies for Opioid Use Disorder Pharmacotherapy (RDD)
Role: site PI
Percent effort: estimated 0.05 FTE
Sponsoring agency: National Institute on Drug Abuse (NIDA)
Annual direct costs of the award: \$640,000

Dates: 1/2020 - current
Project title: Northeast Node of the Clinical Trials Network (CTN)
Role: core investigator
Percent effort: estimated 0.03 FTE
Sponsoring agency: National Institute on Drug Abuse (NIDA)

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, performed at baseline and 6 month follow-up

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

Name: Luke Archibald

Major Committee Assignments, Inclusive of Professional Studies

A. National

B. Regional

1/2021 – current New Hampshire Drug Overdose Fatality Review Commission
Member

C. Institutional

7/2020 – current Addiction Psychiatry Fellowship Clinical Competency Committee (CCC)
Member
Dartmouth-Hitchcock

7/2020 – current Addiction Psychiatry Fellowship Program Evaluation Committee (PEC)
Member
Dartmouth-Hitchcock

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

Name: Luke Archibald

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

Medication for Treatment Substance Use Disorders in People with Mental Illness* ^

Date: 6/20/2023

Topic: Medication for Alcohol Use Disorder

Sponsoring Organization: Dartmouth-Hitchcock Medical Center

Location: Lebanon, NH

New Hampshire Psychiatric Society Annual Meeting* ^

Date: 5/5/2023

Topic: Injectable Medications for Opioid Use Disorder

Sponsoring Organization: New Hampshire Psychiatric Society

Location: Concord, NH

Substance Use and Serious Illness Consortium Lunch and Learn* ^

Date: 3/7/2023

Topic: Stimulants and Stimulant Use Disorder

Sponsoring Organization: Dartmouth-Hitchcock Medical Center

Location: Lebanon, NH

Vermont MAT Learning Sessions (Advanced OUD X-Waiver Team Learning Collaborative) * ^

Date: 3/31/2022

Topic: Anxiety Medication Management in MAT

Sponsoring Organization: Dartmouth-Hitchcock Medical Center

Location: Lebanon, NH

Behavioral Health Research Seminar * ^

Date: 1/21/2022

Topic: Study in progress: Optimizing Retention, Duration and Discontinuation Strategies for Opioid Use Disorder Pharmacotherapy (RDD)

Sponsoring Organization: Dartmouth Center for Technology and Behavioral Health

Location: Lebanon, NH

Surgery Grand Rounds * ^

Date: 6/19/2020

Topic: Perioperative Management of Pain and Addiction in Patients with Opioid Use Disorder

Sponsoring Organization: Dartmouth-Hitchcock Medical Center

Location: Lebanon, NH

Project ECHO: Mental Health and Substance Use * ^

Name: Luke Archibald

Date: 1/28/2020

Topic: Screening, Assessment, and Diagnosis of Alcohol and Substance Use Disorders

Sponsoring Organization: Dartmouth-Hitchcock Knowledge Map

Location: Lebanon, NH

Bibliography

A. Peer-reviewed publications in print or other media

1. **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). PMID: 31886105.
2. 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.
3. **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

1. Dartmouth-Hitchcock video. Heads Up: A Year-long Mental Health Awareness Journey. *Webinar 9: Mental Health in the Workplace*. **Archibald L**, Cole S, Fowler R. Published 1/31/2023 at: [\(17\) Mental health in the workplace - YouTube](#)
2. **Archibald L**. *Telemedicine for opioid addiction saves lives. Let's make sure it continues*. Association of American Medical Colleges (AAMC). Published 12/20/2022. [Telemedicine for opioid addiction saves lives. Let's make sure it continues | AAMC](#).

Related press: [New law could improve access to medication-assisted treatment in NH | New Hampshire Public Radio \(nhpr.org\)](#).

3. **Archibald L**, Budney A. *Letter: What's the rush on marijuana legalization?* Concord Monitor. Published 3/11/2019.

C. Abstracts

Mistler L, Jacobson N, **Archibald L**, Brady R, Bratches R, Budney A, Ganoe C, Oh L, Fowler R, Barr P. *AudioCare: The Feasibility and Acceptability of Audio Recording Psychotherapy Sessions*. Vermont Nurse Practitioners Annual Meeting; Jan 2023; Stowe, VT.

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

Name: Luke Archibald

(ATP). In addition, I assumed the role of program director for the Dartmouth-Hitchcock Addiction Psychiatry fellowship in June 2020. Our clinical services include an Intensive Outpatient Program (IOP), medical visits for hundreds of individuals with substance use disorder (predominantly Opioid Use Disorder and Alcohol Use Disorder), 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. In April 2022, our site was activated for the NIDA CTN-0100 RDD trial, for which I am site PI. The RDD trial augments our clinical services at ATP by providing a means for individuals, including those without medical insurance, to obtain medication for Opioid Use Disorder via study-provided medication and medical visits.

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 Chemical Dependency Outpatient Program (CDOP), the inpatient detoxification and stabilization unit, and the Opioid Treatment Program (OTP). Other direct clinical responsibilities included the role of unit chief of Bellevue's inpatient dual diagnosis service. Advancing treatment for substance use disorders through carefully conducted research has been an important mission in all of these sites.

I care deeply about providing the highest quality, most compassionate, and easily accessible treatment for individuals with substance use disorders and other mental health conditions, both directly and through developing and advancing clinical programs and teaching.



Mary Hitchcock Memorial Hospital
SFY'24 SOR-IIIB Afterhours Program

Key Personnel

Name	Job Title	Effort (FTE)	Amount Paid from this Contract
Lucas Archibald	Medical Director (MD)	10%	\$17,288
Heather Davis	Program Manager	40%	\$20,126
Jennifer Lord	Recovery Navigator	50%	\$14,560



Mary Hitchcock Memorial Hospital
SFY'24 SOR-IIIB Doorway Program

Key Personnel

Name	Job Title	Effort (FTE)	Amount Paid from this Contract
Lucas Archibald	Medical Director (MD)	10%	\$29,636
Heather Davis	Program Manager	70%	\$55,662
Karli Shepherd	Resource Specialist	100%	\$62,608
Jennifer Lord	Recovery Navigator	79%	\$39,437



Mary Hitchcock Memorial Hospital
SFY'24 SOR-IIIB MOUD Program

Key Personnel

Name	Job Title	Effort (FTE)	Amount Paid from this Contract
Lucas Archibald	Medical Director (MD)	10%	\$29,636
Alena Shoemaker	Primary Care Physician	10%	\$26,672
Heather Davis	Program Manager	10%	\$8,913
Cheri Bryer	Recovery Coach	100%	\$54,101



Mary Hitchcock Memorial Hospital
SFY'25 SOR-IIIB Doorway Program

Key Personnel

Name	Job Title	Effort (FTE)	Amount Paid from this Contract
Lucas Archibald	Medical Director (MD)	10%	\$29,636
Heather Davis	Program Manager	90%	\$70,884
Karli Shepherd	Recovery Coach	100%	\$62,808
Jennifer Lord	Recovery Navigator	100%	\$49,920



Mary Hitchcock Memorial Hospital
SFY'25 SOR-IIIB MOUD Program

Key Personnel

Name	Job Title	Effort (FTE)	Amount Paid from this Contract
Lucas Archibald	Medical Director (MD)	10%	\$29,636
Alena Shoemaker	Primary Care Physician	10%	\$26,672
Heather Davis	Program Manager	10%	\$8,913
Cheri Bryer	Recovery Coach	100%	\$54,101

NOV08'22 PM 2:29 RCVD

ARC



Lori A. Shibtante
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

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: 6/2/21 Item #28 A1: 10/13/21 Item #39

Hls Excellency, Governor Christopher T. Sununu
and the Honorable Council
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*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	\$6,036,900	\$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	\$1,418,206	\$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	\$6,262,874	\$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:	\$48,807,602	\$12,022,982	\$60,830,484	
<i>*Indicates contracts that have expired or have been terminated.</i>						

His Excellency, Governor Christopher T. Sununu
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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.

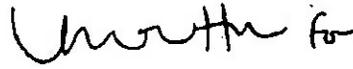
Should the Governor and Executive Council not authorize this request, individuals seeking treatment for opioid use and/or stimulant use disorders may experience difficulty navigating a complex system, may not receive the supports and clinical services needed, and may experience delays in receiving care.

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
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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".

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	\$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	\$473,666.00	\$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				\$8,747,838.00	\$1,448,732.00	\$8,196,570.00	

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	\$240,675.00	\$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**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
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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06-95-92-920510-19810000 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 # 177853						
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	\$18,960.00	\$18,960.00
		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**

05-95-92-920610-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF,
100% Other Funds

Vendor Name: Androscoquin 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 # 355358
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	\$1,145,958.00	\$0.00	\$1,145,958.00
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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 #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 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 0.47% 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.

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

ED9D06804C83442...

Name: Katja S. Fox

Title: Director

Mary Hitchcock Memorial Hospital

10/27/2022

Date

DocuSigned by:

Edward Merrens

0AC38FC0000400...

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

748734944041480...
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

DS
EM

Contractor Initials

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)			
FlexFunds	\$23,250		\$23,250
Other (please specify)	\$0		\$0
Other (please specify)	\$0		\$0
Other (please specify)	\$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 

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)			
<i>Clients Unmet Needs Other than Opioid/Stimulant - funds expire 9/29/23</i>	\$8,693		\$8,693
<i>Narcan</i>	\$3,500		\$3,500
<i>FlexFunds</i>	\$5,000		\$5,000
<i>Respite Vouchers</i>	\$6,500		\$6,500
<i>Telephone</i>	\$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 

Date 10/27/2022



Lori A. Shlbinette
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
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. Weaver
4CA82904125473...

for

Lori A. Shibinette
Commissioner

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

05-92-92-420510-70400000 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 Androscoegin 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				\$1,808,517.00	\$653,075.00	\$2,461,592.00	

Vendor Name Concord Hospital, Inc.					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	\$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	\$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	\$211,668.00	\$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	\$473,686.00	\$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	\$1,487,835.00	\$1,487,835.00
		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	\$240,675.00	\$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		\$3,920,330.00	\$1,136,810.00	\$5,037,340.00

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	\$1,846,000.00	\$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		\$4,641,134.00	\$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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05-92-92-920510-19810000 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 # 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	\$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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05-95-92-920510-33820000 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 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
		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	\$88,612.00	\$0.00	\$88,612.00
2022	102/500731	Contracts for Program Services	92058501	\$22,870.00	\$0.00	\$22,870.00
		Sub Total		\$111,482.00	\$0.00	\$111,482.00

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 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	\$141,852.00	\$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	\$89,497.00	\$0.00	\$89,497.00
		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	\$38,740.00	\$0.00	\$38,740.00
		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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05-05-02-020310-2559 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 Androscoffin 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	\$11,190,088.00	\$48,807,502.00

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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	\$1,949,517	\$0	\$1,949,517	O: 10/31/18 Item #17A A1: 8/28/19 (Item #10) A2: 8/24/20 (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: 8/24/20 (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: 8/24/20 (Item #31)

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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LRGHealthcare Laconia, NH	177181 -B006	Laconia	\$2,317,078	\$0	\$2,317,078	O: 10/31/18 (Item #17A) A1: 9/18/19, (Item #20) A2: 8/24/20 (Item #31)
Mary Hitchcock Memorial Hospital, Lebanon, NH	177651 -B001	Lebanon	\$4,349,314	\$963,217	\$5,312,531	O: 10/31/18 Item #17A A1: 11/14/19 (Item #11) A2: 9/18/19, (Item #20) A3: 8/24/20 (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: 8/24/20 (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: 8/24/20 (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	\$1,570,888	\$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 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.

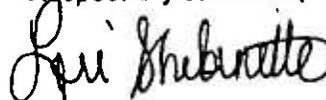
Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care that negatively impact recovery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

04-06-03-0300-10-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHHS; BEHAVIORAL HEALTH DIV OF BUREAU OF DRUG & ALCOHOL SERVICES, STATE DRUG RESPONSE GRANT 100% Federal Funds CFDA #63.700 FAIN #077001600 and #077003320

Archived VLEP Version # 17720

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2018	102/500731	Contracts for Program Services	92057040	\$ 234,250.00		\$ 234,250.00
2020	102/500731	Contracts for Program Services	92057040	\$ 612,985.00		\$ 612,985.00
2021	102/500731	Contracts for Program Services	92057040	\$ 205,243.00		\$ 205,243.00
2021	102/500731	Contracts for Program Services	92057047	\$ 161,000.00		\$ 161,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ 436,886.00		\$ 436,886.00
2022	102/500731	Contracts for Program Services	92057048	\$ 218,333.00		\$ 218,333.00
		Sub Total		\$ 1,834,317.00		\$ 1,834,317.00

Contract

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2018	102/500731	Contracts for Program Services	92057040	\$ 262,773.00		\$ 262,773.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,375,131.00		\$ 1,375,131.00
2021	102/500731	Contracts for Program Services	92057040	\$ 236,916.00		\$ 236,916.00
2021	102/500731	Contracts for Program Services	92057047	\$ 168,000.00		\$ 168,000.00
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		\$ 2,546,820.00		\$ 2,546,820.00

Choices

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2018	102/500731	Contracts for Program Services	92057040	\$ 611,287.00		\$ 611,287.00
2020	102/500731	Contracts for Program Services	92057040	\$ 1,127,537.00		\$ 1,127,537.00
2021	102/500731	Contracts for Program Services	92057040	\$ 205,033.00		\$ 205,033.00
2021	102/500731	Contracts for Program Services	92057047	\$ 239,923.00		\$ 239,923.00
2021	102/500731	Contracts for Program Services	92057048	\$ 532,304.00		\$ 532,304.00
2022	102/500731	Contracts for Program Services	92057048	\$ 266,157.00		\$ 266,157.00
		Sub Total		\$ 2,972,241.00		\$ 2,972,241.00

Direct Payments Methods

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2018	102/500731	Contracts for Program Services	92057040	\$ 1,331,471.00		\$ 1,331,471.00
2020	102/500731	Contracts for Program Services	92057040	\$ 2,349,899.00		\$ 2,349,899.00
2021	102/500731	Contracts for Program Services	92057040	\$ -		\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -		\$ -
2021	102/500731	Contracts for Program Services	92057040	\$ -		\$ -
2021	102/500731	Contracts for Program Services	92057048	\$ -		\$ -
2022	102/500731	Contracts for Program Services	92057048	\$ -		\$ -
		Sub Total		\$ 3,681,370.00		\$ 3,681,370.00

Direct Payments Methods

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2018	102/500731	Contracts for Program Services	92057040	\$ 1,345,873.00		\$ 1,345,873.00
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		\$ 3,211,609.00		\$ 3,211,609.00

Lepton Response

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2018	102/500731	Contracts for Program Services	92057040	\$ 239,135.00		\$ 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	\$ 413,333.00		\$ 413,333.00
2022	102/500731	Contracts for Program Services	92057048	\$ 211,866.00		\$ 211,866.00
		Sub Total		\$ 2,125,889.00		\$ 2,125,889.00

PHS Contracts

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2018	102/500731	Contracts for Program Services	92067040	\$ 300,000.00		\$ 300,000.00
2020	102/500731	Contracts for Program Services	92067040	\$ 842,114.00		\$ 842,114.00
2021	102/500731	Contracts for Program Services	92067040	\$ 209,000.00		\$ 209,000.00
2021	102/500731	Contracts for Program Services	92067047	\$ 178,000.00		\$ 178,000.00
2021	102/500731	Contracts for Program Services	92067048	\$ 430,000.00		\$ 430,000.00
2022	102/500731	Contracts for Program Services	92067048	\$ 215,000.00		\$ 215,000.00
		Sub Total		\$ 2,176,114.00		\$ 2,176,114.00

PHS Contracts

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2018	102/500731	Contracts for Program Services	92057040	\$ 1,380,347.00	\$ (740,310.00)	\$ 640,037.00
2020	102/500731	Contracts for Program Services	92057040	\$ 2,375,108.00		\$ 2,375,108.00
2021	102/500731	Contracts for Program Services	92057040	\$ 383,894.00		\$ 383,894.00
2021	102/500731	Contracts for Program Services	92057047	\$ -	\$ 430,000.00	\$ 430,000.00
2021	102/500731	Contracts for Program Services	92057048	\$ -	\$ 847,333.00	\$ 847,333.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 473,866.00	\$ 473,866.00
		Sub Total		\$ 4,348,149.00	\$ 116,886.00	\$ 4,465,035.00

West-Orthodontics

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2018	102/600731	Contracts for Program Services	92057040	\$ 537,063.00		\$ 537,063.00
2020	102/600731	Contracts for Program Services	92057040	\$ 1,806,752.00		\$ 1,806,752.00
2021	102/600731	Contracts for Program Services	92057040	\$ 240,675.00		\$ 240,675.00
2021	102/600731	Contracts for Program Services	92057047	\$ 299,000.00		\$ 299,000.00
2021	102/600731	Contracts for Program Services	92057048	\$ 691,360.00		\$ 691,360.00
2022	102/600731	Contracts for Program Services	92057044	\$ 345,680.00		\$ 345,680.00
		Sub Total		\$ 2,926,530.00		\$ 2,926,530.00

Centura Medical Center

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2018	102/600731	Contracts for Program Services	92057040	\$		\$
2020	102/600731	Contracts for Program Services	92057040	\$ 343,019.00		\$ 343,019.00
2021	102/600731	Contracts for Program Services	92057040	\$ 724,814.00		\$ 724,814.00
2021	102/600731	Contracts for Program Services	92057047	\$ 802,501.00		\$ 802,501.00
2021	102/600731	Contracts for Program Services	92057048	\$ 1,844,000.00		\$ 1,844,000.00
2022	102/600731	Contracts for Program Services	92057044	\$ 913,000.00		\$ 913,000.00
		Sub Total		\$ 4,641,334.00		\$ 4,641,334.00

Southern New Hampshire Health Systems, Inc

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2018	102/600731	Contracts for Program Services	92057040	\$		\$
2020	102/600731	Contracts for Program Services	92057040	\$ 1,048,718.00	\$ (825,474.00)	\$ 223,244.00
2021	102/600731	Contracts for Program Services	92057040	\$ 522,272.00		\$ 522,272.00
2021	102/600731	Contracts for Program Services	92057047	\$	\$ 380,000.00	\$ 380,000.00
2021	102/600731	Contracts for Program Services	92057048	\$	\$ 1,280,000.00	\$ 1,280,000.00
2022	102/600731	Contracts for Program Services	92057042	\$	\$ 640,000.00	\$ 640,000.00
		Sub Total		\$ 1,570,990.00	\$ 1,674,526.00	\$ 3,245,516.00
		Total 2022		\$ 23,171,343.00	\$ 2,361,715.00	\$ 25,533,058.00

88-88-81-820810-33820000 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 # 117720

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/600731	Contracts for Program Services	92058301	\$ 12,750.00		\$ 12,750.00
2022	102/600731	Contracts for Program Services	92058301	\$ 6,250.00		\$ 6,250.00
		Sub Total		\$ 19,000.00		\$ 19,000.00

Centura

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102/600731	Contracts for Program Services	92058301	\$ 71,481.00		\$ 71,481.00
2022	102/600731	Contracts for Program Services	92058301	\$ 24,493.00		\$ 24,493.00
		Sub Total		\$ 95,974.00		\$ 95,974.00

Centura

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102/600731	Contracts for Program Services	92058301	\$ 66,612.00		\$ 66,612.00
2022	102/600731	Contracts for Program Services	92058301	\$ 22,870.00		\$ 22,870.00
		Sub Total		\$ 89,482.00		\$ 89,482.00

Letson Regional

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102/600731	Contracts for Program Services	92058301	\$ 18,750.00		\$ 18,750.00
2022	102/600731	Contracts for Program Services	92058301	\$ 6,250.00		\$ 6,250.00
		Sub Total		\$ 25,000.00		\$ 25,000.00

IRG/Orthodontics

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102/600731	Contracts for Program Services	92058301	\$ 110,272.00		\$ 110,272.00
2022	102/600731	Contracts for Program Services	92058301	\$ 36,740.00		\$ 36,740.00
		Sub Total		\$ 146,912.00		\$ 146,912.00

West-Orthodontics

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102/600731	Contracts for Program Services	92058301	\$ 39,396.00		\$ 39,396.00
2022	102/600731	Contracts for Program Services	92058301	\$ 13,112.00		\$ 13,112.00
		Sub Total		\$ 52,508.00		\$ 52,508.00

West-Orthodontics

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	102/600731	Contracts for Program Services	92058301	\$ 141,632.00		\$ 141,632.00
2022	102/600731	Contracts for Program Services	92058301	\$ 47,217.00		\$ 47,217.00
		Sub Total		\$ 188,849.00		\$ 188,849.00

Carroll Medical Center

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	1027500731	Contracts for Program Services	92056501	\$ 705,497.00		\$ 305,497.00
2022	1027500731	Contracts for Program Services	92056501	\$ 89,497.00		\$ 89,497.00
		Sub Total		\$ 794,994.00		\$ 394,994.00

Boonin New Horizons Health Services, Inc

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2021	1027500731	Contracts for Program Services	92056501		\$ 70,641.00	\$ 70,641.00
2022	1027500731	Contracts for Program Services	92056501		21,947.00	21,947.00
		Sub Total			\$ 92,588.00	\$ 92,588.00
		Total Gov Commission		\$ 1,172.00	142,718.00	\$ 143,890.00
		Total All		\$ 804,512.00	2,791,822.00	\$ 3,596,334.00

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Lori A. Shibette
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	\$1,670,051	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:

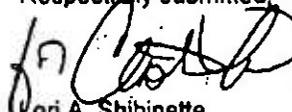
- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow-ups through the Web Information Technology System (WITS) database.

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. 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
Cheshiro					
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	\$ 203,750.00	\$ 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	\$ 240,675.00	\$ 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
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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	228800-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

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 2,218 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:

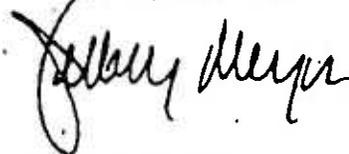
- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow ups through the Web Information Technology System (WITS) database.

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 Svs	102-500731	\$ 605,133.00		\$ 605,133.00
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-B008					
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 Cheesbro 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: 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 # 228900-8001					
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 # 177162-8011					
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 # 177161-8006					
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 # 177160-8016					
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 # 177167-8001					
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			\$ -	\$ -	\$ -
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
Comptroller

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
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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 03246	\$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
Page 2 of 4

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
and the Honorable Council
Page 3 of 4

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

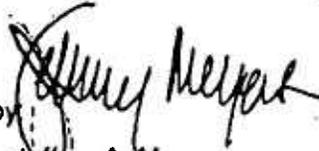
His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 4 of 4

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					
Andreacoppin 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-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	\$ 897,595.00		\$ 897,595.00
2021	Contracts for Prog Svs	102-500731	\$		\$
Subtotal			\$ 1,845,257.00	\$	\$ 1,845,257.00
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		\$ 2,328,259.00
2021	Contracts for Prog Svs	102-500731	\$		\$
Subtotal			\$ 4,708,703.00	\$	\$ 4,708,703.00
Madison 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
LRC 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 # 177831-8001					
State Fiscal Year	Class Title	Class Account	Current Budget	Increase (Decrease) Budget	Modified Budget
2019	Contracts for Prog Svs	102-500731	\$ 730,832.00	\$ 1,043,573.00	\$ 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			\$ 1,643,788.00	\$ 2,600,170.00	\$ 4,043,986.00
The Cheshire Medical Center					
Vendor # 155403-8001					
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			\$ 1,880,416.00	\$ -	\$ 1,880,416.00
SUB TOTAL			\$ 10,274,487.00	\$ 2,600,170.00	\$ 18,774,657.00

05-05-92-920510-2559 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HMS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG & ALCOHOL SERVICES, OPIOID STR GRANT					
100% Federal Funds					
Activity Code: 92052581					
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	\$ 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 # 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 # 177851-8001					
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		\$ 16,608,487.00	\$ 2,500,170.00	\$ 18,108,657.00
Summary by Vendor		Total Amount	Total Amount	Total Amount
Adirondack Valley Hospital, Inc		\$ 1,559,611.00	\$ -	\$ 1,559,611.00
Concord Hospital, Inc		\$ 1,845,287.00	\$ -	\$ 1,845,287.00
Granite Pathways		\$ 6,008,703.00	\$ -	\$ 6,008,703.00
Littleton Regional Hospital		\$ 1,572,101.00	\$ -	\$ 1,572,101.00
LRGHealthcare		\$ 1,593,000.00	\$ -	\$ 1,593,000.00
Mary Hitchcock Memorial Hospital		\$ 1,643,788.00	\$ 2,500,170.00	\$ 4,043,958.00
The Cheshire Medical Center		\$ 1,593,611.00	\$ -	\$ 1,593,611.00
Wentworth-Douglas Hospital		\$ 1,890,416.00	\$ -	\$ 1,890,416.00
Total		\$ 16,608,487.00	\$ 2,500,170.00	\$ 18,108,657.00

Financial Detail

Summary by Vendor	SFY 19		SFY 19		SFY 19	
		Total Amount	Total Amount	Total Amount	Total Amount	Total Amount
Adroscoggin Valley Hospital, Inc.		\$ 821,133.00	\$ -	\$ 821,133.00		\$ 821,133.00
Concord Hospital, Inc.		\$ 947,882.00	\$ -	\$ 947,882.00		\$ 947,882.00
Granite Pathways		\$ 2,660,444.00	\$ -	\$ 2,660,444.00		\$ 2,660,444.00
Urdston Regional Hospital		\$ 831,000.00	\$ -	\$ 831,000.00		\$ 831,000.00
LRGHealthcare		\$ 820,000.00	\$ -	\$ 820,000.00		\$ 820,000.00
Mary Hitchcock Memorial Hospital		\$ 730,632.00	\$ 1,043,573.00	\$ 1,774,205.00		\$ 1,774,205.00
The Chesbro Medical Center		\$ 820,133.00	\$ -	\$ 820,133.00		\$ 820,133.00
Wentworth-Douglas Hospital		\$ 982,700.00	\$ -	\$ 982,700.00		\$ 982,700.00
Total		\$ 8,613,704.00	\$ 1,043,573.00	\$ 9,657,277.00		\$ 9,657,277.00

Summary by Vendor	SFY 20		SFY 20		SFY 20	
		Total Amount	Total Amount	Total Amount	Total Amount	Total Amount
Adroscoggin Valley Hospital, Inc.		\$ 738,478.00	\$ -	\$ 738,478.00		\$ 738,478.00
Concord Hospital, Inc.		\$ 897,695.00	\$ -	\$ 897,695.00		\$ 897,695.00
Granite Pathways		\$ 2,328,259.00	\$ -	\$ 2,328,259.00		\$ 2,328,259.00
Urdston Regional Hospital		\$ 741,101.00	\$ -	\$ 741,101.00		\$ 741,101.00
LRGHealthcare		\$ 773,000.00	\$ -	\$ 773,000.00		\$ 773,000.00
Mary Hitchcock Memorial Hospital		\$ 813,168.00	\$ 1,458,597.00	\$ 2,289,763.00		\$ 2,289,763.00
The Chesbro Medical Center		\$ 773,478.00	\$ -	\$ 773,478.00		\$ 773,478.00
Wentworth-Douglas Hospital		\$ 927,718.00	\$ -	\$ 927,718.00		\$ 927,718.00
Total		\$ 7,892,783.00	\$ 1,458,597.00	\$ 9,448,380.00		\$ 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

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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.	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	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

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.

**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

**05-95-92-920510-2669 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.

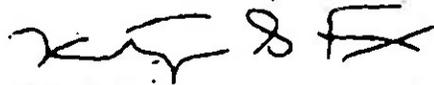
Area served: Statewide

Source of Funds: 100% Federal Funds from the Substance Abuse and Mental Health Services Administration. CFDA # 93.788, FAIN #H79T1081685 and FAIN #T1080246.

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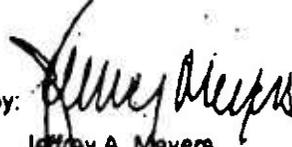
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

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			\$ 1,543,611.00
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
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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 #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 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), October 13, 2021 (Item #39), and most recently amended on December 7, 2022 (Item #11), 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, 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, 2024
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$8,303,091
3. Modify Exhibit B, Amendment #1, Scope of Services by replacing in its entirety with Exhibit B Amendment #4, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit C, Amendment #2, Methods and Conditions Precedent to Payment, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1 97.60% Federal funds from the U.S. Department of Health and Human Services (US DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), State Opioid Response (SOR) Grant, ALN #93.788, as awarded on:
 - 1.1.1 08/30/2018, FAIN H79TI081685.
 - 1.1.2 09/30/2020, FAIN H79TI083326.
 - 1.1.3 08/09/2021, FAIN H79TI083326.
 - 1.1.4 09/23/2022, FAIN H79TI085759.
 - 1.2 0.68% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the US DHHS, SAMHSA, ALN #93.959, FAIN TI083509.
 - 1.3 0.59% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG, as awarded on 02/10/2022, by the US DHHS, SAMHSA, ALN #93.959, FAIN TI084659.
 - 1.4 1.13% 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.
5. 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-13, Amendment #4, SOR III SFY25 Budget.
6. Add Exhibit C-12, Amendment #4, SOR III SFY24 Budget, which is attached hereto and incorporated by reference herein.
7. Add Exhibit C-13, Amendment #4, SOR III SFY25 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, 2023, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

10/5/2023

Date

DocuSigned by:
Katja S. Fox

Name: Katja S. Fox
Title: Director

Southern New Hampshire Health System, Inc.

10/5/2023

Date

DocuSigned by:
Colin McHugh

Name: Colin McHugh
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

10/25/2023

Date

DocuSigned by:
Robyn Guarino
748734844041160
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 B – Amendment #4

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 continue to operate a regional Doorway for access to care for substance use related needs and 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 Southern NH Region with facilitated referrals to prevention services, substance use disorder (SUD) treatment, recovery support services, and/or harm reduction services and other health and social services, including medications for SUD.
- 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. Medications for SUD, consistent with the principles of the Medication First model.
 - 2.4.2. Coordination of outpatient, residential and inpatient SUD treatment 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.
- 2.5. The Contractor shall identify any gaps in financial and staffing resources required in Section 5. Staffing.
- 2.6. The Contractor shall ensure formalized coordination with 2-1-1.NH; other Doorways, including the After Hours Doorway; 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:

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



EXHIBIT B – Amendment #4

- 2.6.1.1. A process that ensures the individual's preferred Doorway receives information on the individual, outcomes, and events for continued follow-up.
- 2.6.1.2. A process for sharing information about each individual receiving services 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 individual was referred for respite care or housing.
 - 2.6.1.2.2. Other services offered or provided to the individual.
- 2.6.2. Enabling the sharing of information and resources, which include, but are not limited to:
 - 2.6.2.1. Demographics of individuals receiving services.
 - 2.6.2.2. Referrals made.
 - 2.6.2.3. Services rendered.
 - 2.6.2.4. Identification of resource providers involved in each individual's care.
- 2.7. The Contractor 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 individual.
 - 2.7.2. Private insurance carriers to coordinate case management efforts on behalf of the individual.
- 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 above.
- 2.9. The Contractor shall develop a Department-approved conflict of interest policy related to Doorway services and referrals to treatment and recovery supports and services programs funded outside of this contract that maintains the integrity of the referral process and individual 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 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.

DS
CM

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



EXHIBIT B – Amendment #4

- 2.11.2. Ensure meeting agendas include, but are not limited to:
 - 2.11.2.1. Receiving input on successes of services.
 - 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 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 saturation and distribution.
 - 2.12.2. Enhanced coverage and services to enable reduced Emergency Room use.
 - 2.12.3. Reducing fatal and non-fatal overdose.
 - 2.12.4. Increasing access to medications for SUD.

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; and
 - 3.1.1.2. Expanded hours as agreed to by the Department.
 - 3.1.2. A physical location for individuals to receive face-to-face services, ensuring any request for a change in location is submitted to the Department no later than 30 days prior to the requested move for Department approval;
 - 3.1.3. Telehealth services consistent with state and federal law;
 - 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 provided same day;
 - 3.1.6. Crisis intervention and stabilization counseling services provided by a licensed clinician for any individual in a substance use related behavioral health crisis who requires immediate non-emergency intervention requiring urgent assessment and history of the crisis state, mental status exam, and disposition. If the individual is calling rather than physically presenting at the Doorway, the Contractor shall ensure services include, but are not limited to:
 - 3.1.6.1. Community-based mobile crisis services through New Hampshire Rapid Response.

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



EXHIBIT B – Amendment #4

- 3.1.6.2. Directing callers to dial 911, or calling on individual's behalf if necessary, if an individual is in imminent danger or there is an emergency.
- 3.1.6.3. Assessment and history of the crisis state.
- 3.1.6.4. Mental Status Exam and disposition.
- 3.1.6.5. Plans for Safety.
- 3.1.7. Same day, trauma-informed, 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); and
 - 3.1.7.3. Identification of the individual's 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 individual based on the clinical evaluation referenced above. 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 individual 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 needs.
 - 3.1.8.2.4. Social services needs.
 - 3.1.8.2.5. Criminal justice needs that include Corrections, Treatment Court, and Division for Children, Youth, and Families (DCYF) matters.
 - 3.1.8.3. A plan for addressing all areas of need identified above 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 above is not available to the individual within 48 hours of service plan development, which are defined as:
 - 3.1.8.4.1. A minimum of one (1), 60-minute individual or group outpatient session per week; and/or
 - 3.1.8.4.2. Recovery support services, as needed by the individual; and/or
 - 3.1.8.4.3. Daily calls to the individual to assess and respond to any emergent needs; and/or
 - 3.1.8.4.4. Respite shelter while awaiting treatment and recovery services.

CM

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



EXHIBIT B – Amendment #4

- 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 people.
 - 3.1.9.3. Families involved with DCYF.
 - 3.1.9.4. Individuals at-risk of or living 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 individual-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.
 - 3.1.10.3. Assisting individuals with obtaining services with the provider agency, as appropriate.
 - 3.1.10.4. Contacting the provider agency on behalf of the individual, as appropriate.
 - 3.1.10.5. Assisting individuals 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.
 - 3.1.10.5.2. Providing assistance with accessing financial assistance including, but not limited to:
 - 3.1.10.5.2.1. Assisting the individual with making contact with the assistance agency, as appropriate.
 - 3.1.10.5.2.2. Contacting the assistance agency on behalf of the individual, as appropriate.
 - 3.1.10.5.2.3. Supporting the individual in meeting the admission, entrance, and intake requirements of the assistance agency.
 - 3.1.10.5.3. When no other payer is available, assisting individuals with accessing services by utilizing flexible needs funds, as directed by the Department, that supports individuals who meet the eligibility criteria for assistance under the Department-approved Flexible Needs Fund Policy with their financial needs, which may include but are not limited to:

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- 3.1.10.5.3.1. Transportation for eligible individuals to and from recovery-related medical appointments, treatment programs, and other locations;
 - 3.1.10.5.3.2. Childcare to permit an eligible individual 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 clothing appropriate for cold weather, job interviews, or work;
 - 3.1.10.5.3.5. Assisting individuals in need of respite shelter resources while awaiting treatment and recovery services; and
 - 3.1.10.5.3.6. Other uses preapproved in writing by the Department.
- 3.1.11. Continuous care coordination which include, but are not limited to:
- 3.1.11.1. Continuous reassessment of the clinical evaluation, identified above, 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. Continuous reassessment in collaboration or consultation with the individual's external service provider(s) of necessary support services to address needs identified in the evaluation or by the individual's service provider that may create barriers to the individual entering and/or maintaining treatment and/or recovery.
 - 3.1.11.3. Supporting individuals with meeting the admission, entrance, and intake requirements of the provider agency.
 - 3.1.11.4. Ongoing follow-up and support of individuals engaged in services in collaboration or consultation with the individual's external service 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 individual at a minimum, once per week until the discharge GPRA interview is completed, according to the following guidelines:

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- 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 individual would normally be available.
- 3.1.11.4.1.2. If the first contact attempt 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 individual 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 second contact attempt 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 individual 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 is identified above 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.
 - 3.1.11.5.1. Clinicians shall screen individuals for suicide risk using a validated tool, with information being communicated to partners where necessary; and
 - 3.1.11.5.2. If screening is positive, call Rapid Response.
- 3.1.11.6. When possible, contact with, and outreach to, individuals shall be conducted in coordination and consultation with the individual'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. Inquiring on the status of each individual's recovery and experience with their external service provider.
 - 3.1.11.7.2. Identifying individual needs.
 - 3.1.11.7.3. Assisting the individual with addressing identified needs.
 - 3.1.11.7.4. Providing early intervention to individuals who have resumed use.

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- 3.1.11.8. Collecting and documenting attempts to collect individual-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; and
 - 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 engagement in follow-up GPRA interviews, which may include, but are not limited to gift cards provided to individuals for follow-up participation at each follow-up interview, which shall not exceed \$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, and or waiver programs within 14 calendar days after intake.
- 3.1.11.12. Providing Naloxone purchase, distribution, information, and training to individuals and organizations receiving kits.
- 3.2. The Contractor shall obtain consent forms from all individuals 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 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; and
 - 3.3.5. The ASAM Criteria 3rd Edition.
- 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:

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- 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; and
 - 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 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.
 - 3.6.3. Referrals and evaluation from other providers.
 - 3.6.4. Complaints.
 - 3.6.5. Grievances.
 - 3.6.6. Formalized agreements with community partners and other agencies that include, but are not limited to:
 - 3.6.6.1. 2-1-1 NH.
 - 3.6.6.2. Other Doorway partners.
 - 3.6.6.3. After Hours.
 - 3.6.6.4. Providers and supports available after normal Doorway operating hours.
 - 3.7. The Doorway must collaborate with the Department contracted 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.
- 4. Subcontracting for the Doorways**
- 4.1. The Doorway shall annually submit a written plan to the Department for review and written approval for any proposed subcontracting of Core Doorway services.
 - 4.2. The Doorway shall annually submit all subcontracts the Doorway proposes to enter into for services funded through this contract to the Department for written approval prior to execution.
 - 4.3. The Doorway shall at all times be responsible for continuous oversight of, and compliance with, all Core Doorway services, including those provided by any subcontract, and shall be the single point of contact with the Department for those Core services. To the furthest extent possible, the patient experience with subcontracts should be consistent with that provided directly by the Doorway.
- 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 via telehealth;

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- 5.1.2. One (1) CRSW with the ability to fulfill recovery support and care coordination functions; and
- 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 3.1.9.
- 5.2. The Contractor shall ensure sufficient staffing levels appropriate for the services provided and the number of individuals 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, 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 eight (8) 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:
 - 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 12 core functions and The Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice within 12 months of hire.
 - 5.7.1.5. A Department-approved ethics course within 12 months of hire.
 - 5.7.2. For recovery support staff and other non-clinical staff working directly with individuals:
 - 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

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- 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 12 months of hire.
 - 5.7.3. Ensuring all recovery support staff and clinical staff receive annual continuous education regarding substance use.
 - 5.7.4. Providing, and documenting, in-service training to all staff involved in direct-care within 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; and
 - 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 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; and
 - 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 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,

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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; and
- 6.1.4. Medical records on each patient/recipient of services.

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 24 hours and follow up with written documentation submitted to the Bureau of Quality Assurance and Improvement within 72 hours, as specified in PO.1003, any sentinel event that occurs with any individual who is receiving services under this contract. This

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does not replace the responsibility of the Contractor's responsibility to notify the appropriate authority if the Contractor suspects a crime has occurred.

- 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 by the 3rd working day of the month 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 individuals seen, separately identifying new individuals and individuals 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.
 - 8.4.11. Individual demographic data.
- 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 Contractor(s), including individual-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, Contractor(s) must collect and share data with the Department in a format specified by the Department.

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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.
- 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.

11. SOR Grant Standards

- 11.1. The Contractor shall meet with the Department within sixty (60) days of the contract effective date to review the proposed plan for contract implementation.
- 11.2. The Contractor and/or referred providers shall ensure that only Food and Drug Administration approved medications for Opioid Use Disorder (OUD) are utilized.
- 11.3. The Contractor and referred providers shall only provide medical withdrawal management services to any individual supported by SOR Grant Funds if the withdrawal management service is accompanied by the use of injectable extended-release naltrexone, as clinically appropriate.
- 11.4. The Contractor and referred providers shall ensure staff who are trained in Presumptive Eligibility for Medicaid are available to assist individuals with enrolling in public or private health insurance.
- 11.5. The Contractor shall ensure individuals receiving services, rendered from SOR funds, have a documented history or current diagnoses of Opioid Use Disorder or Stimulant Use Disorders (OUD/StimUD) or are at risk for such.

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- 11.6. The Contractor shall coordinate completion of Government Performance Results Act (GPRA) initial interview and associated follow-ups at six (6) months and discharge for individuals referenced previously.
- 11.7. The Contractor shall submit a detailed plan within thirty (30) days of contract effective date for ensuring GPRA completion for all clients receiving SOR funding.
- 11.8. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide cannabis or for providing treatment using cannabis. The Contractor shall ensure:
 - 11.8.1. Treatment in this context includes the treatment of OUD/StimUD.
 - 11.8.2. Grant funds are not provided to any individual who or organization that provides or permits cannabis use for the purposes of treating substance use or mental health disorders.
 - 11.8.3. This cannabis restriction applies to all subcontracts and Memorandums of Understanding that receive SOR funding.
- 11.9. The Contractor shall ensure Naloxone kits are available to individuals, utilizing SOR funding.
- 11.10. If the Contractor intends to distribute test strips, the Contractor shall provide a test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes, but is not limited to:
 - 11.10.1. Internal policies for the distribution of test strips;
 - 11.10.2. Distribution methods and frequency; and
 - 11.10.3. Other key data as requested by the Department.
- 11.11. The Contractor shall provide services to eligible individuals who:
 - 11.11.1. Receive MOUD services from other providers, including the individual's primary care provider;
 - 11.11.2. Have co-occurring mental health disorders; or
 - 11.11.3. Are on medications and are taking those medications as prescribed regardless of the class of medication.
- 11.12. The Contractor shall ensure individuals who refuse to consent to information sharing with the Doorways do not receive services utilizing SOR funding.
- 11.13. The Contractor shall ensure individuals who rescind consent to information sharing with the Doorways do not receive any additional services utilizing SOR funding.
- 11.14. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.
- 11.15. The Contractor shall comply with all appropriate Department, State of NH, Substance Abuse and Mental Health Services Administration (SAMHSA), and other Federal terms, conditions, and requirements, and as amended, and shall collaborate with the Department to understand the aforesaid.

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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 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 individuals 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 individuals 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 individuals 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 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

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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)

- 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.

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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 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.

Exhibit C-12, Amendment #4,
SOR(III SFY24 Budget

New Hampshire Department of Health and Human Services		
Contractor Name:	Southern New Hampshire Health System, Inc.	
Budget Request for:	Access and Delivery Hub for Opioid Use Disorder Services	
Budget Period	SFY24-(September 29, 2023-June 30, 2024)	
Indirect Cost Rate (if applicable)	5.7% across both budget periods for entire amendment total	
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages	\$307,278	\$115,596
2. Fringe Benefits	\$93,123	\$0
3. Consultants	\$0	\$0
4. Equipment Indirect cost rate cannot be	\$0	\$0
5.(a) Supplies - Educational	\$3,600	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$201,477	\$0
5.(d) Supplies - Medical	\$2,700	\$0
5.(e) Supplies Office	\$5,850	\$0
6. Travel	\$3,600	\$0
7. Software	\$0	\$0
8. (a) Other - Marketing/ Communications	\$3,600	\$0
8. (b) Other - Education and Training	\$4,500	\$0
8. (c) Other - Other (specify below)	\$0	\$0
Other Flex Funds/Respite Vouchers	\$157,437	\$0
Other - Occupancy	\$44,826	\$0
9. Subrecipient Contracts	\$297,000	\$0
Total Direct Costs	\$1,124,991	\$115,596
Total Indirect Costs	\$5,130	\$0
TOTAL	\$1,130,121	\$115,596

Contractor:



10/5/2023

Date:

Exhibit C-13, Amendment #4,
SOR III SFY25 Budget

New Hampshire Department of Health and Human Services		
Contractor Name: Southern New Hampshire Health System, Inc.		
Budget Request for: Access and Delivery Hub for Opioid Use Disorder Services.		
Budget Period: SFY25-(July 1, 2024-September 29, 2024)		
Indirect Cost Rate (if applicable): 5.7% across both budget periods for entire amendment total		
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages	\$106,470	\$38,532
2. Fringe Benefits	\$32,267	\$0
3. Consultants	\$0	\$0
4. Equipment Indirect cost rate cannot be	\$0	\$0
5.(a) Supplies - Educational	\$1,200	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$101,428	\$0
5.(d) Supplies - Medical	\$1,500	\$0
5.(e) Supplies Office	\$1,950	\$0
6. Travel	\$3,000	\$0
7. Software	\$0	\$0
8. (a) Other - Marketing/ Communications	\$1,200	\$0
8. (b) Other - Education and Training	\$2,250	\$0
8. (c) Other - Other (specify below)	\$0	\$0
Other Flex Funds/Respite Vouchers	\$0	\$0
Other - Occupancy	\$16,315	\$0
9. Subrecipient Contracts	\$99,000	\$0
Total Direct Costs	\$366,580	\$38,532
	\$0	\$0
Total Indirect Costs	\$2,460	\$0
TOTAL	\$369,040	\$38,532

Contractor:



10/5/2023

Date:

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: 0006336211



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 October A.D. 2023.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Craig Fitzgerald, 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 Oct 17th, 2023, at which a quorum of the Trustees was present and voting.

VOTED: That Colin McHugh, President, is duly authorized on behalf of Southern New Hampshire Health System, Inc., and its subsidiaries 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 prior to, and 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: Oct 17th, 2023

Signature of Elected Officer: 

Name: Craig L Fitzgerald

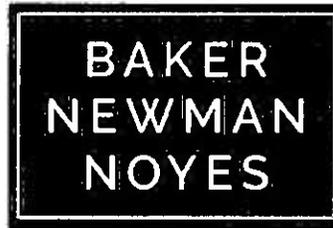
Title: Acting Board Chair

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.



**Southern New Hampshire
Health System, Inc.**

**Consolidated Financial Statements
and Other Financial Information**

*Years Ended June 30, 2022 and 2021
With Independent Auditors' Report*

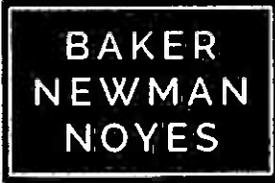
SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

**CONSOLIDATED FINANCIAL STATEMENTS
AND OTHER FINANCIAL INFORMATION**

Years Ended June 30, 2022 and 2021

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Southern New Hampshire Health System, Inc.

Opinion

We have audited the consolidated financial statements of Southern New Hampshire Health System, Inc. (the System), which comprise the consolidated balance sheets as of June 30, 2022 and 2021, 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.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the System as of June 30, 2022 and 2021, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

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

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

Board of Trustees
Southern New Hampshire Health System, Inc.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

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

Baku Newman & Noyes LLC

Manchester, New Hampshire
October 26, 2022

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

CONSOLIDATED BALANCE SHEETS

June 30, 2022 and 2021

ASSETS

	<u>2022</u>	<u>2021</u>
Current assets:		
Cash and cash equivalents	\$ 6,388,736	\$ 34,873,221
Accounts receivable (notes 2 and 4)	41,382,902	42,129,125
Inventories	7,499,893	6,352,395
Amounts due from SolutionHealth, Inc.	200,317	30,040
Prepaid expenses and other current assets	2,891,278	2,790,930
Funds held by trustee (notes 5, 8 and 13)	<u>2,266,647</u>	<u>2,228,625</u>
Total current assets	60,629,773	88,404,336
Investments (notes 5 and 13)	112,968,758	126,820,516
Assets whose use is limited (notes 5 and 13):		
Employee benefit plans and other (note 2)	36,444,475	46,543,165
Board designated and donor-restricted	<u>125,504,047</u>	<u>140,891,184</u>
	161,948,522	187,434,349
Property, plant and equipment, net (notes 7, 8 and 11)	142,601,823	146,327,068
Other assets (note 2)	<u>8,569,179</u>	<u>8,629,672</u>
Total assets	<u>\$486,718,055</u>	<u>\$557,615,941</u>

LIABILITIES AND NET ASSETS

	<u>2022</u>	<u>2021</u>
Current liabilities:		
Accounts payable and other accrued expenses	\$ 24,787,076	\$ 22,428,197
Accrued compensation and related taxes	27,649,236	27,474,331
Accrued interest payable	544,710	561,360
Amounts due to SolutionHealth, Inc.	14,335,249	9,694,455
Amounts payable to third-party payors (note 3)	23,498,888	40,392,629
Current portion of long-term debt	6,612,914	6,431,108
Borrowings under line of credit agreement (note 8)	<u>5,000,000</u>	<u>—</u>
Total current liabilities	102,428,073	106,982,080
Other liabilities (notes 2 and 9)	51,790,918	69,550,665
Long-term debt, less current portion and net of unamortized financing costs (note 8)	68,008,110	74,859,604
Net assets:		
Without donor restrictions	258,672,175	300,599,149
With donor restrictions (note 6)	<u>5,818,779</u>	<u>5,624,443</u>
	<u>264,490,954</u>	<u>306,223,592</u>
Total liabilities and net assets	<u>\$486,718,055</u>	<u>\$557,615,941</u>

See accompanying notes.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

Years Ended June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Operating revenue:		
Patient service revenue (note 3)	\$373,272,871	\$346,753,018
Disproportionate share hospital revenue (note 14)	11,927,886	9,756,241
Interest and dividends (note 5)	1,982,677	2,133,438
Other revenue (notes 2 and 3)	<u>13,518,795</u>	<u>23,188,225</u>
Total operating revenue	400,702,229	381,830,922
Operating expenses (note 10):		
Salaries and wages	202,467,388	199,416,181
Employee benefits (notes 2 and 9)	34,630,895	32,356,812
Supplies and other expenses (notes 1 and 11)	145,708,992	128,885,069
Depreciation	16,537,692	15,234,285
New Hampshire Medicaid enhancement tax (note 14)	12,178,541	11,993,182
Interest (note 8)	<u>2,369,209</u>	<u>2,296,634</u>
Total operating expenses	413,892,717	390,182,163
Loss from operations	(13,190,488)	(8,351,241)
Nonoperating (losses) gains:		
Investment (loss) income (note 5)	(30,991,828)	50,576,024
Contributions, nonoperating revenues and other net losses	(279,674)	(496,101)
Net periodic pension gain (note 9)	<u>2,483,103</u>	<u>998,533</u>
Total nonoperating (losses) gains, net	<u>(28,788,399)</u>	<u>51,078,456</u>
(Deficiency) excess of revenues and nonoperating (losses) gains over expenses	(41,978,887)	42,727,215
Transfers to SolutionHealth, Inc.	-	(2,850,301)
Pension adjustment (note 9)	(3,087)	15,823,201
Releases from restriction for capital purchases	<u>55,000</u>	<u>-</u>
(Decrease) increase in net assets without donor restrictions	(41,926,974)	55,700,115
Contributions of net assets with donor restrictions	249,336	1,474,838
Net assets released from restriction for operations	-	(17,961)
Net assets released from restriction for capital purchases	<u>(55,000)</u>	<u>-</u>
Increase in net assets with donor restrictions	<u>194,336</u>	<u>1,456,877</u>
(Decrease) increase in net assets	(41,732,638)	57,156,992
Net assets at beginning of year	<u>306,223,592</u>	<u>249,066,600</u>
Net assets at end of year	<u>\$264,490,954</u>	<u>\$306,223,592</u>

See accompanying notes.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Operating activities and net gains and losses:		
(Decrease) increase in net assets	\$(41,732,638)	\$ 57,156,992
Adjustments to reconcile (decrease) increase in net assets to net cash (used) provided by operating activities and net losses (gains):		
Gain on bargain purchase	-	(237,029)
Net losses (gains) on investments	33,039,416	(48,316,093)
Depreciation	16,537,692	15,234,285
Restricted gifts and bequests	(249,336)	(1,474,838)
Transfer to SolutionHealth, Inc.	-	2,850,301
Pension adjustment	3,087	(15,823,201)
Bond premium and issuance cost amortization	(294,653)	(302,004)
Changes in cash from certain working capital and other items:		
Accounts receivable	746,223	(9,143,195)
Inventories, prepaid expense and other assets	(1,187,353)	2,023,629
Amounts due to/from SolutionHealth, Inc.	4,470,517	5,802,801
Accounts payable, other accrued expenses and other liabilities	(5,321,915)	(3,133,404)
Accrued compensation and related taxes	174,905	(223,656)
Amounts payable to third-party payors	<u>(16,893,741)</u>	<u>(3,304,038)</u>
Net cash (used) provided by operating activities and net losses (gains)	(10,707,796)	1,110,550
Investing activities:		
Business acquisition, net of cash consideration paid	-	475,801
Purchases of property, plant and equipment	(12,812,447)	(21,097,792)
(Increase) decrease in funds held by trustee	(38,022)	8,836,360
Net purchase of investments	<u>(3,800,521)</u>	<u>(5,286,722)</u>
Net cash used by investing activities	(16,650,990)	(17,072,353)
Financing activities:		
Payment of long-term debt	(6,375,035)	(6,029,063)
Payment of borrowings under line of credit agreement	(10,000,000)	-
Proceeds from borrowings under line of credit agreement	15,000,000	-
Transfer to SolutionHealth, Inc.	-	(2,850,301)
Restricted gifts and bequests	<u>249,336</u>	<u>1,474,838</u>
Net cash used by financing activities	<u>(1,125,699)</u>	<u>(7,404,526)</u>
Decrease in cash and cash equivalents	(28,484,485)	(23,366,329)
Cash and cash equivalents at beginning of year	<u>34,873,221</u>	<u>58,239,550</u>
Cash and cash equivalents at end of year	<u>\$ 6,388,736</u>	<u>\$ 34,873,221</u>
Supplemental disclosure for noncash transaction:		
Equipment financed through a capital lease	<u>\$ -</u>	<u>\$ 1,614,098</u>

See accompanying notes.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

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 year ended June 30, 2021.

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), a not-for-profit corporation organized under New Hampshire law to provide a wide range of ambulatory surgical services, for a total of \$500,000. At June 30, 2022 and 2021, the Surgery Center is a wholly-owned affiliate 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, 2022, allocated amounts totaled \$52,008,501 which were comprised of supplies and other expenses. 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. The increase from prior year represents additional shared services and full year activity for 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 inclusive of the Surgery Center, Foundation and the Legacy Trust, 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, 2022 and 2021

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 (deficiency) excess of revenues and nonoperating (losses) gains over expenses. Changes in net assets without donor restrictions which are excluded from (deficiency) excess of revenues and nonoperating (losses) gains over expenses, consistent with industry practice, include pension adjustments, releases of net assets from restriction for capital purposes, 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, 2022 and 2021

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 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. At June 30, 2022 and 2021, estimated implicit price concessions of \$15,542,375 and \$19,752,279, 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.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

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.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

2. Significant Accounting Policies (Continued)

Investments and Investment Income

Investments are measured at fair value in the balance sheets. The fair value of debt securities and marketable equity securities are based on quoted market prices. The System carries alternative investments at net asset value (NAV), which estimates fair value as determined by management based upon valuations provided by the respective fund managers or general partners. Alternative investments include private equity, venture capital, hedge funds, and real estate. The System's investments are subject to various risks, such as interest rate, credit, and overall market volatility, which may substantially impact the value of such investments at any given time. 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 (deficiency) excess of revenues and nonoperating (losses) 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.

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 endowment funds are invested in a prudent manner with regard to preserving principal while providing reasonable returns. Prior to the adoption of a revised spending policy during fiscal year 2022, the System appropriated all earnings from the endowment funds to offset the costs of patient care activities according to the intent of the donor. The revised spending policy adopted during the year ended June 30, 2022 sets the total amount of funds that will be released for annual use to be capped at a maximum spend rate of 7% of the total balance of donor restricted funds.

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.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

2. Significant Accounting Policies (Continued)

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.

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, 2022 and 2021 were \$6,802,716 and \$6,682,360, 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, 2022 and 2021, approximately \$36,444,000 and \$46,543,000, 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.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

2. Significant Accounting Policies (Continued)

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, 2022 and 2021, the System recorded a liability of approximately \$8,263,000 and \$7,699,000, respectively, related to estimated professional liability losses. At June 30, 2022 and 2021, the System also recorded a receivable of \$4,831,000 and \$4,383,000, 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.

The System is involved in litigation and regulatory reviews 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.

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, but at times impacted through fiscal year 2022, 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.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

2. Significant Accounting Policies (Continued)

Since the declaration of the pandemic, the System has received approximately \$27.5 million of accelerated Medicare payments and \$12.2 million related to the *Coronavirus Aid, Relief and Economic Security Act* (CARES Act) Provider Relief Funds (PRF). 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, 2022 and 2021, the System recognized \$1,586,034 and \$4,052,988, 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, 2022 and 2021. Amounts previously recognized were recorded within other revenue during the year ended June 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 June 30, 2022, the System had deferred balances totaling \$3.1 million of payroll taxes recorded under the caption "accrued compensation and related taxes" in its consolidated balance sheet. At June 30, 2021, the System had deferred balances totaling \$5.8 million of payroll taxes recorded under the caption "other liabilities" in its consolidated balance sheet.

During fiscal years 2022 and 2021, the System received grants totaling approximately \$606,000 and \$6.7 million, respectively, 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. Based on an analysis of the compliance and reporting requirements of the GOFERR grants, the System recognized approximately \$606,000 and \$6.7 million, respectively, related to these grants, 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, 2022 and 2021.

The System will continue to monitor compliance with the terms and conditions of the Provider Relief Funds, 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.

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, 2022, which is the date the consolidated financial statements were available to be issued.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

2. Significant Accounting Policies (Continued)

Subsequent to June 30, 2022, the Board of Trustees of the System voted to approve the withdrawal of \$20,000,000 from board designated investments of which approximately \$15,000,000 will be used to fund operations and approximately \$5,750,000 will be used to fund a capital call issued by SolutionHealth, Inc. totaling \$11,500,000.

Recent 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 was effective for the System on July 1, 2021. The adoption of this ASU did not have a significant impact on the System's consolidated financial statements.

Prospective Accounting Pronouncements

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. 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.

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>2022</u>	<u>2021</u>
Private payors (includes coinsurance and deductibles)	\$245,846,255	\$225,228,114
Medicaid	19,782,461	16,323,754
Medicare	105,904,660	103,380,015
Self-pay	<u>1,739,495</u>	<u>1,821,135</u>
	<u>\$373,272,871</u>	<u>\$346,753,018</u>

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

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 28% and 5%, respectively, for the year ended June 30, 2022 and 30% and 5%, respectively, for the year ended June 30, 2021.

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 \$915,000 and \$1,022,000 for the years ended June 30, 2022 and 2021, respectively.

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. Since the declaration of the pandemic, the System has received approximately \$27.5 million from these accelerated Medicare payment requests. Recoupments began in fiscal 2021 and totaled approximately \$3.6 million, resulting in a liability totaling approximately \$23.9 million at June 30, 2021. Additional recoupments totaling approximately \$18.3 million were made in fiscal 2022, resulting in a liability totaling approximately \$5.6 million at June 30, 2022. Amounts are recorded under the caption "amounts payable to third-party payors" in the accompanying consolidated balance sheets.

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.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended June 30, 2022 and 2021

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>2022</u>	<u>2021</u>
Medicare	38%	33%
Medicaid	9	12
Private payors	41	44
Self-pay	<u>12</u>	<u>11</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>2022</u>	<u>2021</u>
Funds held by trustee	\$ 2,266,647	\$ 2,228,625
Investments	112,968,758	126,820,516
Employee benefit plans and other	36,444,475	46,543,165
Board designated and donor-restricted	<u>125,504,047</u>	<u>140,891,184</u>
	<u>\$277,183,927</u>	<u>\$316,483,490</u>

The composition of investments and assets whose use is limited at fair value is set forth in the following table at June 30:

	<u>2022</u>	<u>2021</u>
Cash and cash equivalents	\$ 3,070,228	\$ 8,929,046
Fixed income securities	56,807,679	92,916,590
Marketable equity securities	73,493,825	164,933,181
Real estate investment trust	-	1,564,214
Other	-	1,597,294
Alternative investments measured at NAV	107,367,720	-
Employee benefit plans	<u>36,444,475</u>	<u>46,543,165</u>
	<u>\$277,183,927</u>	<u>\$316,483,490</u>

See Note 13 for additional information with respect to fair values.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended June 30, 2022 and 2021

5. Investments and Assets Whose Use is Limited (Continued)

Investments, board designated and donor-restricted investments are comprised of the following at June 30:

	<u>2022</u>	<u>2021</u>
Investments	\$112,968,758	\$126,820,516
Board designated for capital, working capital and community service	119,685,268	135,266,741
Donor-restricted	<u>5,818,779</u>	<u>5,624,443</u>
	<u>\$238,472,805</u>	<u>\$267,711,700</u>

Unrestricted investment income and (losses) gains on investments are summarized as follows at June 30:

	<u>2022</u>	<u>2021</u>
Operating interest and dividend income	\$ 1,982,677	\$ 2,133,438
Other interest and dividend income	2,047,588	2,259,931
Net (losses) gains on investments	<u>(33,039,416)</u>	<u>48,316,093</u>
Nonoperating investment (loss) gain	<u>(30,991,828)</u>	<u>50,576,024</u>
Total investment (loss) return	<u>\$(29,009,151)</u>	<u>\$52,709,462</u>

All board designated and donor-restricted investment income and (losses) gains including unrealized (losses) gains are included as part of nonoperating (losses) gains, net in the accompanying consolidated statements of operations and changes in net assets.

6. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30:

	<u>2022</u>	<u>2021</u>
Purpose restriction:		
Equipment and capital improvements	\$1,446,521	\$1,491,520
Education and scholarships	177,792	135,632
Designated for certain communities	328,769	131,594
Clark Fund – endoscopy and education	<u>1,500,184</u>	<u>1,500,184</u>
	<u>3,453,266</u>	<u>3,258,930</u>
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>\$5,818,779</u>	<u>\$5,624,443</u>

Net assets with donor restrictions are managed in accordance with donor intent and are invested in various portfolios.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

7. **Property, Plant and Equipment**

A summary of property, plant and equipment follows at June 30:

	<u>2022</u>	<u>2021</u>
Land and land improvements	\$ 20,791,385	\$ 20,791,385
Buildings and fixed equipment	195,904,368	189,817,802
Major movable equipment and software	162,157,967	157,133,318
Construction and information technology projects in progress	<u>7,946,728</u>	<u>6,606,696</u>
	386,800,448	374,349,201
Less accumulated depreciation	<u>(244,198,625)</u>	<u>(228,022,133)</u>
	<u>\$ 142,601,823</u>	<u>\$ 146,327,068</u>

8. **Long-Term Debt**

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

	<u>2022</u>	<u>2021</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 \$2,295,000 to \$4,270,000 through October 1, 2037	\$50,825,000	\$53,045,000
Unamortized original issue premium	2,945,283	3,282,969
Tax-exempt equipment lease financing with a fixed interest rate of 1.29% with required monthly principal payments ranging from \$129,117 to \$130,651 through June 7, 2023	1,558,591	3,097,231
2019 tax-exempt equipment lease financing with a fixed interest rate of 1.92% with required monthly principal payments ranging from \$195,710 to \$224,198 through August 30, 2029	18,028,636	20,352,919
Equipment lease financing with required monthly principal payments of \$5,833 through December 2026	280,000	280,000
Equipment lease financing with required monthly payments of \$34,428 through July 2025	<u>1,321,986</u>	<u>1,614,098</u>
	74,959,496	81,672,217
Less unamortized financing costs	(338,472)	(381,505)
Less current portion	<u>(6,612,914)</u>	<u>(6,431,108)</u>
	<u>\$68,008,110</u>	<u>\$74,859,604</u>

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

8. Long-Term Debt (Continued)

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>2022</u>	<u>2021</u>
Debt service principal fund – Series 2016	\$1,721,938	\$ 1,659,310
Debt service interest fund – Series 2016	<u>544,709</u>	<u>569,315</u>
Total funds held by trustees	<u>\$2,266,647</u>	<u>\$ 2,228,625</u>

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, 2022, 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, 2023 - 2027 are approximately \$6,613,000, \$5,277,000, \$5,518,000, \$5,303,000 and \$5,273,000, 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 \$2,723,545 and \$2,838,961 for the years ended June 30, 2022 and 2021, respectively. Interest totaling approximately \$178,000 was capitalized during the year ended June 30, 2021. There was no capitalized interest during the year ended June 30, 2022.

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 March 24, 2023, with the option to renew. The line of credit agreement bears interest at Bloomberg Short-Term Bank Yield Daily Floating Rate plus 0.75% (2.33% at June 30, 2022). An unused line of credit fee is equal to 0.15% per year. At June 30, 2022, outstanding borrowings totaled \$5,000,000. At June 30, 2021, there were no borrowings outstanding under this agreement.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

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>2022</u>	<u>2021</u>
Changes in benefit obligations:		
Projected benefit obligation, beginning of year	\$(95,024,299)	\$(97,931,850)
Interest cost	(2,683,051)	(2,645,851)
Benefits paid	3,149,421	3,102,312
Actuarial gain	<u>17,614,805</u>	<u>2,451,090</u>
Projected benefit obligations, end of year	<u>\$(76,943,124)</u>	<u>\$(95,024,299)</u>
Changes in plan assets:		
Fair value of plan assets, beginning of year	\$ 85,506,958	\$ 71,592,775
Actual (loss) return on plan assets	(12,451,738)	17,016,495
* Benefits paid	<u>(3,149,421)</u>	<u>(3,102,312)</u>
Fair value of plan assets, end of year	<u>\$ 69,905,799</u>	<u>\$ 85,506,958</u>
Funded status of the plan	<u>\$ (7,037,325)</u>	<u>\$ (9,517,341)</u>
Net accrued liability	<u>\$ (7,037,325)</u>	<u>\$ (9,517,341)</u>

Amounts recognized as pension adjustments in net assets without donor restrictions consist of the following at June 30:

	<u>2022</u>	<u>2021</u>
Net actuarial loss	<u>\$33,413,170</u>	<u>\$33,410,263</u>

The accumulated benefit obligation as of the plan's measurement date of June 30, 2022 and 2021, was \$76,943,124 and \$95,024,299, respectively.

The weighted-average assumptions used to determine the pension benefit obligation are as follows at June 30:

	<u>2022</u>	<u>2021</u>
Discount rate	4.61%	2.88%

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

9. Pension Plan (Continued)Pension Plan Asset Fair Value Measurements

The fair values of the System's pension plan assets as of June 30, 2022 and 2021, 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>
2022				
Money market	\$666,564	\$ —	\$ —	\$ 666,564
International equity	—	1,488,552	—	1,488,552
Large cap equity	—	10,060,847	—	10,060,847
Mid cap equity	—	<u>3,123,598</u>	—	<u>3,123,598</u>
	<u>\$666,564</u>	<u>\$14,672,997</u>	<u>\$ —</u>	15,339,561
Investments measured at net asset value				<u>54,566,238</u>
				<u>\$69,905,799</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	—	<u>36,805,799</u>	—	<u>36,805,799</u>
	<u>\$ —</u>	<u>\$85,506,958</u>	<u>\$ —</u>	<u>\$85,506,958</u>

Net periodic pension gain includes the following components for the years ended June 30:

	<u>2022</u>	<u>2021</u>
Interest cost on projected benefit obligation	\$ 2,683,051	\$ 2,645,851
Expected return on plan assets	(6,065,614)	(5,067,187)
Recognized loss	<u>899,460</u>	<u>1,422,803</u>
Total gain	<u>\$(2,483,103)</u>	<u>\$(998,533)</u>

The weighted-average assumptions used to determine net periodic benefit cost are as follows for the years ended June 30:

	<u>2022</u>	<u>2021</u>
Discount rate	2.88%	2.75%
Expected long-term rate of return on plan assets	7.25%	7.25%

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

9. **Pension Plan (Continued)**

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>2022</u>	<u>2021</u>
Net loss (gain)	\$ <u>3,087</u>	\$ <u>(15,823,201)</u>
Total recognized adjustment to net assets without donor restrictions	\$ <u>3,087</u>	\$ <u>(15,823,201)</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 \$993,006.

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.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

9. Pension Plan (Continued)

The Medical Center's pension plan weighted-average asset allocation by asset category is as follows at June 30:

	<u>2022</u>	<u>2021</u>
Marketable equity securities	22%	55%
U.S. Government obligations and corporate bonds	-	45
Investments measured at net asset value	<u>78</u>	<u>-</u>
	<u>100%</u>	<u>100%</u>

Contributions

The Medical Center does not have a minimum required contribution for 2023 and does not expect to voluntarily contribute to its pension plan in 2023.

Estimated Future Benefit Payments

The following benefit payments are expected to be paid as follows for the years ended June 30:

2023	\$ 3,827,400
2024	4,011,600
2025	4,234,500
2026	4,442,700
2027	4,677,600
Years 2028 – 2032	25,019,800

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>2022</u>			
Salaries and wages	\$193,400,972	\$ 9,066,416	\$202,467,388
Employee benefits	33,082,158	1,548,737	34,630,895
Supplies and other	98,995,868	46,713,124	145,708,992
Interest	1,761,506	607,703	2,369,209
Provider tax	12,178,541	-	12,178,541
Depreciation	<u>12,367,822</u>	<u>4,169,870</u>	<u>16,537,692</u>
	<u>\$351,786,867</u>	<u>\$ 62,105,850</u>	<u>\$413,892,717</u>

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

Years Ended June 30, 2022 and 2021

10. Functional Expenses (Continued)

	<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>

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, 2022 and 2021 was \$1,927,334 and \$2,146,770, respectively.

Future minimum lease payments required under operating leases as of June 30, 2022 are as follows:

Year ending June 30:	
2023	\$1,646,600
2024	1,599,558
2025	1,338,603
2026	1,197,166
2027	1,109,192
Thereafter	<u>825,533</u>
Total future minimum lease payments	<u>\$7,716,652</u>

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

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:

	<u>Community Benefit Costs</u>	<u>Offsetting Revenues</u>	<u>Net Community Benefit Expense</u>
<u>2022</u>			
Charity care (see note 3)	\$ 3,224,839	\$ -	\$ 3,224,839
Uncompensated care	2,951,233	-	2,951,233
Subsidized care	215,333,976	139,080,512	76,253,464
Cash and in-kind contributions	<u>5,715,779</u>	<u>27,400</u>	<u>5,688,379</u>
Total	<u>\$227,225,827</u>	<u>\$139,107,912</u>	<u>\$88,117,915</u>
<u>2021</u>			
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>

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, 2022 and 2021 were approximately \$3.2 million and \$3.0 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.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

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:

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, 2022 and 2021, 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.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

13. Fair Value Measurements (Continued)

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.

Alternative Investments Measured at NAV

The System invests in certain alternative investments that include 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. These investments are classified at net asset value.

System management is responsible for the fair value measurements of alternative 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 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 consolidated balance sheet dates are reasonable.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

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:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<u>2022</u>				
Cash and cash equivalents	\$ 3,070,228	\$ 3,070,228	\$ —	\$ —
Marketable equity securities:				
Large cap	51,279,210	—	51,279,210	—
Mid cap	14,711,462	—	14,711,462	—
International	7,503,153	—	7,503,153	—
Fixed income securities:				
U.S. Government obligations	44,819,616	—	44,819,616	—
Foreign bonds	11,988,063	—	11,988,063	—
Employee benefit plans	<u>36,444,475</u>	<u>36,444,475</u>	<u>—</u>	<u>—</u>
Investments, funds held by trustee and assets whose use is limited	169,816,207	<u>\$ 39,514,703</u>	<u>\$ 130,301,504</u>	<u>\$ —</u>
Marketable alternative investments measured at NAV	<u>107,367,720</u>			
Total assets	<u>\$277,183,927</u>			
<u>2021</u>				
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>

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

13. Fair Value Measurements (Continued)

The alternative investments measured at NAV consist of interests in nine funds at June 30, 2022. There were no alternative investments at June 30, 2021.

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.

Net Assets Value Per Share

In accordance with ASU 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, the table below sets forth additional disclosures for alternative investments valued based on net asset value to further demonstrate the nature and risk of the investments by category at June 30, 2022:

<u>Investment</u>	<u>Net Asset Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Emerging Equity Fund	\$ 8,264,472	\$ -	Monthly	2 weeks
Fixed Income Fund	18,407,918	-	Daily	5 business days
Fixed Income Fund	11,276,132	-	Daily	15 business days
International Equity Fund	12,634,808	-	Daily	2 business days
Fixed Income Fund	10,887,313	-	Daily	1 business day
International Equity Fund	16,218,373	-	Weekly	4 business days
Global Equity Fund	15,063,575	-	End of month, semi-monthly	1 week
Emerging Equity Fund	7,988,107	-	Monthly	2 business days
International Equity Fund	6,627,022	-	Monthly	2 weeks

Investment StrategiesMarketable 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.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

13. Fair Value Measurements (Continued)

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.

Marketable Alternative Investments Measured at NAV

The role of marketable alternative (MALT) investments, often referred to as "hedge funds," is to increase portfolio diversification through offering sources of return that are not generally correlated with traditional equity and fixed income markets. Also, MALT investments provide relatively consistent returns and principal protection in significantly down equity markets, while reducing overall volatility of the portfolio. Investments in the MALT program may take the form of direct investment in a single manager or fund-of-funds manager. MALT managers may engage in the use of derivatives (options/futures/forwards) as part of their investment strategy. MALT investments are generally less liquid than their traditional equity counterparts as most MALT managers have entry/exit terms and capital lockup periods that range from monthly to two years.

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 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 2022 and 2021, with certain exclusions. The amount of the tax provided by the Medical Center for the years ended June 30, 2022 and 2021 was \$12,178,541 and \$11,993,182, 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 \$13,546,781 and \$10,991,899 during the years ended June 30, 2022 and 2021, respectively. Reserves on these receipts were established for \$2,032,017 and \$1,648,785 at June 30, 2022 and 2021, 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, 2022 and 2021

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, 2022:

Cash and cash equivalents	\$ 6,388,736
Accounts receivable	41,382,902
Funds held by trustee	<u>2,266,647</u>
	<u>\$50,038,285</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, 2022, the balances in board-designated and long-term investments were \$119,685,268 and \$112,968,758, 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>

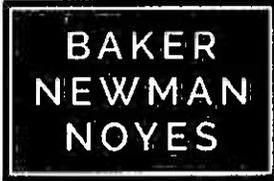
SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended June 30, 2022 and 2021

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 affiliate 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. 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, 2022 are approximately \$3,482,000 and \$337,000, respectively.



Baker Newman & Noyes LLC
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**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, 2022 and 2021, 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, 2022

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

CONSOLIDATING BALANCE SHEETS

June 30, 2022 and 2021

ASSETS

	2022					2021				
	Consol- idated	Elimi- nation Entries	Southern New Hampshire Medical Center and Affiliate	Foundation Medical Partners, Inc.	Legacy Trust of Southern New Hampshire Health, Inc.	Consol- idated	Elimi- nation Entries	Southern New Hampshire Medical Center and Affiliate	Foundation Medical Partners, Inc.	
Current assets:										
Cash and cash equivalents	\$ 6,388,736	\$ -	\$ 6,326,289	\$ -	\$62,447	\$ 34,873,221	\$ -	\$ 34,873,221	\$ -	
Accounts receivable	41,382,902	-	30,365,453	11,017,449	-	42,129,125	-	30,347,389	11,781,736	
Inventories	7,499,893	-	5,895,236	1,604,657	-	6,352,395	-	5,229,853	1,122,542	
Amounts due from SolutionHealth, Inc.	200,317	-	200,317	-	-	30,040	-	30,040	-	
Prepaid expenses and other current assets	2,891,278	(384,258)	1,910,591	1,364,945	-	2,790,930	(362,575)	1,643,254	1,510,251	
Funds held by trustee	<u>2,266,647</u>	<u>-</u>	<u>2,266,647</u>	<u>-</u>	<u>-</u>	<u>2,228,625</u>	<u>-</u>	<u>2,228,625</u>	<u>-</u>	
Total current assets	60,629,773	(384,258)	46,964,533	13,987,051	62,447	88,404,336	(362,575)	74,352,382	14,414,529	
Investments	112,968,758	-	112,968,758	-	-	126,820,516	-	126,820,516	-	
Assets whose use is limited:										
Employee benefit plans and other	36,444,475	-	4,243,550	32,200,925	-	46,543,165	-	5,921,295	40,621,870	
Board designated and donor-restricted	<u>125,504,047</u>	<u>-</u>	<u>125,504,047</u>	<u>-</u>	<u>-</u>	<u>140,891,184</u>	<u>-</u>	<u>140,891,184</u>	<u>-</u>	
	161,948,522	-	129,747,597	32,200,925	-	187,434,349	-	146,812,479	40,621,870	
Property, plant and equipment, net	142,601,823	(81,261)	136,944,461	5,738,623	-	146,327,068	(79,783)	139,544,763	6,862,088	
Other assets	<u>8,569,179</u>	<u>(3,293,472)</u>	<u>11,829,387</u>	<u>33,264</u>	<u>-</u>	<u>8,629,672</u>	<u>(3,693,898)</u>	<u>12,278,043</u>	<u>45,527</u>	
Total assets	<u>\$486,718,055</u>	<u>\$(3,758,991)</u>	<u>\$438,454,736</u>	<u>\$51,959,863</u>	<u>\$62,447</u>	<u>\$557,615,941</u>	<u>\$(4,136,256)</u>	<u>\$499,808,183</u>	<u>\$ 61,944,014</u>	

LIABILITIES AND NET ASSETS

	2022					2021			
	Consolidated	Elimination Entries	Southern New Hampshire Medical Center and Affiliate	Foundation Medical Partners, Inc.	Legacy Trust of Southern New Hampshire Health, Inc.	Consolidated	Elimination Entries	Southern New Hampshire Medical Center and Affiliate	Foundation Medical Partners, Inc.
Current liabilities:									
Accounts payable and other accrued expenses	\$ 24,787,076	\$ (53,870)	\$ 17,927,447	\$ 6,913,329	\$ 170	\$ 22,428,197	\$ (53,233)	\$ 16,129,240	\$ 6,352,190
Accrued compensation and related taxes	27,649,236	—	16,726,964	10,922,272	—	27,474,331	—	14,290,267	13,184,064
Accrued interest payable	544,710	—	544,710	—	—	561,360	—	561,360	—
Amounts due to SolutionHealth, Inc.	14,335,249	—	14,335,249	—	—	9,694,455	—	9,694,455	—
Amounts payable to third-party payors	23,498,888	—	23,498,888	—	—	40,392,629	—	36,442,391	3,950,238
Current portion of long-term debt	6,612,914	—	6,612,914	—	—	6,431,108	—	6,431,108	—
Borrowings under line of credit agreement	<u>5,000,000</u>	<u>—</u>	<u>5,000,000</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
Total current liabilities	102,428,073	(53,870)	84,646,172	17,835,601	170	106,982,080	(53,233)	83,548,821	23,486,492
Other liabilities	51,790,918	(3,705,121)	18,117,818	37,378,221	—	69,550,665	(4,083,023)	25,246,478	48,387,210
Long-term debt, less current portion and net of unamortized financing costs	68,008,110	—	68,008,110	—	—	74,859,604	—	74,859,604	—
Net assets:									
Without donor restrictions	258,672,175	—	261,934,911	(3,253,959)	(8,777)	300,599,149	—	310,528,837	(9,929,688)
With donor restrictions	<u>5,818,779</u>	<u>—</u>	<u>5,747,725</u>	<u>—</u>	<u>71,054</u>	<u>5,624,443</u>	<u>—</u>	<u>5,624,443</u>	<u>—</u>
	<u>264,490,954</u>	<u>—</u>	<u>267,682,636</u>	<u>(3,253,959)</u>	<u>62,277</u>	<u>306,223,592</u>	<u>—</u>	<u>316,153,280</u>	<u>(9,929,688)</u>
Total liabilities and net assets	\$486,718,055	\$(3,758,991)	\$438,454,736	\$51,959,863	\$62,447	\$557,615,941	\$(4,136,256)	\$499,808,183	\$ 61,944,014

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

CONSOLIDATING STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

Years Ended June 30, 2022 and 2021

	2022					2021				
	Consolidated	Elimination Entries	Southern New Hampshire Medical Center and Affiliate	Foundation Medical Partners, Inc.	Legacy Trust of Southern New Hampshire Health, Inc.	Consolidated	Elimination Entries	Southern New Hampshire Medical Center and Affiliate	Foundation Medical Partners, Inc.	
Operating revenue:										
Patient service revenue	\$373,272,871	\$(2,408,003)	\$264,249,624	\$111,431,250	\$ -	\$346,753,018	\$(3,821,723)	\$242,861,952	\$107,712,789	
Disproportionate share hospital revenue	11,927,886	-	11,927,886	-	-	9,756,241	-	9,756,241	-	
Interest and dividends	1,982,677	-	1,982,677	-	-	2,133,438	-	2,133,438	-	
Other operating revenue	<u>13,518,795</u>	<u>(12,263,462)</u>	<u>9,721,250</u>	<u>16,061,007</u>	<u>-</u>	<u>23,188,225</u>	<u>(12,125,168)</u>	<u>16,838,564</u>	<u>18,474,829</u>	
Total operating revenue	400,702,229	(14,671,465)	287,881,437	127,492,257	-	381,830,922	(15,946,891)	271,590,195	126,187,618	
Operating expenses:										
Salaries and wages	202,467,388	(35,850)	103,592,344	98,910,894	-	199,416,181	(76,820)	100,879,954	98,613,047	
Employee benefits	34,630,895	(2,611,851)	19,922,607	17,320,139	-	32,356,812	(3,861,323)	18,704,644	17,513,491	
Supplies and other expenses	145,708,992	(11,774,584)	111,659,328	45,814,296	9,952	128,885,069	(11,735,236)	100,346,825	40,273,480	
Depreciation	16,537,692	-	15,505,459	1,032,233	-	15,234,285	-	13,961,432	1,272,853	
New Hampshire Medicaid enhancement tax	12,178,541	-	12,178,541	-	-	11,993,182	-	11,993,182	-	
Interest	<u>2,369,209</u>	<u>(249,180)</u>	<u>2,363,946</u>	<u>254,443</u>	<u>-</u>	<u>2,296,634</u>	<u>(273,512)</u>	<u>2,293,350</u>	<u>276,796</u>	
Total operating expenses	<u>413,892,717</u>	<u>(14,671,465)</u>	<u>265,222,225</u>	<u>163,332,005</u>	<u>9,952</u>	<u>390,182,163</u>	<u>(15,946,891)</u>	<u>248,179,387</u>	<u>157,949,667</u>	
(Loss) income from operations	(13,190,488)	-	22,659,212	(35,839,748)	(9,952)	(8,351,241)	-	23,410,808	(31,762,049)	
Nonoperating (losses) gains:										
Investment (loss) income	(30,991,828)	-	(30,991,828)	-	-	50,576,024	-	50,576,024	-	
Contributions and nonoperating revenues and other net losses	(279,674)	-	(180,665)	(99,009)	-	(496,101)	-	(496,101)	-	
Net periodic pension gain	<u>2,483,103</u>	<u>-</u>	<u>2,483,103</u>	<u>-</u>	<u>-</u>	<u>998,533</u>	<u>-</u>	<u>998,533</u>	<u>-</u>	
Nonoperating (losses) gains, net	<u>(28,788,399)</u>	<u>-</u>	<u>(28,689,390)</u>	<u>(99,009)</u>	<u>-</u>	<u>51,078,456</u>	<u>-</u>	<u>51,078,456</u>	<u>-</u>	
(Deficiency) excess of revenues and non-operating (losses) gains over expenses	(41,978,887)	-	(6,030,178)	(35,938,757)	(9,952)	42,727,215	-	74,489,264	(31,762,049)	

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, INC.

CONSOLIDATING STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS (CONTINUED)

Years Ended June 30, 2022 and 2021

	2022					2021				
	Consolidated	Elimination Entries	Southern New Hampshire Medical Center and Affiliate	Foundation Medical Partners, Inc.	Legacy Trust of Southern New Hampshire Health, Inc.	Consolidated	Elimination Entries	Southern New Hampshire Medical Center and Affiliate	Foundation Medical Partners, Inc.	
Transfers from (to) affiliates	\$ -	\$ -	\$(42,615,661)	\$42,614,486	\$ 1,175	\$ -	\$ -	\$(33,062,499)	\$ 33,062,499	
Transfers to SolutionHealth, Inc.	-	-	-	-	-	(2,850,301)	-	(2,850,301)	-	
Pension adjustment	(3,087)	-	(3,087)	-	-	15,823,201	-	15,823,201	-	
Releases from restriction for capital purchases	55,000	-	55,000	-	-	-	-	-	-	
(Decrease) increase in net assets without donor restrictions	(41,926,974)	-	(48,593,926)	6,675,729	(8,777)	55,700,115	-	54,399,665	1,300,450	
Contributions of net assets with donor restrictions	249,336	-	178,282	-	71,054	1,474,838	-	1,474,838	-	
Net assets released from restriction for operations	-	-	-	-	-	(17,961)	-	(17,961)	-	
Net assets released from restriction for capital purchases	(55,000)	-	(55,000)	-	-	-	-	-	-	
Increase in net assets with donor restrictions	194,336	-	123,282	-	71,054	1,456,877	-	1,456,877	-	
(Decrease) increase in net assets	(41,732,638)	-	(48,470,644)	6,675,729	62,277	57,156,992	-	55,856,542	1,300,450	
Net assets at beginning of year	306,223,592	-	316,153,280	(9,929,688)	-	249,066,600	-	260,296,738	(11,230,138)	
Net assets (deficit) at end of year	\$264,490,954	\$ -	\$267,682,636	\$ (3,253,959)	\$62,277	\$306,223,592	\$ -	\$316,153,280	\$ (9,929,688)	

Board of Trustees

Southern New Hampshire Health Board of Trustees

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Eitan C. Zeira

2023 SNHHS / SNHMC / FMP Board Membership

BOARD MEMBERSHIP

SNHHS Board Membership

Melliya Annamalai, PhD	Bradley Kreick [EO, non-voting]
Bobbie D. Bagley, MS, MPH, RN, CPH	Hon. Joseph N. Laplante
Mark William (Wills) Begor	Karen Maynard, MD
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Craig Fitzgerald	Marc Sadowsky, MD
Helen Honorow, Esq.	Eitan Zeira

Officers:

Acting Board Chair: Craig Fitzgerald
Board Vice-Chair: TBD
President: Colin McHugh
Treasurer: Mark William (Wills) Begor
Secretary: Colin McHugh

SNHMC Board Membership

Melliya Annamalai, PhD	Hon. Joseph N. Laplante
Bobbie D. Bagley, MS, MPH, RN, CPH	Karen Maynard, MD
Mark William (Wills) Begor	Colin McHugh [EO]
Sister Paula Marie Buley	K. Brian McLaughlin
Alonzo DeBerry	Marc Sadowsky, MD
Craig Fitzgerald	Brett Sweeney, MD [EO]
Helen Honorow, Esq.	Eitan Zeira

Officers:

Acting Board Chair: Craig Fitzgerald
Board Vice-Chair: TBD
President: Colin McHugh
Treasurer: Mark William (Wills) Begor
Secretary: Colin McHugh

FMP Board Membership

Melliya Annamalai, PhD	Hon. Joseph N. Laplante
Bobbie D. Bagley, MS, MPH, RN, CPH	Karen Maynard, MD
Mark William (Wills) Begor	Colin McHugh [EO]
Sister Paula Marie Buley	K. Brian McLaughlin
Alonzo DeBerry	Marc Sadowsky, MD
Craig Fitzgerald	Eitan Zeira
Helen Honorow, Esq.	

Officers:

Acting Board Chair: Craig Fitzgerald
Board Vice-Chair: TBD
President, SNHHS: Colin McHugh
Treasurer: Mark William (Wills) Begor
Secretary: Colin McHugh

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 Chief Operating Officer; Vice-President 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 practices 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 the Risk Management and Quality Departments at Southern New Hampshire Health to form a Patient Care Assessment Committee, including 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 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

Kenneth Matsis,

MBA

EXPERIENCE

Solutionhealth – Southern Division, Manchester, NH

Vice President of Finance – February 2023 to Present
Catholic Medical Center Healthcare System, Manchester, NH

Assistant Controller – October 2020 to February 2023

Direct the financial reporting, accounting, payroll and accounts payable functions of the System and all of its subsidiaries. Support the finance division in maintaining sound financial policies and internal controls. Prepare financial reports and metrics for entire management team and present on a monthly basis. Responsible for the yearly system budget along with subsidiaries. Directed all general accounting functions for Hospital and Physician Practices including general ledger maintenance, contractual allowances, annual financial audits, monthly variance analysis, payroll and accounts payable functions.

B.E. Smith – an AMN Healthcare Company

Interim Leadership – February 2020 – October 2020

Interim leader strategically placed with a B.E. Smith Client Organization based on my experience and specialty expertise. Assessed the operations while satisfying a management void within the organization. Conducted assessments, provided findings and coached personnel based on the goals of the Client (UHS Hospital System, Binghamton NY).

Concord Hospital, Inc., Concord, NH

Director of Accounting and Financial Reporting – September 2019 – January 2020

Produced monthly financial statements and internal accounting policies and procedures for Concord Hospital, Inc. and Affiliates. Directed all general accounting functions for Hospital and Physician Practices including general ledger maintenance, contractual allowances, annual financial audits, monthly variance analysis and accounts payable functions. Established new policies for physician payroll – additional moonlighting shifts and premium pay. Decreased prelim close timeline by two business days, to eight business days.

Southern New Hampshire Health System, Nashua, NH

Director of Accounting – February 2013 – September 2019

Produced monthly financial statements and internal accounting policies and procedures for Southern NH Medical Center. Managed teams responsible for accounting, payroll, and accounts payable for the System.

Home Health & Hospice Care, Merrimack NH

Chief Financial Officer – May 2000 – November 2011

Responsible for the financial oversight, program strategic management and program budgeting for a non-profit health care organization specializing in

SKILLS

Personal: Team oriented, strong leadership skills, active contributor, problem solver, reliable, helpful, social, intelligent individual

Technical: Oracle Fusion Cloud, Kronos Workforce Central, Workday, Advanced Excel (pivot tables, vlookups, hlookups, sumifs, macros), PowerPoint

LEADERSHIP

Oracle Fusion Cloud Implementation
August 2017
Project Manager Finance – G/L conversion from Dos based system to ERP, created new chart of accounts, accounts payable workflows and financial reports.

Allscripts Healthcare Implementation
July 2005
Finance Team Lead – ERP
Homecare/Hospice Clinical and Financial System – over 70 clinicians moved from paper to electronic workflow within six months of implementation.

Community Hospice House
December 2000
Co-Project Manager for the construction and facility management of a ten-bed inpatient hospice facility. Established new costing models, metrics and management tools to monitor financial success.

PROFESSIONAL DEVELOPMENT

Treasurer, VNA Health Systems of Northern New England
Consortium of six visiting nurse organizations throughout the region. Facilitated Operations Day twice a year to illustrate Homecare and Hospice key operational benchmarks for programs well over \$50 million in service revenue.

Presenter: National Healthcare Conference
2005 – **Allscripts Healthcare Systems Annual Conference and Expo**
Home Health Financial Reporting Metrics

PROVIDING CARE AND HOSPICE. WORKED DIRECTLY WITH THE BOARD OF DIRECTORS, Finance Committee, Investment Committee and Senior Management to build relationships and develop new programs. Increased net assets of the organization by over 50%, or \$5M, by developing new programs such as the Community Hospice House, Private Duty and Palliative Care. Upon completion of the new ERP system, reduced back office staff by 7 FTEs and improved accounts receivable from 100 to 55 days. Negotiated program funding worth \$500K each year, State of NH, City of Nashua and City of Manchester. Created the Community Hospice House Foundation, a 501c3 foundation worth over \$3M in assets.

EDUCATION

Master of Business Administration

Southern New Hampshire University - 2014

B.S. Management

Keene State College

Carol Silver

Experience:

Foundation Medical Partners

Nashua, NH

A multi-specialty medical group member of Southern NH Health System comprised of 300+ physicians and advanced practice providers located in 70 practice locations serving more than 30 towns in the greater Nashua community.

Vice President of Ambulatory Operations

November 2021 to Present

- Provide leadership in the strategic business development, contract administration, resource planning and performance for healthcare services provided in the ambulatory care environment specifically related to Primary Care, Immediate Care, Medical Specialty, Surgical Specialty, and Hospitalist Programs.
- Direct business operations and activities of Foundation Medical Partners, including practice management services to physician practices affiliated with the Southern New Hampshire Health
- Partner with, and provide direction, to a team of 6 operational directors in the implementation of organizational initiatives across the span of the multidisciplinary network.
- Provide executive leadership in the development of business strategy, provider and staff resource planning, and performance for healthcare services provided in the ambulatory care environment.
- Identify opportunities for operational enhancement through the development of standard workflows, visual management, improved communication, elimination of waste and problem-solving techniques related to operational workflows related to patient care.
- Provide executive leadership in collaboration with members of the health system's executive leadership team to identify, develop and implement strategic business plans and operational direction for growth and development.
- Ensure appropriate operational measures are in place and monitored to maintain compliance with all SNHH organizational processes and policies.
- Fiduciary responsibility for the creation and oversight of combined budgets within the ambulatory setting.

Southern New Hampshire Medical Center

Nashua, NH

A 188-bed acute care facility with a medical staff of over 500 primary and specialty care providers from Foundation Medical Partners and other closely affiliated employed and independent practices across the greater Nashua communities.

Vice President of Acute Provider Operations

May 2021 to November 2021

- Provide leadership in the strategic business development, delivery oversight, contract administration, resource planning and performance for healthcare services provided in the acute care environment specifically related to Adult Hospitalist, Critical Care, Pediatric Hospitalists, Special Care Nursery, OB Hospitalists, Radiology and Health System Rehabilitation Services.
- Provide local operational direction in partnership with executive leadership at Elliot Health System for Critical Care and Special Care Nursery services lines across the Nashua and Manchester campuses.
- Partner with the SNHH CMO to further develop and implement operational infrastructures to support sustainable business strategies in support of a strong and stable Adult Hospital Medicine Program.

- Provide executive leadership and operational direction in partnership with organizational senior leaders and external partners to support diagnostic, interventional and tele-radiology enhancements across SNHH.
- Fiduciary responsibility for the creation and oversight of division practices and programs.
- Partner with senior leaders and external partners to accomplish objectives and facilitate cross-functional and teams within SNHH and across Solution Health.
- Provide direction in partnership with members of SNHH's senior leadership team to implement key strategic organizational initiatives to further the development of high-quality specialized healthcare services within SNHH and service line coordination across Solution Health.
- Ensure appropriate operational measures are in place and monitored to maintain compliance with all SNHH organizational processes and policies.
- Direct oversight of non-clinical hospital-based consumer service departments of Food Services, Coffee Shops, Environmental Services and Patient Valet Parking.

**Associate Vice President of Acute Care Services
October 2020 to May 2021**

- Provided executive leadership in the business development, delivery oversight, contract administration, resource planning and performance to budget for Adult and Pediatric Hospitalists, Special Care Nursery, Critical Care, Radiology and Rehabilitation.
- Provided local operational direction in partnership with executive leadership at Elliot Health System in the ongoing development of strategies to advance an ICU supergroup across Solution Health.
- Spearheaded the implementation of strategic planning initiatives and redevelopment of the Adult Hospital Medicine Program in an effort to create a sustainable and reliable hospital service.
- Partnered with senior leaders and external partners to develop business plans and strategies to enhance radiology services across SNHH, including external contracted services agreements with tele-radiology and other interventionalists.
- Fiduciary responsibility for the creation and oversight of combined budgets totaling more than \$47 million in gross revenues.
- Partnered with senior leaders and external partners, such as MGH, to accomplish objectives and facilitate cross-functional and teams within SNHH and across Solution Health.
- Partnered with members of SNHH's senior leadership team to implement strategic organizational initiatives that further development of high-quality healthcare coordination across SNHH and Solution Health.
- Ensured appropriate operational measures are in place and monitored to maintain compliance with all SNHH organizational processes and policies.

Foundation Medical Partners

Nashua, NH

A multi-specialty medical group member of Southern NH Health System comprised of 300 physicians and advanced practice providers located in 70 practice locations serving more than 30 towns in the greater Nashua community.

**Associate Vice President of Operations
August 2012 – October 2020**

- Provided executive leadership and strategic management to several the organization's ambulatory divisions over an 8-year period.
- Partnered with senior leaders to develop business plans and strategies to advance the primary care footprint in the greater Nashua community and northern Massachusetts, advancing the primary care panel from 68,107 patients to 80,114 patients over a 6-year period.
- Directed an integrated Primary Care management and Quality team in the successfully implementation of NCQA's Patient Centered Medical Home across 20 primary care locations achieving and retaining PCMH certification since 2014.

- Provided direction to a diverse team of operations, clinical and quality leaders in the development of a Care Team Re-design initiative including the integration of embedded care co-ordination and patient navigation services for high risk and chronically ill populations.
- Aligned parallel retention and growth strategies with the development of an acute care walk-in clinic, building the program to 7 locations and 29 providers over an 8-year period.
- Directed the implementation of NCQA's early adoption of Patient Centered Connected Care in 2016 achieving the 1st certification recognition in New England and the 7th in the country.
- Provided expertise in the development of strategic planning and implementation of organizational initiatives and policies and procedures ensuring operational measures were maintained.
- Fiduciary responsibility for the creation and oversight of combined budgets across divisions.
- Direct responsibility for the operational oversight of 4 Divisions consisting of 43% of total ambulatory practices, 38% of total providers and 39% of total gross revenues.

Qualifications and Skills:

- Ability to effectively lead and support multidisciplinary teams.
- Expertise in program growth and expansion through long-term business strategies.
- Development and performance of operating and capital budgets.
- Successful collaboration with physician and advanced practice providers within a dyad leadership model, practice-based and acute care.
- Results oriented.
- Strong organizational loyalty.

Education:

Master of Science in Healthcare Administration, Southern New Hampshire University - Distinction
Bachelor of Science in Business Administration; Minor in Psychology, Southern New Hampshire University - Summa Cum Laude

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 *Fortune 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)

Contractor Name
Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
Colin McHugh	President and CEO	\$0.00
Kenneth Matsis	Vice-President of Finance	\$0.00
John Friberg, Esq.	Chief Legal Officer, General Counsel	\$0.00
Carol Silver	COO, Vice-President	\$0.00
Kristin Makara	Doorway Director	\$100,000
Judy Graham	Doorway Manager	\$49,577



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

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	\$7,846,834	\$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	\$3,424,066	\$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: 6/2/21 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	\$5,282,874	\$1,384,536	\$6,667,410	O: 10/31/18 Item #17A A1: 9/18/18 Item #20 A2: 6/24/20 Item #31 A3: 2/3/21 Item #10 A4: 10/13/21 Item #39
		Total:	\$48,807,602	\$12,022,982	\$60,830,484	
<i>*Indicates contracts that have expired or have been terminated.</i>						

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.

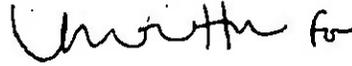
Should the Governor and Executive Council not authorize this request, individuals seeking treatment for opioid use and/or stimulant use disorders may experience difficulty navigating a complex system, may not receive the supports and clinical services needed, and may experience delays in receiving care.

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
Page 4 of 4

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".

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 Andros cogglin 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	\$436,668.00	\$0.00	\$436,668.00	
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	\$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 # 228900P	
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	

Governor and Council Letter Attachment.

Financial Detail

**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	\$1,088,549.00	\$1,088,549.00
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

Governor and Council Letter Attachment

Financial Detail

**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: Androscooggin 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 #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

Name: Katja S. Fox
Title: Director

Southern New Hampshire Health System, Inc.

11/7/2022

Date

DocuSigned by:
Paul Trainor

Name: Paul Trainor
Title: Sr. VP Finance/CFO

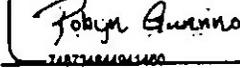
The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

11/8/2022

Date

DocuSigned by:



Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

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 - Doonway 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

PT

Contractor Initials

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



Lori A. Shilbette
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/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
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	355358	Laconia	\$560,962	\$746,537	\$1,307,499	O: 6/2/21 Item #28
		Total:	\$37,817,414	\$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,

Decided by:
Lori A. Weaver
CA82584123473

for
Lori A. Shibinette
Commissioner

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

05-62-62-620510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, 80R 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	\$652,865.00	\$0.00	\$652,865.00
2021	102/500731	Contracts for Program Services	92057040	\$201,263.00	\$0.00	\$201,263.00
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	\$469,806.00	\$469,806.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$163,269.00	\$163,269.00
Sub Total				\$1,608,617.00	\$633,075.00	\$2,241,692.00

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	\$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				\$2,596,820.00	\$718,606.00	\$3,315,426.00

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				\$3,672,258.00	\$1,028,381.00	\$4,700,639.00

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	\$1,685,736.00	\$0.00	\$1,685,736.00
Sub Total				\$3,034,709.00	\$0.00	\$3,034,709.00

Vendor Name: Littleton Regional				Vendor # 177182		
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	\$211,666.00	\$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				\$2,118,689.00	\$695,947.00	\$2,814,636.00

Vendor Name: 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	\$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	\$211,666.00	\$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				\$2,118,689.00	\$695,947.00	\$2,814,636.00

**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 Name Mary Hirschcock				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	\$473,686.00	\$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		\$5,280,030.00	\$1,487,835.00	\$6,767,865.00

Vendor Name Wentworth Deupless				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	\$240,875.00	\$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	\$1,136,810.00	\$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	\$840,000.00	\$0.00	\$840,000.00
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 - Lanes				Vendor # 355350		
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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05-02-02-020510-18810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SABA 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	\$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 # 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	\$16,665.00	\$16,665.00
		Sub Total		\$0.00	\$16,665.00	\$16,665.00

Vendor Name Mary Hitchcock				Vendor # 177180		
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 # 355350		
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

SABQ 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 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	\$6,250.00	\$0.00	\$6,250.00
		Sub Total		\$23,000.00	\$0.00	\$23,000.00

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	\$88,812.00	\$0.00	\$88,812.00
2022	102/500731	Contracts for Program Services	92058501	\$22,870.00	\$0.00	\$22,870.00
		Sub Total		\$111,682.00	\$0.00	\$111,682.00

Vendor Name Dutton 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 # 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 # 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	\$206,492.00	\$0.00	\$206,492.00
2022	102/500731	Contracts for Program Services	92058501	\$69,497.00	\$0.00	\$69,497.00
		Sub Total		\$275,989.00	\$0.00	\$275,989.00

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		\$94,390.00	\$0.00	\$94,390.00

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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03-03-02-020310-2369 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
Sub Total				\$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
Sub Total				\$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
Sub Total				\$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
Sub Total				\$16,000.00	\$0.00	\$16,000.00

\$TR Total	\$332,000.00	\$0.00	\$332,000.00
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
DIVISION FOR BEHAVIORAL HEALTH**

Lois A. Silblovette
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 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	\$1,949,517	\$0	\$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	\$2,888,794	\$0	\$2,888,794	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	177181 -B008	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	\$963,217	\$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	\$4,109,389	\$0	\$4,109,389	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 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
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.

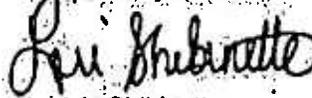
Should the Governor and Council not authorize this request, individuals seeking treatment for opioid use disorder may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience delays in receiving care that negatively impact recovery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

MISSISSIPPI DEPARTMENT OF HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SERVICES DIVISION OF BUREAU OF DRUGS & ALCOHOL SERVICES, STATE DRUG RESPONSE GRANT 1996 Federal Funds CFDA #6170 FROM FISCAL YEAR 1996 AND 1997

Section 11720

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Balance (Decrease)	Revised Amount
2010	10390071	Contracts for Program Services	52817040	236,718.00		236,718.00
2010	10390071	Contracts for Program Services	52817040	654,863.00		654,863.00
2011	10390071	Contracts for Program Services	52817040	281,711.00		281,711.00
2011	10390071	Contracts for Program Services	52817040	171,008.00		171,008.00
2011	10390071	Contracts for Program Services	52817040	436,084.00		436,084.00
2012	10390071	Contracts for Program Services	52817040	218,831.00		218,831.00
		Sub Total		1,927,215.00		1,927,215.00

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Balance (Decrease)	Revised Amount
2010	10390071	Contracts for Program Services	52817040	363,718.00		363,718.00
2010	10390071	Contracts for Program Services	52817040	1,576,111.00		1,576,111.00
2011	10390071	Contracts for Program Services	52817040	236,711.00		236,711.00
2011	10390071	Contracts for Program Services	52817040	149,228.00		149,228.00
2012	10390071	Contracts for Program Services	52817040	205,084.00		205,084.00
		Sub Total		2,530,852.00		2,530,852.00

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Balance (Decrease)	Revised Amount
2010	10390071	Contracts for Program Services	52817040	41,111.00		41,111.00
2010	10390071	Contracts for Program Services	52817040	1,177,831.00		1,177,831.00
2011	10390071	Contracts for Program Services	52817040	205,084.00		205,084.00
2011	10390071	Contracts for Program Services	52817040	279,871.00		279,871.00
2011	10390071	Contracts for Program Services	52817040	343,208.00		343,208.00
2012	10390071	Contracts for Program Services	52817040	206,111.00		206,111.00
		Sub Total		2,563,026.00		2,563,026.00

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Balance (Decrease)	Revised Amount
2010	10390071	Contracts for Program Services	52817040	1,374,718.00		1,374,718.00
2010	10390071	Contracts for Program Services	52817040	1,245,609.00		1,245,609.00
2011	10390071	Contracts for Program Services	52817040			
2011	10390071	Contracts for Program Services	52817040			
2011	10390071	Contracts for Program Services	52817040			
2012	10390071	Contracts for Program Services	52817040			
		Sub Total		2,620,327.00		2,620,327.00

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Balance (Decrease)	Revised Amount
2010	10390071	Contracts for Program Services	52817040	1,245,609.00		1,245,609.00
2010	10390071	Contracts for Program Services	52817040	1,245,609.00		1,245,609.00
2011	10390071	Contracts for Program Services	52817040			
2011	10390071	Contracts for Program Services	52817040			
2011	10390071	Contracts for Program Services	52817040			
2012	10390071	Contracts for Program Services	52817040			
		Sub Total		2,491,218.00		2,491,218.00

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Balance (Decrease)	Revised Amount
2010	10390071	Contracts for Program Services	52817040	236,718.00		236,718.00
2010	10390071	Contracts for Program Services	52817040	862,863.00		862,863.00
2011	10390071	Contracts for Program Services	52817040	281,711.00		281,711.00
2011	10390071	Contracts for Program Services	52817040	171,008.00		171,008.00
2011	10390071	Contracts for Program Services	52817040	436,084.00		436,084.00
2012	10390071	Contracts for Program Services	52817040	218,831.00		218,831.00
		Sub Total		2,116,215.00		2,116,215.00

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Balance (Decrease)	Revised Amount
2010	10390071	Contracts for Program Services	52817040	300,000.00		300,000.00
2010	10390071	Contracts for Program Services	52817040	62,114.00		62,114.00
2011	10390071	Contracts for Program Services	52817040	300,000.00		300,000.00
2011	10390071	Contracts for Program Services	52817040	170,000.00		170,000.00
2011	10390071	Contracts for Program Services	52817040	436,000.00		436,000.00
2012	10390071	Contracts for Program Services	52817040	111,000.00		111,000.00
		Sub Total		1,381,114.00		1,381,114.00

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Balance (Decrease)	Revised Amount
2010	10390071	Contracts for Program Services	52817040	1,380,317.00	(20,210.00)	1,400,527.00
2010	10390071	Contracts for Program Services	52817040	1,171,144.00		1,171,144.00
2011	10390071	Contracts for Program Services	52817040	611,714.00		611,714.00
2011	10390071	Contracts for Program Services	52817040		436,000.00	436,000.00
2011	10390071	Contracts for Program Services	52817040		301,211.00	301,211.00
2012	10390071	Contracts for Program Services	52817040		171,000.00	171,000.00
		Sub Total		3,163,175.00	(20,210.00)	3,142,965.00

North-South District

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2010	9230071	Contracts for Program Services	9297040	\$ 127,893.00		\$ 127,893.00
2011	9230071	Contracts for Program Services	9297040	\$ 1,026,753.00		\$ 1,026,753.00
2012	9230071	Contracts for Program Services	9297040	\$ 360,474.00		\$ 360,474.00
2011	9230071	Contracts for Program Services	9297041	\$ 799,000.00		\$ 799,000.00
2012	9230071	Contracts for Program Services	9297041	\$ 671,289.00		\$ 671,289.00
2012	9230071	Contracts for Program Services	9297042	\$ 161,000.00		\$ 161,000.00
		Sub Total		\$ 2,346,349.00		\$ 2,346,349.00

Central District

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2010	9230071	Contracts for Program Services	9297040	\$ 143,810.00		\$ 143,810.00
2011	9230071	Contracts for Program Services	9297040	\$ 729,614.00		\$ 729,614.00
2012	9230071	Contracts for Program Services	9297041	\$ 282,201.00		\$ 282,201.00
2011	9230071	Contracts for Program Services	9297042	\$ 1,244,000.00		\$ 1,244,000.00
2012	9230071	Contracts for Program Services	9297042	\$ 611,000.00		\$ 611,000.00
		Sub Total		\$ 2,810,625.00		\$ 2,810,625.00

Central Health Services North District

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2010	9230071	Contracts for Program Services	9297040			
2011	9230071	Contracts for Program Services	9297040	\$ 1,046,714.00	\$ 73,136.00	\$ 1,119,850.00
2012	9230071	Contracts for Program Services	9297040	\$ 173,771.00		\$ 173,771.00
2011	9230071	Contracts for Program Services	9297041		\$ 60,000.00	\$ 60,000.00
2012	9230071	Contracts for Program Services	9297041		\$ 1,346,000.00	\$ 1,346,000.00
2012	9230071	Contracts for Program Services	9297042		\$ 600,000.00	\$ 600,000.00
		Sub Total		\$ 1,220,485.00	\$ 2,045,136.00	\$ 3,265,621.00
		Total Staff		\$ 1,220,485.00	\$ 2,045,136.00	\$ 3,265,621.00

94-04-04 428010-428285 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, 1045: OP FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)

State Fiscal Year	Class / Account	Class Title	Job Number	Revised Amount	Increase (Decrease)	Revised Amount
2011	9230071	Contracts for Program Services	9297050	\$ 15,700.00		\$ 15,700.00
2012	9230071	Contracts for Program Services	9297050	\$ 170.00		\$ 170.00
		Sub Total		\$ 15,870.00		\$ 15,870.00

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2011	9230071	Contracts for Program Services	9297050	\$ 73,411.00		\$ 73,411.00
2012	9230071	Contracts for Program Services	9297050	\$ 2,473.00		\$ 2,473.00
		Sub Total		\$ 75,884.00		\$ 75,884.00

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2011	9230071	Contracts for Program Services	9297050	\$ 26,113.00		\$ 26,113.00
2012	9230071	Contracts for Program Services	9297050	\$ 11,670.00		\$ 11,670.00
		Sub Total		\$ 37,783.00		\$ 37,783.00

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2011	9230071	Contracts for Program Services	9297050	\$ 15,700.00		\$ 15,700.00
2012	9230071	Contracts for Program Services	9297050	\$ 170.00		\$ 170.00
		Sub Total		\$ 15,870.00		\$ 15,870.00

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2011	9230071	Contracts for Program Services	9297050	\$ 110,772.00		\$ 110,772.00
2012	9230071	Contracts for Program Services	9297050	\$ 26,740.00		\$ 26,740.00
		Sub Total		\$ 137,512.00		\$ 137,512.00

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2011	9230071	Contracts for Program Services	9297050		\$ 20,200.00	\$ 20,200.00
2012	9230071	Contracts for Program Services	9297050		\$ 11,771.00	\$ 11,771.00
		Sub Total			\$ 31,971.00	\$ 31,971.00

State Fiscal Year	Class / Account	Class Title	Job Number	Increase (Decrease)	Increase (Decrease)	Revised Amount
2011	9230071	Contracts for Program Services	9297050	\$ 141,803.00		\$ 141,803.00
2012	9230071	Contracts for Program Services	9297050	\$ 17,170.00		\$ 17,170.00
		Sub Total		\$ 158,973.00		\$ 158,973.00

Ontario Medical Centre

Item #	Class / Account	Class Title	Job Number	Invoice (Current)	Invoice (Previous)	Invoice Amount
1011	603908721	Contracts for Program Services	03914300	25,417.00		25,417.00
1021	603908721	Contracts for Program Services	03914301	66,417.00		66,417.00
		Sub Total		91,834.00		91,834.00

Ontario Health Services Health Services, Inc.

Item #	Class / Account	Class Title	Job Number	Invoice (Current)	Invoice (Previous)	Invoice Amount
1011	603908721	Contracts for Program Services	03914300	26,643.00		26,643.00
1021	603908721	Contracts for Program Services	03914301	23,917.00		23,917.00
		Sub Total		50,560.00		50,560.00
		Total for Commitment		142,394.00		142,394.00
		Four to		142,394.00		142,394.00

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Lori A. Silbbaette
Commissioner

Kerja S. Fee
Director

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

139 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-7964 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

State Fiscal Year	Class Title	Class Amount	Current Budget
2020	Contracts for Prog Svs	102-500731	\$1,223,728
2021	Contracts for Prog Svs	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 women 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.

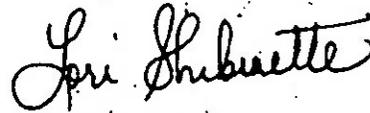
Should the Governor and Executive Council not authorize this request, individuals seeking help for opioid use disorder in the Greater Nashua and Greater Manchester regions may experience difficulty navigating a complex system; may not receive the supports and clinical services they need; and may experience 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 #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 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), October 13, 2021 (Item #39), and most recently amended on December 7, 2022 (Item #11), 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, 2024
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$6,810,553
3. Modify Exhibit A, Amendment #3, Scope of Services by replacing in its entirety with Exhibit A, Amendment #6, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1 97.42% Federal funds from the U.S. Department of Health and Human Services (US DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), State Opioid Response (SOR) Grant, ALN #93.788, as awarded on:
 - 1.1.1 08/30/2018, FAIN H79TI081685.
 - 1.1.2 09/30/2020, FAIN H79TI083326.
 - 1.1.3 08/09/2021, FAIN H79TI083326.
 - 1.1.4 09/23/2022, FAIN H79TI085759.
 - 1.2 0.71% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the US DHHS, SAMHSA, ALN #93.959, FAIN TI083509.
 - 1.3 0.53% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG, as awarded on 02/10/2022, by the US DHHS, SAMHSA, CFDA #93.959, FAIN TI084659.
 - 1.4 1.34% 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.
5. Modify Exhibit B – Amendment #4, Methods and Conditions Precedent to Payment, Section 5, to

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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-18, Amendment #6, MOUD Budget
6. Add Exhibit B-15, Amendment #6, SOR III, Doorway, SFY24 Budget, which is attached hereto and incorporated by reference herein.
7. Add Exhibit B-16, Amendment #6, SOR III, MOUD, SFY24 Budget, which is attached hereto and incorporated by reference herein.
8. Add Exhibit B-17, Amendment #6, SOR III, Doorway, SFY25 Budget, which is attached hereto and incorporated by reference herein.
9. Add Exhibit B-18, Amendment #6, SOR III, MOUD, SFY25 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, 2023, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

10/3/2023

Date

DocuSigned by:

Katja S. Fox

CC000580/CF3143

Name: Katja S. Fox

Title: Director

The Cheshire Medical Center

10/2/2023

Date

DocuSigned by:

Kathryn F. Willbarger

CC202405/CF3143

Name: Kathryn F. Willbarger

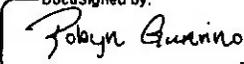
Title: COO

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

OFFICE OF THE ATTORNEY GENERAL

10/20/2023

Date

DocuSigned by:

Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

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



EXHIBIT A – Amendment #6

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 A Amendment #3 through K are attached hereto and incorporated by reference herein.

2. Statement of Work

- 2.1. The Contractor shall continue to operate a regional Doorway for access to care for substance use related needs and 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 Monadnock Region with facilitated referrals to prevention services, substance use disorder (SUD) treatment, recovery support services, and/or harm reduction services and other health and social services, including Medications for SUD.
- 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. Medications for SUD, consistent with the principles of the Medication First model.
 - 2.4.2. Coordination of outpatient, residential and inpatient SUD treatment 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.
- 2.5. The Contractor shall identify any gaps in financial and staffing resources required in Section 5. Staffing.
- 2.6. The Contractor shall ensure formalized coordination with 2-1-1 NH; other Doorways, including the After Hours Doorway; 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:

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



EXHIBIT A – Amendment #6

- 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 the individual's preferred Doorway receives information on the individual, outcomes, and events for continued follow-up.
 - 2.6.1.2. A process for sharing information about each individual receiving services 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 individual was referred for respite care or housing.
 - 2.6.1.2.2. Other services offered or provided to the individual.
- 2.6.2. Enabling the sharing of information and resources, which include, but are not limited to:
 - 2.6.2.1. Demographics of individuals receiving services.
 - 2.6.2.2. Referrals made.
 - 2.6.2.3. Services rendered.
 - 2.6.2.4. Identification of resource providers involved in each individual's care.
- 2.7. The Contractor 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 individual.
 - 2.7.2. Private insurance carriers to coordinate case management efforts on behalf of the individual.
- 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 above.
- 2.9. The Contractor shall develop a Department-approved conflict of interest policy related to Doorway services and referrals to treatment and recovery supports and services programs funded outside of this contract that maintains the integrity of the referral process and individual 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 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.

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



EXHIBIT A – Amendment #6

- 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.
 - 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 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 saturation and distribution.
 - 2.12.2. Enhanced coverage and services to enable reduced Emergency Room use.
 - 2.12.3. Reducing fatal and non-fatal overdose.
 - 2.12.4. Increasing access to medications for SUD.

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; and
 - 3.1.1.2. Expanded hours as agreed to by the Department.
 - 3.1.2. A physical location for individuals to receive face-to-face services, ensuring any request for a change in location is submitted to the Department no later than 30 days prior to the requested move for Department approval;
 - 3.1.3. Telehealth services consistent with state and federal law;
 - 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 provided same day;
 - 3.1.6. Crisis intervention and stabilization counseling services provided by a licensed clinician for any individual in a substance use related behavioral health crisis who requires immediate non-emergency intervention requiring urgent assessment and history of the crisis state, mental status exam, and disposition. 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. Community-based mobile crisis services through New Hampshire Rapid Response.
- 3.1.6.2. Directing callers to dial 911, or calling on individual's behalf if necessary, if an individual is in imminent danger or there is an emergency.
- 3.1.6.3. Assessment and history of the crisis state.
- 3.1.6.4. Mental Status Exam and disposition.
- 3.1.6.5. Plans for Safety.
- 3.1.7. Same day, trauma-informed, 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); and
 - 3.1.7.3. Identification of the individual's 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 individual based on the clinical evaluation referenced above. 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 individual 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 needs.
 - 3.1.8.2.4. Social services needs.
 - 3.1.8.2.5. Criminal justice needs that include Corrections, Treatment Court, and Division for Children, Youth, and Families (DCYF) matters.
 - 3.1.8.3. A plan for addressing all areas of need identified above 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 above is not available to the individual within 48 hours of service plan development, which are defined as:
 - 3.1.8.4.1. A minimum of one (1), 60-minute individual or group outpatient session per week; and/or
 - 3.1.8.4.2. Recovery support services, as needed by the individual; and/or
 - 3.1.8.4.3. Daily calls to the individual to assess and respond to any emergent needs; and/or

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- 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 people.
 - 3.1.9.3. Families involved with DCYF.
 - 3.1.9.4. Individuals at-risk of or living 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 individual-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.
 - 3.1.10.3. Assisting individuals with obtaining services with the provider agency, as appropriate.
 - 3.1.10.4. Contacting the provider agency on behalf of the individual, as appropriate.
 - 3.1.10.5. Assisting individuals 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.
 - 3.1.10.5.2. Providing assistance with accessing financial assistance including, but not limited to:
 - 3.1.10.5.2.1. Assisting the individual with making contact with the assistance agency, as appropriate.
 - 3.1.10.5.2.2. Contacting the assistance agency on behalf of the individual, as appropriate.
 - 3.1.10.5.2.3. Supporting the individual in meeting the admission, entrance, and intake requirements of the assistance agency.
 - 3.1.10.5.3. When no other payer is available, assisting individuals with accessing services by utilizing flexible needs funds, as directed by the Department, that supports individuals who meet the eligibility criteria for assistance under the Department-approved Flexible Needs Fund Policy with

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their financial needs, which may include but are not limited to:

- 3.1.10.5.3.1. Transportation for eligible individuals to and from recovery-related medical appointments, treatment programs, and other locations;
- 3.1.10.5.3.2. Childcare to permit an eligible individual 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 clothing appropriate for cold weather, job interviews, or work;
- 3.1.10.5.3.5. Assisting individuals in need of respite shelter resources while awaiting treatment and recovery services; and
- 3.1.10.5.3.6. Other uses preapproved in writing by the Department.

3.1.11. Continuous care coordination which include, but are not limited to:

- 3.1.11.1. Continuous reassessment of the clinical evaluation, identified above, 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. Continuous reassessment in collaboration or consultation with the individual's external service provider(s) of necessary support services to address needs identified in the evaluation or by the individual's service provider that may create barriers to the individual entering and/or maintaining treatment and/or recovery.
- 3.1.11.3. Supporting individuals with meeting the admission, entrance, and intake requirements of the provider agency.
- 3.1.11.4. Ongoing follow-up and support of individuals engaged in services in collaboration or consultation with the individual's external service 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:

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- 3.1.11.4.1. Attempting to contact each individual 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 individual would normally be available.
 - 3.1.11.4.1.2. If the first contact attempt 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 individual 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 second contact attempt 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 individual 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 identified above 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.
 - 3.1.11.5.1. Clinicians shall screen individuals for suicide risk using a validated tool, with information being communicated to partners where necessary; and
 - 3.1.11.5.2. If screening is positive, call Rapid Response.
- 3.1.11.6. When possible, contact with, and outreach to, individuals shall be conducted in coordination and consultation with the individual'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. Inquiring on the status of each individual's recovery and experience with their external service provider.
 - 3.1.11.7.2. Identifying individual needs.

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- 3.1.11.7.3. Assisting the individual with addressing identified needs.
- 3.1.11.7.4. Providing early intervention to individuals who have resumed use.
- 3.1.11.8. Collecting and documenting attempts to collect individual-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; and
 - 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 engagement in follow-up GPRA interviews, which may include, but are not limited to gift cards provided to individuals for follow-up participation at each follow-up interview, which shall not exceed \$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, and or waiver programs within 14 calendar days after intake.
- 3.1.11.12. Providing Naloxone purchase, distribution, information, and training to individuals and organizations receiving kits.
- 3.2. The Contractor shall obtain consent forms from all individuals 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 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; and
 - 3.3.5. The ASAM Criteria 3rd Edition.

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- 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; and
 - 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 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.
 - 3.6.3. Referrals and evaluation from other providers.
 - 3.6.4. Complaints.
 - 3.6.5. Grievances.
 - 3.6.6. Formalized agreements with community partners and other agencies that include, but are not limited to:
 - 3.6.6.1. 2-1-1 NH.
 - 3.6.6.2. Other Doorway partners.
 - 3.6.6.3. After Hours.
 - 3.6.6.4. Providers and supports available after normal Doorway operating hours.
 - 3.7. The Doorway must collaborate with the Department contracted 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.
- 4. Subcontracting for the Doorways**
- 4.1. The Doorway shall annually submit a written plan to the Department for review and written approval for any proposed subcontracting of Core Doorway services.
 - 4.2. The Doorway shall annually submit all subcontracts the Doorway proposes to enter into for services funded through this contract to the Department for written approval prior to execution.
 - 4.3. The Doorway shall at all times be responsible for continuous oversight of, and compliance with, all Core Doorway services, including those provided by any subcontract, and shall be the single point of contact with the Department for those Core services. To the furthest extent possible, the patient experience with subcontracts should be consistent with that provided directly by the Doorway.

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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 via telehealth;
 - 5.1.2. One (1) CRSW with the ability to fulfill recovery support and care coordination functions; and
 - 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 3.1.9.
- 5.2. The Contractor shall ensure sufficient staffing levels appropriate for the services provided and the number of individuals 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, 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 eight (8) 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:
 - 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 12 core functions and The Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice within 12 months of hire.
 - 5.7.1.5. A Department-approved ethics course within 12 months of hire.
 - 5.7.2. For recovery support staff and other non-clinical staff working directly with individuals:

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- 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 12 months of hire.
- 5.7.3. Ensuring all recovery support staff and clinical staff receive annual continuous education regarding substance use.
- 5.7.4. Providing, and documenting, in-service training to all staff involved in direct-care within 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; and
 - 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 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; and
 - 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 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;

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- 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; and
- 6.1.4. Medical records on each patient/recipient of services.

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 A, 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.

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- 8.2. The Contractor shall report to the Department of Health and Human Services Bureau of Drug and Alcohol Services within 24 hours and follow up with written documentation submitted to the Bureau of Quality Assurance and Improvement within 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.
- 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 by the 3rd working day of the month 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 individuals seen, separately identifying new individuals and individuals 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.
 - 8.4.11. Individual demographic data:
- 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 Contractor(s), including individual-level demographic, performance, and service data.

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- 9.3. The Department may identify expectations for active and regular collaboration, including key performance measures, in the resulting contract. Where applicable, Contractor(s) 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.
- 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

11. SOR Grant Standards

- 11.1. The Contractor shall meet with the Department within sixty (60) days of the contract effective date to review the proposed plan for contract implementation.
- 11.2. The Contractor and/or referred providers shall ensure that only Food and Drug Administration approved medications for Opioid Use Disorder (OUD) are utilized.
- 11.3. The Contractor and referred providers shall only provide medical withdrawal management services to any individual supported by SOR Grant Funds if the withdrawal management service is accompanied by the use of injectable extended-release naltrexone, as clinically appropriate.
- 11.4. The Contractor and referred providers shall ensure staff who are trained in Presumptive Eligibility for Medicaid are available to assist individuals with enrolling in public or private health insurance.

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- 11.5. The Contractor shall ensure individuals receiving services, rendered from SOR funds, have a documented history or current diagnoses of Opioid Use Disorder or Stimulant Use Disorders (OUD/StimUD) or are at risk for such.
 - 11.6. The Contractor shall coordinate completion of Government Performance Results Act (GPRA) initial interview and associated follow-ups at six (6) months and discharge for individuals referenced previously.
 - 11.7. The Contractor shall submit a detailed plan within thirty (30) days of contract effective date for ensuring GPRA completion for all clients receiving SOR funding.
 - 11.8. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide cannabis or for providing treatment using cannabis. The Contractor shall ensure:
 - 11.8.1. Treatment in this context includes the treatment of OUD/StimUD.
 - 11.8.2. Grant funds are not provided to any individual who or organization that provides or permits cannabis use for the purposes of treating substance use or mental health disorders.
 - 11.8.3. This cannabis restriction applies to all subcontracts and Memorandums of Understanding that receive SOR funding.
 - 11.9. The Contractor shall ensure Naloxone kits are available to individuals, utilizing SOR funding.
 - 11.10. If the Contractor intends to distribute test strips, the Contractor shall provide a test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes, but is not limited to:
 - 11.10.1. Internal policies for the distribution of test strips;
 - 11.10.2. Distribution methods and frequency; and
 - 11.10.3. Other key data as requested by the Department.
 - 11.11. The Contractor shall provide services to eligible individuals who:
 - 11.11.1. Receive MOUD services from other providers, including the individual's primary care provider;
 - 11.11.2. Have co-occurring mental health disorders; or
 - 11.11.3. Are on medications and are taking those medications as prescribed regardless of the class of medication.
 - 11.12. The Contractor shall ensure individuals who refuse to consent to information sharing with the Doorways do not receive services utilizing SOR funding.
 - 11.13. The Contractor shall ensure individuals who rescind consent to information sharing with the Doorways do not receive any additional services utilizing SOR funding.
 - 11.14. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.

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11.15. The Contractor shall comply with all appropriate Department, State of NH, Substance Abuse and Mental Health Services Administration (SAMHSA), and other Federal terms, conditions, and requirements, and as amended, and shall collaborate with the Department to understand the aforesaid.

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, which is attached hereto and incorporated by reference herein.

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 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.

bs
LFW

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



EXHIBIT A – Amendment #6

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)

- 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

SS-2019-BDAS-05-ACCES-02-A06

The Cheshire Medical Center

Page 17 of 18

Contractor Initials

DS
KFW

Date 10/2/2023

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



EXHIBIT A – Amendment #6

- 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 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.

Exhibit B-15, Amendment #6,
SOR III Doorway SFY24 Budget

New Hampshire Department of Health and Human Services		
Contractor Name: The Cheshire Medical Center		
Budget Request for: Access and Delivery Hub for Opioid Use Disorder		
Budget Period: SFY24-(September 29, 2023-June 30, 2024)		
Indirect Cost Rate (if applicable): 5.7%		
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages	\$202,668	\$108,683
2. Fringe Benefits	\$88,694	\$0
3. Consultants	\$0	\$0
4. Equipment indirect cost rate cannot be	\$7,500	\$0
5.(a) Supplies - Educational	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$90,000	\$0
5.(d) Supplies - Medical	\$2,500	\$0
5.(e) Supplies Office	\$9,000	\$0
6. Travel	\$2,500	\$0
7. Software	\$0	\$0
8. (a) Other - Marketing/ Communications	\$5,000	\$0
8. (b) Other - Education and Training	\$6,000	\$0
8. (c) Other - Other (specify below)	\$0	\$0
Postage	\$685	\$0
Subscriptions	\$1,200	\$0
Flex Funds	\$35,000	\$0
Occupancy	\$63,000	\$0
Telephone	\$3,500	\$0
9. Subrecipient Contracts	\$20,038	\$0
Total Direct Costs	\$537,285	\$108,683
Total Indirect Costs	\$32,159	\$0
TOTAL	\$569,444	\$108,683

Contractor: 

Exhibit B-16, Amendment #6,
SOR III MOUD, SFY24 Budget

New Hampshire Department of Health and Human Services		
Contractor Name: The Cheshire Medical Center		
Budget Request for: Access and Delivery Hub for Opioid Use Disord		
Budget Period: SFY24-(September 29, 2023-June 30, 2024)		
Indirect Cost Rate (if applicable): 5.7%		
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages	\$149,944	\$80,490
2. Fringe Benefits	\$49,873	\$0
3. Consultants	\$0	\$0
4. Equipment indirect cost rate cannot be	\$2,500	\$0
5.(a) Supplies - Educational	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0
5.(d) Supplies - Medical	\$9,000	\$0
5.(e) Supplies Office	\$500	\$0
6. Travel	\$200	\$0
7. Software	\$0	\$0
8. (a) Other - Marketing/ Communications	\$0	\$0
8. (b) Other - Education and Training	\$1,000	\$0
8. (c) Other - Other (specify below)	\$0	\$0
Postage	\$100	\$0
Subscriptions	\$300	\$0
Insurance	\$2,500	\$0
Occupancy	\$20,000	\$0
Telephone	\$1,500	\$0
9. Subrecipient Contracts	\$138,344	\$0
Total Direct Costs	\$375,761	\$80,490
Total Indirect Costs	\$22,712	\$0
TOTAL	\$398,473	\$80,490

Contractor: 

Date: 10/2/2023

SS-2019-BDAS-05-ACCES-02-A06

Exhibit B-17, Amendment #6,
SOR III Doorway, SFY25 Budget

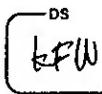
New Hampshire Department of Health and Human Services		
Contractor Name: The Cheshire Medical Center		
Budget Request for: Access and Delivery Hub for Opioid Use Disor		
Budget Period SFY25-(July 1, 2024-September 29, 2024)		
Indirect Cost Rate (if applicable) 6.2%		
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages	\$74,213	\$38,039
2. Fringe Benefits	\$31,621	\$0
3. Consultants	\$0	\$0
4. Equipmentdirect cost rate cannot be	\$1,000	\$0
5.(a) Supplies - Educational	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$32,000	\$0
5.(d) Supplies - Medical	\$910	\$0
5.(e) Supplies Office	\$2,500	\$0
6. Travel	\$700	\$0
7. Software	\$0	\$0
8. (a) Other - Marketing/ Communications	\$1,000	\$0
8. (b) Other - Education and Training	\$2,000	\$0
8. (c) Other - Other (specify below)	\$0	\$0
Postage	\$257	\$0
Subscriptions	\$900	\$0
Flex Funds	\$0	\$0
Occupancy	\$22,000	\$0
Telephone	\$3,000	\$0
9. Subrecipient Contracts	\$0	\$0
Total Direct Costs	\$172,101	\$38,039
Total Indirect Costs	\$10,720	\$0
TOTAL	\$182,821	\$38,039

Contractor:  _____

Date: 10/2/2023 _____

Exhibit B-18, Amendment #6,
SOR III MOUD, SFY25 Budget

New Hampshire Department of Health and Human Services		
Contractor Name: The Cheshire Medical Center		
Budget Request for: Access and Delivery Hub for Opioid Use Disor		
Budget Period: SFY25-(July 1, 2024-September 29, 2024)		
Indirect Cost Rate (if applicable): 5.7%		
Line Item	Program Cost - Funded by DHHS	Program Cost - Contractor Share/ Match
1. Salary & Wages	\$86,206	\$26,275
2. Fringe Benefits	\$20,422	\$0
3. Consultants	\$0	\$0
4. Equipmentdirect cost rate cannot be	\$1,500	\$0
5.(a) Supplies - Educational	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0
5.(d) Supplies - Medical	\$3,500	\$0
5.(e) Supplies Office	\$300	\$0
6. Travel	\$200	\$0
7. Software	\$0	\$0
8. (a) Other - Marketing/ Communications	\$2,000	\$0
8. (b) Other - Education and Training	\$2,125	\$0
8. (c) Other - Other (specify below)	\$0	\$0
Postage	\$100	\$0
Subscriptions	\$300	\$0
Insurance	\$900	\$0
Occupancy	\$7,000	\$0
Telephone	\$600	\$0
9. Subrecipient Contracts	\$100	\$0
Total Direct Costs	\$125,253	\$26,275
Total Indirect Costs	\$7,571	\$0
TOTAL	\$132,824	\$26,275

Contractor: 

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 "David M. Scanlan".

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Mark Gavin, 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 August 24, 2023, at which a quorum of the Directors/shareholders were present and voting.
(Date)

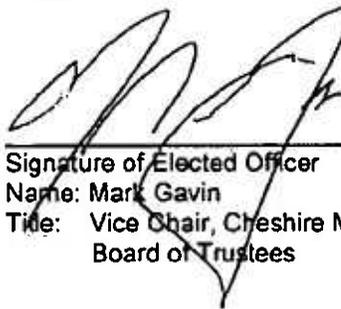
VOTED: That Joseph Perras, MD, Kathryn Willbarger or Daniel Gross (may list more than one person)
(Name and Title of Contract Signatory)

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: 10/19/2023



Signature of Elected Officer

Name: Mark Gavin

Title: Vice Chair, Cheshire Medical Center,
Board of Trustees

CERTIFICATE OF INSURANCE				DATE: August 31, 2023	
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 (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 OTHER	0002023-A	7/1/2023	7/1/2024	EACH OCCURRENCE	\$1,000,000
				DAMAGE TO RENTED PREMISES	\$1,000,000
				MEDICAL EXPENSES	N/A
				PERSONAL & ADV INJURY	\$1,000,000
				GENERAL AGGREGATE	\$3,000,000
				PRODUCTS-COMP/OP AGG	\$1,000,000
X OTHER	0002023-A	7/1/2023	7/1/2024	EACH CLAIM	\$1,000,000
				ANNUAL AGGREGATE	\$3,000,000
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 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, 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 		



DARTHIT-01

LSTILES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/10/2023

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

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

PRODUCER License # 1780862 HUB International New England 100 Central Street Suite 201 Holliston, MA 01746	CONTACT Lauren Stiles	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL (A/C, No): 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.

INER LTR	TYPE OF INSURANCE	ADOL INSD	ELUSR INVD	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"/> PROJ <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"/> 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 <input type="checkbox"/> DED <input type="checkbox"/> 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 N/A If yes, describe under DESCRIPTION OF OPERATIONS below			AGC4066662	7/11/2023	7/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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 State of New Hampshire Department of Health and Human Services 129 Pleasant Street Concord, NH 03301-3857	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

3- Year Strategic Plan : Our Mission, Vision, and Values

MISSION:

To lead our community to optimal health and wellness through our clinical and service excellence, collaboration, and compassion for every patient, every time.

VISION:

To continually improve the health outcomes of the people we care for through our role in providing high-value health care; remaining a sustainable resource for our region.

OUR VALUES:

Excellence – delivering care at the highest possible standard to every patient, every day

Compassion – Taking the humanity of others into account during every interaction

Collaboration – Working closely with colleagues and partners to achieve operational improvements and implement effective solutions

Inclusiveness – Celebrating and respecting the identity, perspective, and background of every patient and staff member

Responsibility – Acting as good stewards of resources and working to control costs

Vigilance – Keeping the safety of patients and colleagues first and foremost

Transparency – Being clear and honest with patients and colleagues



Dartmouth-Hitchcock Health and Subsidiaries

**Consolidated Financial Statements
June 30, 2022 and 2021**

Dartmouth-Hitchcock Health and Subsidiaries
Index
June 30, 2022 and 2021

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Report of Independent Auditors

To the Board of Trustees of Dartmouth-Hitchcock Health and subsidiaries

Opinion

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, 2022 and 2021, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended, including the related notes (collectively referred to as the "consolidated financial statements").

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Health System as of June 30, 2022 and 2021, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Health System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

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

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System's ability to continue as a going concern for one year after the date the consolidated financial statements are issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

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



In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The accompanying consolidating information as of and for the years ended June 30, 2022 and 2021 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 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 and cash flows of the individual companies.

A handwritten signature in cursive script that reads "PricewaterhouseCoopers LLP".

Boston, Massachusetts
November 16, 2022

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Balance Sheets
June 30, 2022 and 2021

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Assets		
Current assets		
Cash and cash equivalents	\$ 191,929	\$ 374,928
Patient accounts receivable, net (Note 4)	251,250	232,161
Prepaid expenses and other current assets	169,133	157,318
Total current assets	<u>612,312</u>	<u>764,407</u>
Assets limited as to use (Notes 5 and 7)	1,181,094	1,378,479
Other investments for restricted activities (Notes 5 and 7)	175,116	168,035
Property, plant, and equipment, net (Note 6)	764,840	680,433
Right-of-use assets, net (Note 16)	58,925	58,410
Other assets	172,163	177,098
Total assets	<u>\$ 2,964,450</u>	<u>\$ 3,226,862</u>
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	\$ 6,596	\$ 9,407
Current portion of right-of-use obligations (Note 16)	11,319	11,289
Current portion of liability for pension and other postretirement plan benefits (Note 11)	3,500	3,468
Accounts payable and accrued expenses	156,572	131,224
Accrued compensation and related benefits	190,560	182,070
Estimated third-party settlements (Note 3 and 4)	134,898	252,543
Total current liabilities	<u>503,445</u>	<u>590,001</u>
Long-term debt, excluding current portion (Note 10)	1,117,288	1,126,357
Long-term right-of-use obligations, excluding current portion (Note 16)	48,824	48,167
Insurance deposits and related liabilities (Note 12)	78,391	79,974
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11)	228,606	224,752
Other liabilities	154,096	214,714
Total liabilities	<u>2,130,650</u>	<u>2,283,965</u>
Commitments and contingencies (Notes 3, 4, 6, 7, 10, 13, and 16)		
Net assets		
Net assets without donor restrictions (Note 9)	634,297	758,627
Net assets with donor restrictions (Notes 8 and 9)	199,503	184,270
Total net assets	<u>833,800</u>	<u>942,897</u>
Total liabilities and net assets	<u>\$ 2,964,450</u>	<u>\$ 3,226,862</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, 2022 and 2021

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Operating revenue and other support		
Net patient service revenue (Note 4)	\$ 2,243,237	\$ 2,138,287
Contracted revenue	77,666	85,263
Other operating revenue (Note 4)	534,031	424,958
Net assets released from restrictions	15,894	15,201
Total operating revenue and other support	<u>2,870,828</u>	<u>2,663,709</u>
Operating expenses		
Salaries	1,315,407	1,185,910
Employee benefits	322,570	302,142
Medications and medical supplies	649,272	545,523
Purchased services and other	403,862	383,949
Medicaid enhancement tax (Note 4)	82,725	72,941
Depreciation and amortization	86,958	88,921
Interest (Note 10)	32,113	30,787
Total operating expenses	<u>2,892,907</u>	<u>2,610,173</u>
Operating (loss) income	<u>(22,079)</u>	<u>53,536</u>
Non-operating (losses) gains		
Investment (loss) income, net (Note 5)	(78,744)	203,776
Other components of net periodic pension and post retirement benefit income (Note 11 and 14)	13,910	13,559
Other losses, net (Note 10)	(6,658)	(4,233)
Total non-operating (losses) gains, net	<u>(71,492)</u>	<u>213,102</u>
(Deficiency) excess of revenue over expenses	<u>\$ (93,571)</u>	<u>\$ 266,638</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, 2022 and 2021

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Net assets without donor restrictions		
(Deficiency) excess of revenue over expenses	\$ (93,571)	\$ 266,638
Net assets released from restrictions for capital	1,573	2,017
Change in funded status of pension and other postretirement benefits (Note 11)	(32,309)	59,132
Other changes in net assets	(23)	(186)
	<u>(124,330)</u>	<u>327,601</u>
(Decrease) increase in net assets without donor restrictions		
Net assets with donor restrictions		
Gifts, bequests, sponsored activities	39,710	30,107
Investment (loss) income, net	(7,010)	19,153
Net assets released from restrictions	(17,467)	(17,218)
	<u>15,233</u>	<u>32,042</u>
Increase in net assets with donor restrictions		
Change in net assets	(109,097)	359,643
Net assets		
Beginning of year	<u>942,897</u>	<u>583,254</u>
End of year	<u>\$ 833,800</u>	<u>\$ 942,897</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, 2022 and 2021

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Cash flows from operating activities		
Change in net assets	\$ (109,097)	\$ 359,643
Adjustments to reconcile change in net assets to net cash provided by operating and non-operating activities		
Depreciation and amortization	87,006	88,904
Amor ization of bond premium, discount, and issuance cost, net	(2,764)	(2,820)
Amor ization of right-of-use asset	9,270	10,034
Payments on right-of-use lease obligations - operating	(9,190)	(9,844)
Change in funded status of pension and other postretirement benefits	32,309	(59,132)
(Gain) loss on disposal of fixed assets	(523)	592
Net realized gains and change in net unrealized gains on investments	86,652	(228,489)
Restricted contributions and investment earnings	(20,151)	(3,445)
Proceeds from sales of donated securities	10,665	-
Changes in assets and liabilities		
Patient accounts receivable, net	(19,089)	(48,342)
Prepaid expenses and other current assets	(9,915)	4,588
Other assets, net	2,517	(39,760)
Accounts payable and accrued expenses	17,104	1,223
Accrued compensation and related benefits	8,490	39,079
Estimated third-party settlements	(120,117)	9,787
Insurance deposits and related liabilities	(1,583)	2,828
Liability for pension and other postretirement benefits	(28,422)	(40,373)
Other liabilities	(56,687)	11,267
Net cash (used in) provided by operating activities	<u>(123,525)</u>	<u>95,740</u>
Cash flows from investing activities		
Purchase of property, plant, and equipment	(160,855)	(122,347)
Proceeds from sale of property, plant, and equipment	613	316
Purchases of investments	(65,286)	(95,943)
Proceeds from maturities and sales of investments	137,781	75,071
Net cash used in investing activities	<u>(87,747)</u>	<u>(142,903)</u>
Cash flows from financing activities		
Proceeds from line of credit	30,000	-
Payments on line of credit	(30,000)	-
Repayment of long-term debt	(9,116)	(9,183)
Repayment of finance leases	(3,253)	(3,117)
Payment of debt issuance costs	-	(230)
Restricted contributions and investment earnings	20,151	3,445
Net cash provided by (used in) financing activities	<u>7,782</u>	<u>(9,085)</u>
Decrease in cash and cash equivalents	(203,490)	(56,248)
Cash and cash equivalents, beginning of year	<u>396,975</u>	<u>453,223</u>
Cash and cash equivalents, end of year	<u>\$ 193,485</u>	<u>\$ 396,975</u>
Supplemental cash flow information		
Interest paid	\$ 42,867	\$ 41,819
Construction in progress included in accounts payable and accrued expenses	9,407	16,192
Donated securities	10,665	-

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.

	<u>2022</u>	<u>2021</u>
Cash and cash equivalents	\$ 191,929	\$ 374,928
Cash and cash equivalents included in assets limited as to use	1,350	18,500
Restricted cash and cash equivalents included in other investments for restricted activities	206	3,547
Total of cash, cash equivalents, and restricted cash shown in the consolidated statements of cash flows	<u>\$ 193,485</u>	<u>\$ 396,975</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, 2022 and 2021

1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (D-HH), its Members, and their Subsidiaries (the Health System) is a system of hospitals, clinics, and other healthcare service providers across New Hampshire and Vermont. The Health System's mission is to 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. The Health System seeks to achieve the healthiest population possible, leading the transformation of health care in the region and setting the standard for the nation. The Health System's expanding network of services are the fabric of its commitment to serve the region with exceptional medical care.

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, Inc. (NLH), Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) (MAHHC) and Subsidiaries, The Cheshire Medical Center (Cheshire) and Subsidiaries, Alice Peck Day Memorial Hospital (APD) and Subsidiary, and Visiting Nurse and Hospice for Vermont and New Hampshire (VNH) and 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 parties submitted filings with the Federal Trade Commission and the New Hampshire Attorney General's Office, seeking regulatory clearance of the proposed transaction. On May 13, 2022, D-HH and GOH ended their pursuit of regulatory approval of the transaction and terminated the Combination Agreement.

Community Benefits

Consistent with its 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 seeks to work collaboratively with other area healthcare providers to improve the health status of the region. As a component of an integrated

Dartmouth-Hitchcock Health and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2022 and 2021

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 Improvement 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* includes costs, in excess of awards, for numerous health research and service initiatives within the Health System.
- *Cash and In-Kind Contributions* occur outside of the System through various financial contributions of cash, in-kind donations, and grants to local organizations.
- *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.
- *Charity Care* includes losses, at-cost, incurred by providing health care services to persons qualifying for hospital financial assistance programs.
- *The Uncompensated Cost of Care for Medicaid patients* reported in the unaudited Community Benefits Reports for 2021 was approximately \$198,859,000. The 2022 Community Benefits Reports are expected to be filed in February 2023.

Dartmouth-Hitchcock Health and Subsidiaries

Notes to Consolidated Financial Statements

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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)

Uncompensated cost of care for Medicaid	\$ 198,859
Health professional education	41,554
Subsidized health services	16,785
Charity care	12,678
Community health improvement services	13,589
Research	4,839
Cash and In-Kind Contributions	4,741
Community building activities	2,885
Total community benefit value	<u>\$ 295,930</u>

In fiscal years 2022 and 2021, funds received to offset or subsidize charity care costs provided were \$452,000 and \$848,000, respectively.

For fiscal year 2022, Medicare costs exceeding reimbursement totaled \$105,460,000.

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, 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.

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.

Dartmouth-Hitchcock Health and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2022 and 2021

(Deficiency) Excess of Revenue over Expenses

The Consolidated Statements of Operations and Changes in Net Assets include the (deficiency) excess of revenue over expenses. Operating revenues consist of those items attributable to the care of patients, including contributions and investment (loss) income on investments of net assets without donor restrictions, which are utilized to provide charity and other operational support. Peripheral activities, including realized gains/losses on sales of investment securities and changes in unrealized gains/losses on investments are reported as non-operating (losses) gains.

Changes in net assets without donor restrictions which are excluded from the (deficiency) excess 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 qualifying 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).

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, which consists primarily of revenue from retail pharmacy, specialty pharmacy, and contract pharmacy, is recorded in the amounts to which it expects to be entitled in exchange for the prescriptions. Other revenue also includes Coronavirus Aid, Relief, and Economic Securities Act (CARES Act Provider Relief Funds)

Dartmouth-Hitchcock Health and Subsidiaries

Notes to Consolidated Financial Statements

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from the Department of Health and Human Services (HHS), operating agreements, grant revenue, cafeteria sales, and other support service revenue (Note 3 and 4).

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 included within the Health System's endowment and similar investment pools, otherwise qualifying as cash equivalents, are classified as investments at fair value and, therefore, are excluded from cash and cash equivalents in the Consolidated Statements of Cash Flows.

Investments and Investment (Loss) 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 (deficiency) excess 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 (deficiency) excess of revenue over expenses.

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 (deficiency) excess 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.

Dartmouth-Hitchcock Health and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2022 and 2021

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.

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 (deficiency) excess 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.

Dartmouth-Hitchcock Health and Subsidiaries

Notes to Consolidated Financial Statements

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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 \$8,885,000 and \$9,403,000 as intangible assets as of June 30, 2022 and 2021, 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.

Recently Issued Accounting Pronouncements

In March 2020, January 2021, and April 2022, the FASB issued standard updates on Reference Rate Reform in response to the planned discontinuation of the London Inter-Bank Offered Rate (LIBOR), a key interbank reference rate. The standard provides accounting relief to contract modifications and optional expedients for applying U.S. GAAP to contracts and other transactions that reference LIBOR or other reference rates that are expected to be discontinued because of rate reform. The Health System is currently in the process of evaluating the impact of adoption of these standards on the financial statements.

3. The COVID-19 Pandemic

On March 11, 2020, the World Health Organization designated COVID-19 as a global pandemic resulting in an extraordinary disruption to our nation's healthcare system. 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 organizations and individuals. The Health System employed several CARES Act provisions, with the most significant impacts summarized below.

Health and Human Services Provider Relief Funds

The Health System received \$100,346,000 and \$65,600,000 in CARES Act Provider Relief Funds for the years ended June 30, 2022 and 2021, respectively. The Health System will continue to pursue Provider Relief Funds as available, and as needed, to support the Health System.

In July 2020, HHS issued reporting requirements for CARES Act Provider Relief Funds, requiring recipients to identify healthcare-related expenses that remain unreimbursed by another source, attributable to the COVID-19 pandemic. If those expenses do not exceed the funding received, recipients will need to demonstrate that the remaining funds were used to compensate for a negative variance in patient service revenue. HHS is entitled to recoup Provider Relief Funds

Dartmouth-Hitchcock Health and Subsidiaries

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awarded in excess of expenses attributable to the COVID-19 pandemic that were not reimbursed by another source plus losses incurred due to the decline in patient care revenue. There have been no recoupments through June 2022.

Medicare and Medicaid Services (CMS) Accelerated and Advance Payment Program

The Health System received CMS prepayment advances, related to the CARES Act, totaling \$245,200,000. In addition, the Health System accumulated payroll tax deferrals of \$33,100,000. Repayment of funds commenced in April 2021. The balances of CMS prepayment advances and accumulated payroll tax deferrals at June 30, 2022 were \$54,890,000 and \$16,550,000, respectively, and are included in estimated third party settlements and accrued compensation and related benefits on the Consolidated Balance Sheets.

The Health System continues to address the challenges and impacts of the COVID-19 pandemic including protecting the health and safety of employees and patients as well as assessing the availability of personal protective equipment and other needed supplies to be better positioned for potential surges. Additionally, the Health System continues to evaluate the impact of new or changes to laws and regulations at the federal, state, and local levels and the potential effect on Health System staffing and operations. At this time, the Health System cannot accurately predict the full extent to which the COVID-19 pandemic will affect the Health System's future finances and operations.

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

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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.

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 NH and 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 Critical Access Hospitals (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.

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- 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.
- 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 (MCPs) 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 MCPs 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 MCPs 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 Vermont annual net patient revenue. In fiscal years 2022 and 2021, home health provider taxes paid were \$627,000 and \$623,000, respectively.

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

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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, 2022 and 2021, the Health System had reserves of \$134,898,000 and \$252,543,000, respectively, recorded in estimated third-party settlements. As of June 30, 2022 and 2021, estimated third-party settlements includes \$54,880,000 and \$179,382,000 respectively, of Medicare accelerated and advanced payments, received as working capital support during the novel coronavirus ("COVID-19") outbreak.

For the years ended June 30, 2022 and 2021, additional increases in revenue of \$19,743,000 and \$4,287,000, respectively, were recognized due to changes in estimates of implicit price concessions for performance obligations satisfied in prior years.

Net operating revenues 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.

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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, 2022 and 2021.

<i>(in thousands of dollars)</i>	2022		
	PPS	CAH	Total
Hospital			
Medicare	\$ 542,292	\$ 99,976	\$ 642,268
Medicaid	158,121	15,739	173,860
Commercial	809,736	81,395	891,131
Self-pay	7,027	902	7,929
Subtotal	1,517,176	198,012	1,715,188
Professional	470,559	40,186	510,745
Subtotal	1,987,735	238,198	2,225,933
Home based care			17,304
Subtotal			2,243,237
Other revenue			528,762
Provider Relief Funds			98,829
Total operating revenue and other support			\$ 2,870,828

<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	1,468,241	165,924	1,634,165
Professional	446,181	37,935	484,116
Subtotal	1,914,422	203,859	2,118,281
Home based care			20,006
Subtotal			2,138,287
Other revenue			462,517
Provider Relief Funds			62,905
Total operating revenue and other support			\$ 2,663,709

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

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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) 2021 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, 2022 and 2021, the Health System received DSH payments of approximately, \$77,488,000 and \$67,940,000, respectively. DSH payments are subject to audit and, therefore, for the years ended June 30, 2022 and 2021, the Health System recognized as revenue DSH receipts of approximately \$75,988,000 and approximately \$61,602,000, respectively.

During the years ended June 30, 2022 and 2021, the Health System recorded \$82,725,000 and \$72,941,000, respectively, of State of NH MET and State of VT provider taxes. 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.

Accounts Receivable

The following table categorizes payors into four groups based on their respective percentages of patient accounts receivable as of June 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Medicare	38%	34%
Medicaid	12%	13%
Commercial	38%	41%
Self Pay	12%	12%
Total	100%	100%

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5. Investments

The composition of investments at June 30, 2022 and 2021 is set forth in the following table:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	\$ 31,130	\$ 24,692
U.S. government securities	126,222	157,373
Domestic corporate debt securities	234,490	322,616
Global debt securities	68,610	74,292
Domestic equities	198,742	247,486
International equities	63,634	81,060
Emerging markets equities	34,636	52,636
Global equities	73,035	79,296
Real Estate Investment Trust	2	422
Private equity funds	138,605	110,968
Hedge funds	55,069	-
Subtotal	<u>1,024,175</u>	<u>1,150,841</u>
Investments held by captive insurance companies (Note 12)		
U.S. government securities	27,242	26,759
Domestic corporate debt securities	7,902	5,979
Global debt securities	7,595	6,617
Domestic equities	10,091	11,396
International equities	4,692	6,488
Subtotal	<u>57,522</u>	<u>57,239</u>
Held by trustee under indenture agreement (Note 9)		
Cash and short-term investments	99,397	170,399
Total assets limited as to use	<u>1,181,094</u>	<u>1,378,479</u>
Other investments for restricted activities		
Cash and short-term investments	8,463	13,400
U.S. government securities	27,600	28,330
Domestic corporate debt securities	37,343	40,676
Global debt securities	10,059	8,953
Domestic equities	34,142	33,634
International equities	10,698	9,497
Emerging markets equities	5,587	5,917
Global equities	11,153	8,755
Real Estate Investment Trust	19	21
Private equity funds	21,166	12,251
Hedge funds	8,852	6,557
Other	34	44
Total other investments for restricted activities	<u>175,116</u>	<u>168,035</u>
Total investments	<u>\$ 1,356,210</u>	<u>\$ 1,546,514</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, 2022 and 2021. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

<i>(in thousands of dollars)</i>	2022		
	<u>Fair Value</u>	<u>Equity</u>	<u>Total</u>
Cash and short-term investments	\$ 138,990	\$ -	\$ 138,990
U.S. government securities	181,064	-	181,064
Domestic corporate debt securities	118,642	161,093	279,735
Global debt securities	57,558	28,706	86,264
Domestic equities	191,767	51,208	242,975
International equities	47,631	31,393	79,024
Emerging markets equities	298	39,926	40,224
Global equities	-	84,187	84,187
Real Estate Investment Trust	21	-	21
Private equity funds	-	159,771	159,771
Hedge funds	443	63,478	63,921
Other	34	-	34
Total investments	<u>\$ 736,448</u>	<u>\$ 619,762</u>	<u>\$ 1,356,210</u>

<i>(in thousands of dollars)</i>	2021		
	<u>Fair Value</u>	<u>Equity</u>	<u>Total</u>
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
Total investments	<u>\$ 951,270</u>	<u>\$ 595,244</u>	<u>\$ 1,546,514</u>

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For the years ended June 30, 2022 and 2021, investment (loss) income is reflected in the accompanying Consolidated Statements of Operations and Changes in Net Assets as other operating revenue of approximately \$857,000 and \$930,000, respectively, and as non-operating (losses) gains of approximately (\$78,744,000) and \$203,776,000, 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 agreements expire. 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, 2022 and 2021, the Health System has outstanding commitments of \$75,070,000 and \$47,419,000, respectively.

6. Property, Plant, and Equipment

Property, plant, and equipment consists of the following at June 30, 2022 and 2021:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Land	\$ 40,749	\$ 40,749
Construction in progress	163,145	80,231
Land improvements	44,834	43,927
Buildings and improvements	984,743	955,094
Equipment	1,042,582	993,899
Subtotal property, plant, and equipment	<u>2,276,053</u>	<u>2,113,900</u>
Less accumulated depreciation	<u>1,511,213</u>	<u>1,433,467</u>
Total property, plant, and equipment, net	<u>\$ 764,840</u>	<u>\$ 680,433</u>

As of June 30, 2022, construction in progress primarily consists of three projects; an in-patient tower, an emergency department (ED) expansion, and a central pharmacy/supply chain facility renovation. The estimated cost to complete the in-patient tower is \$52,400,000 with an anticipated completion date occurring in the fourth quarter of fiscal 2023. The estimated cost to complete the ED expansion is \$2,000,000 with an expected completion date occurring in the first quarter of fiscal 2023. The estimated cost to complete the central pharmacy/supply chain facility is \$1,600,000 with an expected completion date occurring in the first quarter of fiscal 2023.

The construction in progress as of June 30, 2021, included the Manchester Ambulatory Surgical Center (ASC) and the in-patient tower in Lebanon, NH. The ASC was fully operational in October 2021.

Capitalized interest of \$6,853,000 and \$5,127,000 is included in construction in progress as of June 30, 2022 and 2021, respectively.

Depreciation expense included in operating and non-operating activities was \$83,661,000 and \$86,011,000 for 2022 and 2021, respectively.

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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).

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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, 2022 and 2021:

<i>(in thousands of dollars)</i>	2022			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets				
Investments				
Cash and short term investments	\$ 138,990	\$ -	\$ -	\$ 138,990
U.S. government securities	181,064	-	-	181,064
Domestic corporate debt securities	1,768	116,874	-	118,642
Global debt securities	24,745	32,813	-	57,558
Domestic equities	187,063	4,704	-	191,767
International equities	47,631	-	-	47,631
Emerging market equities	298	-	-	298
Real estate investment trust	21	-	-	21
Hedge funds	443	-	-	443
Other	-	34	-	34
Total fair value investments	582,023	154,425	-	736,448
Deferred compensation plan assets				
Cash and short-term investments	8,053	-	-	8,053
U.S. government securities	36	-	-	36
Domestic corporate debt securities	10,874	-	-	10,874
Global debt securities	964	-	-	964
Domestic equities	33,742	-	-	33,742
International equities	4,911	-	-	4,911
Emerging market equities	19	-	-	19
Real estate	12	-	-	12
Multi strategy fund	57,964	-	-	57,964
Total deferred compensation plan assets	116,575	-	-	116,575
Beneficial interest in trusts	-	-	16,051	16,051
Total assets	\$ 698,598	\$ 154,425	\$ 16,051	\$ 869,074

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<i>(in thousands of dollars)</i>	2021			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
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 fair value investments	763,135	188,135	-	951,270
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
Guaranteed contract	-	-	-	-
Total deferred compensation plan assets	126,235	-	-	126,235
Beneficial interest in trusts	-	-	10,796	10,796
Total assets	\$ 889,370	\$ 188,135	\$ 10,796	\$ 1,088,301

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, 2022 and 2021.

<i>(in thousands of dollars)</i>	2022
	Beneficial Interest in Perpetual Trust
Beginning of year balance	\$ 10,796
Net realized/unrealized gains	5,255
End of year balance	\$ 16,051

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<i>(in thousands of dollars)</i>	<u>2021</u>		
	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
	<u>Trust</u>	<u>Contract</u>	<u>Total</u>
Beginning of year balance	\$ 9,202	\$ 92	\$ 9,294
Net realized/unrealized gains (losses)	1,594	(92)	1,502
End of year balance	<u>\$ 10,796</u>	<u>\$ -</u>	<u>\$ 10,796</u>

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, 2022 and 2021.

8. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30, 2022 and 2021:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Investments held in perpetuity	\$ 84,117	\$ 64,498
Healthcare services	36,123	38,869
Health education	27,164	26,934
Research	27,477	24,464
Charity care	12,155	15,377
Other	8,639	7,215
Purchase of equipment	3,828	6,913
Total net assets with donor restrictions	<u>\$ 199,503</u>	<u>\$ 184,270</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 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 Health System 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)

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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.

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, 2022 and 2021.

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Endowment net asset composition by type of fund consists of the following at June 30, 2022 and 2021:

<i>(in thousands of dollars)</i>	<u>2022</u>		
	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Donor-restricted endowment funds	\$ -	\$ 107,590	\$ 107,590
Board-designated endowment funds	41,344	-	41,344
Total endowed net assets	<u>\$ 41,344</u>	<u>\$ 107,590</u>	<u>\$ 148,934</u>

<i>(in thousands of dollars)</i>	<u>2021</u>		
	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Donor-restricted endowment funds	\$ -	\$ 108,213	\$ 108,213
Board-designated endowment funds	41,728	-	41,728
Total endowed net assets	<u>\$ 41,728</u>	<u>\$ 108,213</u>	<u>\$ 149,941</u>

Changes in endowment net assets for the years ended June 30, 2022 and 2021 are as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>		
	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Beginning of year balances	\$ 41,728	\$ 108,213	\$ 149,941
Net investment return	(1,065)	(3,998)	(5,063)
Contributions	-	12,950	12,950
Transfers	795	(7,105)	(6,310)
Release of appropriated funds	(114)	(2,470)	(2,584)
End of year balances	<u>\$ 41,344</u>	<u>\$ 107,590</u>	<u>\$ 148,934</u>
End of year balances		107,590	
Beneficial interest in perpetual trusts		14,903	
Net assets with donor restrictions		<u>\$ 122,493</u>	

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	<u>2021</u>		
	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
<i>(in thousands of dollars)</i>			
Beginning of year balances	\$ 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)
End of year balances	<u>\$ 41,728</u>	<u>\$ 108,213</u>	<u>\$ 149,941</u>
End of year balances		108,213	
Beneficial interest in perpetual trusts		9,721	
Net assets with donor restrictions		<u>\$ 117,934</u>	

Dartmouth-Hitchcock Health and Subsidiaries
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10. Long-Term Debt

A summary of obligated group debt at June 30, 2022 and 2021 is as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
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)	23,950	24,425
Series 2012, principal maturing in varying annual amounts, through July 2039 (6)	22,605	23,470
Series 2014B, principal maturing in varying annual amounts, through August 2033 (7)	14,530	14,530
Series 2016B, principal maturing in varying annual amounts, through August 2045 (8)	10,970	10,970
Series 2014A, principal maturing in varying annual amounts, through August 2022 (7)	4,810	12,385
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>\$ 1,044,722</u>	<u>\$ 1,053,637</u>

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A summary of long-term debt at June 30, 2022 and 2021 is as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Other		
Mortgage note payable to the US Dept of Agriculture; monthly payments of \$10,892 include interest of 2.375% through November 2046	\$ 2,417	\$ 2,489
Note payable to a financial institution with entire principal due June 2034; collateralized by land and building. The note payable is interest free	247	273
Note payable to a financial institution payable in interest free monthly installments through December 2024; collateralized by associated equipment	55	147
Total nonobligated group debt	2,719	2,909
Total obligated group debt	1,044,722	1,053,637
Total long-term debt	1,047,441	1,056,546
Add: Original issue premium and discounts, net	83,249	86,399
Less: Current portion	6,596	9,407
Debt issuance costs, net	6,806	7,181
Total long-term debt, net	<u>\$ 1,117,288</u>	<u>\$ 1,126,357</u>

Aggregate annual principal payments for the next five years ending June 30 and thereafter are as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>
2023	\$ 6,596
2024	15,207
2025	19,362
2026	20,209
2027	20,915
Thereafter	965,152
Total	<u>\$ 1,047,441</u>

Dartmouth-Hitchcock Obligated Group (DHOG) Debt

MHMH established the DHOG for the 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

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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 mature in variable amounts through 2037 and were used primarily to refund a portion of Series 2015A and Series 2016A revenue bonds. The Series 2018B revenue bonds mature in variable amounts through 2048, and were used primarily to refund a portion of Series 2015A and Series 2016A revenue bonds, revolving line of credit, Series 2012 bank loan, and the Series 2015A and Series 2016A swap terminations. The interest on the Series 2018A revenue bonds is variable, with a current interest rate of 5.00%. 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 Series 2020A revenue bonds mature in variable amounts through 2059 and the proceeds 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%.

(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 mature in variable amounts through 2040 and were used primarily to refund Series 2009 and Series 2010 revenue bonds. The Series 2017B revenue bonds mature in variable amounts through 2031 and were used to refund Series 2012A and Series 2012B revenue bonds. The interest on the Series 2017A revenue bonds is fixed, with an interest rate of 5.00%. The interest on the Series 2017B revenue bonds is fixed, with an interest rate of 2.54%.

(4) Series 2019A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2019A, in October 2019. The Series 2019A revenue bonds mature in variable amounts through 2043 and were 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%.

(5) Series 2018C Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018C, in August 2018. The Series 2018C revenue bonds mature in variable amounts through 2030 and were used primarily to refinance

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the Series 2010 revenue bonds. The interest on the Series is fixed, with an interest rate of 3.22%.

(6) Series 2012 Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2012, in November 2012. The Series 2012 revenue bonds mature in variable amounts through 2039 and were used to refund 1998 and 2009 Series revenue bonds, finance the settlement cost of the interest rate swap, and finance the purchase of certain equipment and renovations. The revenue bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%).

(7) Series 2014A and Series 2014B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2014A and Series 2014B, in August 2014. The Series 2014A revenue bonds mature in 2022. The Series 2014B revenue bonds mature at various dates through 2033. The proceeds from the Series 2014A and 2014B revenue bonds were used partially to 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%. Interest on the Series 2014B revenue bonds is fixed, with an interest rate of 4.00%.

(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 mature at various dates through 2045 and were used to finance certain 2016 projects. The Series 2016B is fixed, with an interest rate of 1.78%.

(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 needs require. The note matures at various dates through 2035 and is fixed, with an interest rate of 2.56%.

Outstanding joint and several indebtedness of the DHOG at June 30, 2022 and 2021 is \$1,044,722 and \$1,053,637, respectively.

The Health System indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of \$99,397,000 and \$170,399,000 at June 30, 2022 and 2021, respectively, are classified as assets limited as to use in the accompanying Consolidated Balance Sheets (Note 5). In addition, debt service reserves of approximately \$6,674,000 and \$8,035,000 at June 30, 2022 and 2021, 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, 2022 and 2021.

For the years ended June 30, 2022 and 2021 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 \$32,113,000 and \$30,787,000, respectively, and other non-operating losses of \$3,782,000 and \$3,782,000, respectively, net of amounts capitalized.

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11. Employee Benefits

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 insurance benefit plans to certain active and former employees who meet eligibility requirements. The postretirement medical and life plans are not funded.

The Health System's defined benefit plans have been frozen and, therefore, there are no remaining participants earning benefits in any of the Health System's defined benefit plans.

For the year ended June 30, 2021, the Health System executed 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.

Defined Benefit Plans

Net periodic pension expense included in employee benefits expense, in the Consolidated Statements of Operations and Changes in Net Assets, is comprised of the following components for the years ended June 30, 2022 and 2021:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Interest cost on projected benefit obligation	\$ 36,722	\$ 36,616
Expected return on plan assets	(65,917)	(63,261)
Net loss amortization	<u>13,139</u>	<u>14,590</u>
Total net periodic pension expense	<u>\$ (16,056)</u>	<u>\$ (12,055)</u>

The following assumptions were used to determine net periodic pension expense as of June 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Discount rates	3.30%	3.00 - 3.10%
Rate of increase in compensation	N/A	N/A
Expected long-term rates 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, 2022 and 2021:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Change in benefit obligation		
Benefit obligation, beginning of year	\$ 1,140,221	\$ 1,209,100
Interest cost	36,722	36,616
Benefits paid	(54,864)	(52,134)
Actuarial loss	(183,193)	(22,411)
Settlements	-	(30,950)
Benefit obligation, end of year	<u>938,886</u>	<u>1,140,221</u>
Change in plan assets		
Fair value of plan assets, beginning of year	958,864	929,453
Actual return on plan assets	(169,405)	87,446
Benefits paid	(54,864)	(52,134)
Employer contributions	12,500	25,049
Settlements	-	(30,950)
Fair value of plan assets, end of year	<u>747,095</u>	<u>958,864</u>
Funded status of the plans	(191,791)	(181,357)
Less: Current portion of liability for pension	-	(46)
Long-term portion of liability for pension	<u>(191,791)</u>	<u>(181,311)</u>
Liability for pension	<u>\$ (191,791)</u>	<u>\$ (181,357)</u>

As of June 30, 2022 and 2021, 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 \$519,946,000 and \$481,073,000 of net actuarial loss as of June 30, 2022 and 2021, respectively.

The estimated amounts to be amortized from net assets without donor restrictions into net periodic pension expense in fiscal year 2022 for net actuarial losses is \$13,139,000.

The accumulated benefit obligation for the defined benefit pension plans was \$939,000,000 and \$1,140,000,000 at June 30, 2022 and 2021, respectively.

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The following table sets forth the assumptions used to determine the accumulated benefit obligation at June 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Discount rates	4.40 - 5.10%	3.30%
Rate of increase in compensation	N/A	N/A

The primary investment objective for the defined benefit plans' 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 pension plan's liabilities. As of June 30, 2022, it is expected that the LDI strategy will hedge approximately 70% of the interest rate risk associated with pension liabilities. As of June 30, 2021, the expected LDI hedge was approximately 75%. To achieve the appreciation and hedging objectives, the pension plans utilize a diversified structure of asset classes. The asset classes are 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:

	<u>Range of Target Allocations</u>	<u>Target Allocations</u>
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 pension 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 pension 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 pension plans' investments and deferred compensation plan assets that were accounted for at fair value as of June 30, 2022 and 2021:

(in thousands of dollars)	2022				Redemption or Liquidation	Days' Notice
	Level 1	Level 2	Level 3	Total		
Investments						
Cash and short-term investments	\$ -	\$ 16,030	\$ -	\$ 16,030	Daily	1
U.S. government securities	124,686	-	-	124,686	Daily-Monthly	1-15
Domestic debt securities	17,530	226,107	-	243,637	Daily-Monthly	1-15
Global debt securities	-	24,136	-	24,136	Daily-Monthly	1-15
Domestic equities	104,070	31,324	-	135,394	Daily-Monthly	1-10
International equities	15,558	20,406	-	35,964	Daily-Monthly	1-11
Emerging market equities	-	25,487	-	25,487	Daily-Monthly	1-17
Global equities	-	54,787	-	54,787	Daily-Monthly	1-17
REIT funds	-	-	-	-	Daily-Monthly	1-17
Private equity funds	-	-	14	14	See Note 5	See Note 5
Hedge funds	-	-	86,960	86,960	Quarterly-Annual	60-96
Total investments	\$ 261,844	\$ 398,277	\$ 86,974	\$ 747,095		

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<i>(in thousands of dollars)</i>	2021				<u>Redemption or Liquidation</u>	<u>Days' Notice</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>		
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 5	See Note 5
Hedge funds	-	-	15,512	15,512	Quarterly-Annual	60-96
Total investments	\$ 355,225	\$ 588,112	\$ 15,527	\$ 958,864		

The following tables present additional information about the changes in Level 3 assets measured at fair value for the years ended June 30, 2022 and 2021:

<i>(in thousands of dollars)</i>	2022		
	<u>Hedge Funds</u>	<u>Private Equity Funds</u>	<u>Total</u>
Beginning of year balances	\$ 15,512	\$ 15	\$ 15,527
Purchases	81,400	-	81,400
Sales	(2,152)	-	(2,152)
Net unrealized losses	(7,800)	(1)	(7,801)
End of year balances	\$ 86,960	\$ 14	\$ 86,974

<i>(in thousands of dollars)</i>	2021		
	<u>Hedge Funds</u>	<u>Private Equity Funds</u>	<u>Total</u>
Beginning of year balances	\$ 47,351	\$ 17	\$ 47,368
Sales	(38,000)	-	(38,000)
Net unrealized gains (losses)	6,161	(2)	6,159
End of year balances	\$ 15,512	\$ 15	\$ 15,527

The total aggregate net unrealized (losses) gains included in the fair value of the Level 3 investments as of June 30, 2022 and 2021 were approximately (\$543,000) and \$7,635,000, respectively. There were transfers out of Level 3 measurements during the years ended June 30, 2022 and 2021. The hedge funds' liquidation will be completed by the end of Fiscal Year 2023.

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, 2022 and 2021.

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The weighted average asset allocation, by asset category, for the Health System's pension plans is as follows at June 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Cash and short-term investments	2 %	6 %
U.S. government securities	17	5
Domestic debt securities	33	46
Global debt securities	3	4
Domestic equities	18	19
International equities	5	7
Emerging market equities	3	5
Global equities	7	6
Hedge funds	12	2
Total	<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 \$12,500,000 to the Plans in 2023 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)

2023	\$	124,252
2024		56,264
2025		57,774
2026		59,040
2027		60,176
2028 – 2032		310,262

The Cheshire Medical Center plan was terminated effective June 30, 2022, pending regulatory approvals. Following regulatory approval, the plan sponsor intends to distribute assets and settle plan obligations through a lump sum offering to active and terminated vested participants and a group annuity contract will be purchased for any participant that doesn't elect the lump sum, along with all participants currently in pay status. It is anticipated that benefits will be distributed by June 30, 2023. The benefit obligation for the plan reflects anticipated disbursement costs and a terminal cash contribution to fully fund benefits will be made at that time. The obligations reflect the cost of providing the lump sums and group annuity, described above, as well as administrative costs and a terminal contribution which will be necessary to fund all of the costs of terminating the plan. It is expected that the obligations will be settled by June 30, 2023 and the plan termination liability will reflect economic conditions, lump sum election rates and annuity pricing at that time. As a result, the final plan termination liability may be different from the amounts shown in this report.

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Defined Contribution Plans

The Health System has an employer-sponsored 401(a) plan for certain of its members, under which the employer makes base match contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of approximately \$64,946,000 and \$60,268,000 in 2022 and 2021, respectively, are included in employee benefits expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

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 2022 and 2021.

Postretirement Medical and Life Insurance Benefits

The Health System has postretirement medical and life insurance 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, 2022 and 2021:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Service cost	\$ 456	\$ 533
Interest cost	1,394	1,340
Net prior service income	-	(3,582)
Net loss amortization	752	738
Total	<u>\$ 2,602</u>	<u>\$ (971)</u>

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The following table sets forth the accumulated postretirement medical and life insurance benefit obligation amounts recognized in the Health System's consolidated financial statements at June 30, 2022 and 2021:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Change in benefit obligation		
Accumulated benefit obligation, beginning of year	\$ 46,863	\$ 48,078
Service cost	456	533
Interest cost	1,394	1,340
Benefits paid	(3,401)	(3,439)
Actuarial loss	(4,964)	383
Employer contributions	<u>(33)</u>	<u>(32)</u>
Accumulated benefit obligation, end of year	<u>40,315</u>	<u>46,863</u>
Current portion of liability for postretirement medical and life benefits	\$ (3,500)	\$ (3,422)
Long-term portion of liability for postretirement medical and life benefits	<u>(36,815)</u>	<u>(43,441)</u>
Funded status of the plans and liability for postretirement medical and life benefits	<u>\$ (40,315)</u>	<u>\$ (46,863)</u>

As of June 30, 2022 and 2021, the liability for postretirement medical and life insurance 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 income for the postretirement medical and life insurance benefit plans, included in the change in net assets without donor restrictions, are as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Net actuarial loss	<u>4,445</u>	<u>9,981</u>
Total	<u>\$ 4,445</u>	<u>\$ 9,981</u>

The estimated amount of net losses that will be amortized from net assets without donor restrictions into net periodic postretirement income in fiscal year 2023 is approximately \$62,000.

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The following future benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30, 2022 and thereafter:

(in thousands of dollars)

2023	\$ 3,500
2024	3,721
2025	3,725
2026	3,720
2027	3,700
2028-2032	16,820

In determining the accumulated benefit obligation for the postretirement medical and life insurance plans, the Health System used a discount rates of 5.10% in 2022, and an assumed healthcare cost trend rate of 7.00%, trending down to 5.00% in 2029 and thereafter.

12. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College, Cheshire, 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. RRG cedes the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda, and HAC cedes a portion of this risk to a variety of commercial-reinsurers. D-H has majority ownership interest in both HAC and RRG. The insurance program provides coverage to the covered institutions, named insureds and their employees 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, 2022 and 2021, are summarized as follows:

	2022		
	<u>HAC</u>	<u>RRG</u>	<u>Total</u>
<i>(in thousands of dollars)</i>			
Assets	\$ 79,831	\$ 2,245	\$ 82,076
Shareholders' equity	13,620	50	13,670
	2021		
	<u>HAC</u>	<u>RRG</u>	<u>Total</u>
<i>(in thousands of dollars)</i>			
Assets	\$ 71,772	\$ 3,583	\$ 75,355
Shareholders' equity	13,620	50	13,670

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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.

Line of Credit

The Health System has entered into a loan agreement with a financial institution, establishing access to revolving loans ranging from \$10,000,000 up to \$30,000,000. Interest is variable and determined using the Bloomberg Short-Term Bank Yield Index or the Wall Street Journal Prime Rate. The loan agreement is due to expire March 29, 2023. There was no outstanding balance under the line of credit as of June 30, 2022 and 2021. Interest expense was approximately \$91,000 and \$28,000, 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.

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2022 and 2021

Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2022:

<i>(in thousands of dollars)</i>	2022			
	Program Services	Management and General	Fundraising	Total
Operating expenses				
Salaries	\$ 1,129,572	\$ 184,533	\$ 1,302	\$ 1,315,407
Employee benefits	281,455	40,887	228	322,570
Medical supplies and medications	645,437	3,835	-	649,272
Purchased services and other	255,639	142,241	5,982	403,862
Medicaid enhancement tax	82,725	-	-	82,725
Depreciation and amortization	42,227	44,675	56	86,958
Interest	9,116	22,987	10	32,113
Total operating expenses	<u>\$ 2,446,171</u>	<u>\$ 439,158</u>	<u>\$ 7,578</u>	<u>\$ 2,892,907</u>
Non-operating income				
Employee benefits	\$ 12,144	\$ 1,755	\$ 11	\$ 13,910
Total non-operating income	<u>\$ 12,144</u>	<u>\$ 1,755</u>	<u>\$ 11</u>	<u>\$ 13,910</u>

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2022 and 2021

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			
	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Total</u>
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>

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 Sheets may not be available for general expenditure within one year of the balance sheet date.

Dartmouth-Hitchcock Health and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2022 and 2021

The Health System's financial assets available at June 30, 2022 and 2021 to meet cash needs for general expenditures within one year of June 30, 2022 and 2021, are as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Cash and cash equivalents	\$ 191,929	\$ 374,928
Patient accounts receivable	251,250	232,161
Assets limited as to use	1,181,094	1,378,479
Other investments for restricted activities	175,116	168,035
Total financial assets	<u>\$ 1,799,389</u>	<u>\$ 2,153,603</u>
Less: Those unavailable for general expenditure within one year:		
Investments held by captive insurance companies	57,522	57,239
Investments for restricted activities	175,116	168,035
Bond proceeds held for capital projects	99,397	178,434
Other investments with liquidity horizons greater than one year	159,792	111,390
Total financial assets available within one year	<u>\$ 1,307,562</u>	<u>\$ 1,638,505</u>

The Health System generated cash flow from operations of approximately \$(123,525,000) and \$95,740,000 for the years ended June 30, 2022 and June 30, 2021, 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. The Health System uses the implicit rate noted within the contract. If not readily available, the Health System uses an 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, rather the Health System recognizes lease expense for these leases on a straight-line basis, over the lease term, within lease and rental expense.

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. 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 the Health System's sole discretion. When

Dartmouth-Hitchcock Health and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2022 and 2021

determining the lease term, management includes options to extend or terminate the lease when it is reasonably certain that the Health System 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 years ended June 30, 2022 and 2021 are as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Operating lease cost	\$ 9,573	\$ 10,381
Variable and short term lease cost (a)	<u>10,894</u>	<u>8,019</u>
Total lease and rental expense	<u>\$ 20,467</u>	<u>\$ 18,400</u>
Finance lease cost:		
Depreciation of property under finance lease	\$ 3,345	\$ 3,408
Interest on debt of property under finance lease	<u>448</u>	<u>533</u>
Total finance lease cost	<u>\$ 3,793</u>	<u>\$ 3,941</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 years ended June 30, 2022 and 2021 are as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	\$ 9,952	\$ 10,611
Operating cash flows from finance leases	448	533
Financing cash flows from finance leases	<u>3,255</u>	<u>3,108</u>
Total	<u>\$ 13,655</u>	<u>\$ 14,252</u>

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2022 and 2021

Supplemental balance sheet information related to leases as of June 30, 2022 and 2021 are as follows:

<i>(in thousands of dollars)</i>	<u>2022</u>	<u>2021</u>
Operating Leases		
Right-of-use assets - operating leases	\$ 61,165	\$ 51,410
Accumulated amortization	<u>(21,222)</u>	<u>(15,180)</u>
Right-of-use assets - operating leases, net	<u>39,943</u>	<u>36,230</u>
Current portion of right-of-use obligations	8,314	8,038
Long-term right-of-use obligations, excluding current portion	<u>32,207</u>	<u>28,686</u>
Total operating lease liabilities	<u>40,521</u>	<u>36,724</u>
Finance Leases		
Right-of-use assets - finance leases	27,963	27,940
Accumulated depreciation	<u>(8,981)</u>	<u>(5,760)</u>
Right-of-use assets - finance leases, net	<u>18,982</u>	<u>22,180</u>
Current portion of right-of-use obligations	3,005	3,251
Long-term right-of-use obligations, excluding current portion	<u>16,617</u>	<u>19,481</u>
Total finance lease liabilities	<u>\$ 19,622</u>	<u>\$ 22,732</u>
Weighted Average remaining lease term, years		
Operating leases	7.73	6.75
Finance leases	19.77	18.73
Weighted Average discount rate		
Operating leases	2.24%	2.12%
Finance leases	2.17%	2.14%

The System obtained \$8.9 million and \$0.1 million of new and modified operating and financing leases, respectively, during the year ended June 30, 2022.

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.

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2022 and 2021

Future maturities of lease liabilities as of June 30, 2022 are as follows:

<i>(in thousands of dollars)</i>	<u>Operating Leases</u>	<u>Finance Leases</u>
Year ending June 30:		
2023	\$ 9,121	\$ 3,395
2024	7,971	2,297
2025	5,083	1,261
2026	3,750	882
2027	3,357	800
Thereafter	15,096	15,713
Total lease payments	<u>44,378</u>	<u>24,348</u>
Less: Imputed interest	<u>3,857</u>	<u>4,726</u>
Total lease obligations	<u>\$ 40,521</u>	<u>\$ 19,622</u>

17. Subsequent Events

The Health System has assessed the impact of subsequent events through November 16, 2022, 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.

Consolidating Supplemental Information

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2022

<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
Assets											
Current assets											
Cash and cash equivalents	\$ 2,056	\$ 66,827	\$ 20,165	\$ 38,416	\$ 28,467	\$ 11,327	\$ -	\$ 167,258	\$ 24,671	\$ -	\$ 191,929
Patient accounts receivable, net	-	206,400	18,106	9,817	9,175	5,360	-	248,858	2,392	-	251,250
Prepaid expenses and other current assets	23,561	161,262	19,580	3,522	4,452	1,472	(31,119)	182,730	(11,372)	(2,225)	169,133
Total current assets	25,617	434,489	57,851	51,755	42,094	18,159	(31,119)	598,846	15,691	(2,225)	612,312
Assets limited as to use											
Notes receivable, related party	301,000	858,919	12,665	14,680	16,005	25,753	(98,848)	1,130,174	50,920	-	1,181,094
Other investments for restricted activities	842,052	11,557	-	803	-	-	(853,609)	803	(803)	-	-
Property, plant, and equipment, net	490	118,062	16,422	727	3,925	6,846	-	146,492	28,624	-	175,116
Right-of-use assets, net	-	585,064	63,067	24,757	45,973	15,526	-	734,387	30,453	-	764,840
Other assets	1,362	35,321	1,830	14,892	166	5,249	-	58,820	105	-	58,925
Total assets	\$ 1,171,202	\$ 2,189,948	\$ 153,022	\$ 122,005	\$ 114,736	\$ 76,516	\$ (983,576)	\$ 2,843,853	\$ 122,822	\$ (2,225)	\$ 2,964,450
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term debt	\$ -	\$ 4,810	\$ 865	\$ 800	\$ 23	\$ -	\$ -	\$ 6,498	\$ 98	\$ -	\$ 6,596
Current portion of right-of-use obligations	559	8,514	689	852	172	473	-	11,259	60	-	11,319
Current portion of liability for pension and other postretirement plan benefits	-	3,500	-	-	-	-	-	3,500	-	-	3,500
Accounts payable and accrued expenses	147,626	100,110	16,607	4,883	4,843	8,693	(129,967)	152,795	6,002	(2,225)	156,572
Accrued compensation and related benefits	-	169,194	6,817	4,431	4,507	4,434	-	189,383	1,177	-	190,560
Estimated third-party settlements	3,002	68,876	22,999	17,488	21,886	647	-	134,898	-	-	134,898
Total current liabilities	151,187	355,004	47,977	28,454	31,431	14,247	(129,967)	498,333	7,337	(2,225)	503,445
Notes payable, related party	-	808,602	-	-	27,437	17,570	(853,609)	-	-	-	-
Long-term debt, excluding current portion	1,044,845	25,084	21,867	23,060	32	(110)	-	1,114,778	2,510	-	1,117,288
Right-of-use obligations, excluding current portion	803	27,359	1,233	14,499	-	4,885	-	48,779	45	-	48,824
Insurance deposits and related liabilities	-	76,678	623	373	401	250	-	78,325	66	-	78,391
Liability for pension and other postretirement plan benefits, excluding current portion	-	220,350	7,774	-	-	481	-	228,605	1	-	228,606
Other liabilities	-	129,092	1,109	300	1,749	-	-	132,250	21,846	-	154,096
Total liabilities	1,196,835	1,642,169	80,583	66,686	61,050	37,323	(983,576)	2,101,070	31,805	(2,225)	2,130,650
Commitments and contingencies											
Net assets											
Net assets without donor restrictions	(25,638)	418,255	53,648	54,590	48,974	31,078	-	580,905	53,352	40	634,297
Net assets with donor restrictions	5	129,524	18,793	729	4,712	8,115	-	161,878	37,865	(40)	199,503
Total net assets	(25,633)	547,779	72,439	55,319	53,686	39,193	-	742,783	91,017	-	833,800
Total liabilities and net assets	\$ 1,171,202	\$ 2,189,948	\$ 153,022	\$ 122,005	\$ 114,736	\$ 76,516	\$ (983,576)	\$ 2,843,853	\$ 122,822	\$ (2,225)	\$ 2,964,450

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

June 30, 2022

<i>(in thousands of dollars)</i>	<u>D-HH and Other Subsidiaries</u>	<u>D-H and Subsidiaries</u>	<u>Cheshire and Subsidiaries</u>	<u>NLH</u>	<u>MAHHC and Subsidiaries</u>	<u>APD and Subsidiary</u>	<u>VNH and Subsidiaries</u>	<u>Eliminations</u>	<u>Health System Consolidated</u>
Assets									
Current assets									
Cash and cash equivalents	\$ 2,056	\$ 68,075	\$ 32,500	\$ 28,467	\$ 11,631	\$ 47,894	\$ 1,306	\$ -	\$ 191,929
Patient accounts receivable, net	-	206,400	18,106	9,175	5,431	9,817	2,321	-	251,250
Prepaid expenses and other current assets	23,561	161,508	8,296	4,452	1,499	2,678	483	(33,344)	169,133
Total current assets	25,617	435,983	58,902	42,094	18,561	60,389	4,110	(33,344)	612,312
Assets limited as to use									
Notes receivable, related party	301,000	884,007	13,183	16,005	26,979	14,680	24,088	(98,848)	1,181,094
Other investments for restricted activities	842,052	11,557	-	-	-	-	-	(853,609)	-
Other investments for restricted activities	490	125,614	37,124	3,925	6,846	1,031	86	-	175,116
Property, plant, and equipment, net	-	587,739	66,385	45,973	16,947	42,436	5,360	-	764,840
Right-of-use assets, net	1,362	35,321	1,830	166	5,248	14,892	106	-	58,925
Other assets	681	146,699	8,316	6,573	2,526	7,292	76	-	172,163
Total assets	\$ 1,171,202	\$ 2,226,920	\$ 185,740	\$ 114,736	\$ 77,107	\$ 140,720	\$ 33,826	\$ (985,801)	\$ 2,964,450
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	\$ -	\$ 4,810	\$ 865	\$ 23	\$ 26	\$ 800	\$ 72	\$ -	\$ 6,596
Current portion of right-of-use obligations	559	8,514	689	172	472	852	61	-	11,319
Current portion of liability for pension and other postretirement plan benefits	-	3,500	-	-	-	-	-	-	3,500
Accounts payable and accrued expenses	147,626	100,617	16,726	4,843	8,831	5,481	4,640	(132,192)	156,572
Accrued compensation and related benefits	-	169,194	6,817	4,507	4,490	4,735	817	-	190,560
Estimated third-party settlements	3,002	68,876	22,999	21,886	647	17,488	-	-	134,898
Total current liabilities	151,187	355,511	48,096	31,431	14,466	29,356	5,590	(132,192)	503,445
Notes payable, related party	-	808,602	-	27,437	17,570	-	-	(853,609)	-
Long-term debt, excluding current portion	1,044,845	25,084	21,867	32	110	23,005	2,345	-	1,117,288
Right-of-use obligations, excluding current portion	803	27,359	1,233	-	4,885	14,499	45	-	48,824
Insurance deposits and related liabilities	-	76,678	623	401	250	373	66	-	78,391
Liability for pension and other postretirement plan benefits, excluding current portion	-	220,350	7,774	-	482	-	-	-	228,606
Other liabilities	-	129,092	1,109	1,749	-	22,146	-	-	154,096
Total liabilities	1,196,835	1,642,676	80,702	61,050	37,763	89,379	8,046	(985,801)	2,130,650
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	(25,638)	447,013	56,674	48,974	31,231	50,308	25,695	40	634,297
Net assets with donor restrictions	5	137,231	48,364	4,712	8,113	1,033	85	(40)	199,503
Total net assets	(25,633)	584,244	105,038	53,686	39,344	51,341	25,780	-	833,800
Total liabilities and net assets	\$ 1,171,202	\$ 2,226,920	\$ 185,740	\$ 114,736	\$ 77,107	\$ 140,720	\$ 33,826	\$ (985,801)	\$ 2,964,450

Dartmouth-Hitchcock Health and Subsidiaries

Consolidating Balance Sheets

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
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	6,699	6,522	-	229,588	2,573	-	232,161
Prepaid expenses and other current assets	23,267	151,336	20,932	2,012	4,771	1,793	(35,942)	168,169	(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)	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	11,769	-	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	1,233	32,343	2,396	18,104	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	\$ 99	\$ -	\$ 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	8,648	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	2,601	-	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	5,286	-	-	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	69,115	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	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	-	144,363	39,947	(40)	184,270
Total net assets	(2,276)	638,858	80,436	40,097	45,034	39,431	-	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 Subsidiary	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	(36,159)	157,318
Total current assets	25,093	575,429	67,598	38,284	27,037	58,648	8,477	(36,159)	764,407
Assets limited as to use	380,020	1,066,781	20,459	16,725	21,533	15,480	27,330	(169,849)	1,378,479
Notes receivable, related party	845,157	11,769	-	-	-	-	-	(856,926)	-
Other investments for restricted activities	248	119,371	34,921	4,266	7,698	1,501	30	-	168,035
Property, plant, and equipment, net	-	504,315	67,543	47,232	16,932	41,218	3,193	-	680,433
Right-of-use assets, net	1,233	32,343	2,396	360	5,820	16,104	154	-	58,410
Other assets	2,431	146,408	10,286	7,282	2,715	7,534	442	-	177,098
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	99,682	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	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	36,565	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	1,047,659	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	-	26,852	-	-	214,714
Total liabilities	1,256,458	1,778,429	88,041	69,115	41,962	103,921	8,973	(1,062,934)	2,283,965
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	758,627
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	30,653	-	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 Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2022

<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	\$ -	\$ 1,751,093	\$ 236,645	\$ 99,403	\$ 79,754	\$ 59,040	\$ -	\$ 2,225,935	\$ 17,302	\$ -	\$ 2,243,237
Contracted revenue	209	133,928	165	21	22	3,521	(60,573)	77,293	458	(85)	77,666
Other operating revenue	38,568	492,455	23,736	4,146	7,527	2,754	(50,711)	518,475	16,731	(1,175)	534,031
Net assets released from restrictions	249	13,299	779	435	190	204	-	15,156	738	-	15,894
Total operating revenue and other support	39,026	2,390,775	261,325	104,005	87,493	65,519	(111,284)	2,836,859	35,229	(1,260)	2,870,828
Operating expenses											
Salaries	-	1,091,601	135,083	43,266	40,219	28,960	(45,229)	1,293,900	20,422	1,085	1,315,407
Employee benefits	-	266,795	31,761	10,302	7,537	8,240	(5,842)	318,793	3,514	263	322,570
Medications and medical supplies	-	578,581	43,203	12,266	9,946	4,127	-	648,123	1,149	-	649,272
Purchased services and other	25,638	312,373	42,723	15,951	13,068	17,383	(32,862)	394,274	11,398	(1,810)	403,862
Medicaid enhancement tax	-	64,036	9,468	3,980	2,834	2,407	-	82,725	-	-	82,725
Depreciation and amortization	-	64,643	8,771	3,519	4,819	2,359	-	84,111	2,847	-	86,958
Interest	32,536	25,365	914	876	1,073	493	(29,530)	31,727	386	-	32,113
Total operating expenses	58,174	2,403,394	271,923	90,160	79,496	63,969	(113,463)	2,853,653	39,716	(462)	2,892,907
Operating (loss) margin	(19,148)	(12,619)	(10,598)	13,845	7,997	1,550	2,179	(16,794)	(4,487)	(798)	(22,079)
Non-operating (losses) gains											
Investment losses, net	(8,026)	(58,973)	(2,068)	(795)	(1,114)	(1,555)	(210)	(72,741)	(6,003)	-	(78,744)
Other components of net periodic pension and post retirement benefit income	-	11,902	2,008	-	-	-	-	13,910	-	-	13,910
Other (losses) income, net	(3,540)	(1,641)	(542)	-	1	169	(1,969)	(7,522)	66	798	(6,658)
Total non-operating (losses) gains, net	(11,566)	(48,712)	(602)	(795)	(1,113)	(1,386)	(2,179)	(66,353)	(5,937)	798	(71,492)
(Deficiency) excess of revenue over expenses	(30,714)	(61,331)	(11,200)	13,050	6,884	164	-	(83,147)	(10,424)	-	(93,571)
Net assets without donor restrictions											
Net assets released from restrictions for capital	-	678	52	-	460	233	-	1,423	150	-	1,573
Change in funded status of pension and other postretirement benefits	-	(27,860)	(4,496)	-	-	48	-	(32,308)	(1)	-	(32,309)
Net assets transferred to (from) affiliates	7,600	(19,385)	4,066	2,571	2,096	795	-	(2,257)	2,257	-	-
Other changes in net assets	-	-	-	-	(23)	-	-	(23)	-	-	(23)
(Decrease) increase in net assets without donor restrictions	\$ (23,114)	\$ (107,898)	\$ (11,578)	\$ 15,621	\$ 9,417	\$ 1,240	\$ -	\$ (116,312)	\$ (8,018)	\$ -	\$ (124,330)

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2022

<i>(in thousands of dollars)</i>	Dartmouth- Hitchcock Health	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH	MAHHC and Subsidiaries	APD and Subsidiary	VNH and Subsidiaries	Eliminations	Health System Consolidated
Operating revenue and other support									
Patient service revenue	\$ -	\$ 1,751,093	\$ 236,645	\$ 79,754	\$ 59,041	\$ 99,403	\$ 17,301	\$ -	\$ 2,243,237
Contracted revenue	209	134,388	165	21	3,521	21	-	(60,659)	77,666
Other operating revenue	38,568	494,363	23,794	7,527	4,370	14,587	2,708	(51,886)	534,031
Net assets released from restrictions	249	13,873	821	190	204	548	9	-	15,894
Total operating revenue and other support	39,026	2,393,717	261,425	87,492	67,136	114,559	20,018	(112,545)	2,870,828
Operating expenses									
Salaries	-	1,091,601	135,116	40,219	29,729	47,352	15,534	(44,144)	1,315,407
Employee benefits	-	266,795	31,770	7,537	8,361	11,169	2,517	(5,579)	322,570
Medications and medical supplies	-	578,581	43,203	9,946	4,126	12,297	1,123	(4)	649,272
Purchased services and other	25,638	315,589	42,938	13,067	18,072	18,915	4,313	(34,670)	403,862
Medicaid enhancement tax	-	64,036	9,469	2,834	2,406	3,980	-	-	82,725
Depreciation and amortization	-	64,643	8,895	4,819	2,483	5,595	523	-	86,958
Interest	32,536	25,365	914	1,073	493	1,204	58	(29,530)	32,113
Total operating expenses	58,174	2,406,610	272,305	79,495	65,670	100,512	24,068	(113,927)	2,892,907
Operating (loss) margin	(19,148)	(12,893)	(10,880)	7,997	1,466	14,047	(4,050)	1,382	(22,079)
Non-operating (losses) gains									
Investment losses, net	(8,026)	(61,039)	(2,163)	(1,114)	(1,663)	(1,373)	(3,155)	(211)	(78,744)
Other components of net periodic pension and post retirement benefit income	-	11,902	2,008	-	-	-	-	-	13,910
Other (losses) income, net	(3,540)	(1,641)	(542)	1	179	-	56	(1,171)	(6,658)
Total non-operating losses, net	(11,566)	(50,778)	(697)	(1,113)	(1,484)	(1,373)	(3,099)	(1,382)	(71,492)
(Deficiency) excess of revenue over expenses	(30,714)	(63,671)	(11,577)	6,884	(18)	12,674	(7,149)	-	(93,571)
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	834	53	460	226	-	-	-	1,573
Change in funded status of pension and other postretirement benefits	-	(27,860)	(4,496)	-	47	-	-	-	(32,309)
Net assets transferred to (from) affiliates	7,600	(19,391)	4,108	2,096	795	2,571	2,221	-	-
Other changes in net assets	-	-	-	(23)	-	-	-	-	(23)
(Decrease) increase in net assets without donor restrictions	\$ (23,114)	\$ (110,088)	\$ (11,912)	\$ 9,417	\$ 1,050	\$ 15,245	\$ (4,928)	\$ -	\$ (124,330)

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
Net 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	18,800	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	291,364	33,737	12,398	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	4,384	2,817	-	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)
(Decrease) 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>	<u>D-HH and Other Subsidiaries</u>	<u>D-H and Subsidiaries</u>	<u>Cheshire and Subsidiaries</u>	<u>NLH and Subsidiaries</u>	<u>MAHHC and Subsidiaries</u>	<u>APD and Subsidiary</u>	<u>VNH and Subsidiaries</u>	<u>Eliminations</u>	<u>Health System Consolidated</u>
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)
(Decrease) 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
Note to Supplemental Consolidating Information
June 30, 2022 and 2021

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-- Mission

To lead our community to optimal health and wellness through our clinical and service excellence, collaboration, and compassion for every patient, every time.

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

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 offer care 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

Crotched 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, Gilsum, 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-Mayenosa

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 CBI 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.

Heather Trempe

Masters level Mental Health Clinician

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
- Crisis 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

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	May 2019
<i>Master of Social Work</i>	<i>UNH Phi Alpha Social Work Honors Society</i>
University of New Hampshire - Durham, NH	May 2016
<i>Bachelor of Arts in Psychology</i>	<i>University Scholar GPA 3.57</i>
Bond University – Queensland, Australia	January 2015-April 2015
<i>Semester Abroad Studying Psychology</i>	<i>Global Ambassador</i>

PROFESSIONAL EXPERIENCE

Monadnock Family Services – Keene, NH May 2019 – Present
Clinician – Child, Adolescent, and Families Program

- 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 September 2018 – May 2019
Clinical Intern

- 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 August 2017 – May 2018
Social Work Intern

- 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 Summer 2014
Drug Court Intern

- 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*

Martha Barnard, LCMHC, MLADC

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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

Savannah Cavadini, LPN

OBJECTIVE:

Patient-focused current Licensed Practical Nurse, with experience as Licensed Nursing Assistant, who is also an ambitious nursing student with experience in health care field and has a passion for learning and growing professionally within a dynamic healthcare environment.

EDUCATION

River Valley Community College: Keene, NH
Associates of Science in Nursing
River Valley Community College: Keene, NH
Certificate Licensed Practical Nursing

Expected: May 2023

Graduated: December 2021

CLINICAL EXPERIENCE

Pediatrics: Cedarcrest Center for Children: Keene, NH
Obstetrics: WAHCU, Cheshire Medical Center: Keene, NH
Psychiatrics: Windham Center for Psychiatric Care: Bellows Falls, VT
Medical-Surgical: Thompson, Cheshire Medical Center: Keene, NH

Spring 2023

Fall 2022 & Spring 2023

Spring 2023

Fall 2022 & Spring 2023

WORK EXPERIENCE

Behavioral Health Network, New View: Greenfield, MA

December 2022 - Present

LPN – Behavioral Health Section 35 Unit

- Respected patient's privacy and dignity, upholding all facility policies and HIPAA regulations
- Cared for an average of 20 patients while working with another staff RN and two aides
- Obtain and transcribe orders from providers
- Assess patients in withdrawal and provide appropriate education and medication following protocol closely
- Routinely monitored and recorded patients vitals including blood pressure, blood glucose levels, respiration assessments
- Experience assessing patients in withdrawal from alcohol and opioids with CIWA and COWS forms
- Experience using Methasoft EMR, and Carelogic EMR

Keene Metro Clinic/ New Seasons: Swanzey, NH

May 2022- December 2023

LPN – Medication dispensing and dosing nurse

- Obtained and recorded patients' vital signs, intake assessments
- Respected patient's privacy and dignity, upholding all facility policies and HIPAA regulations
- Premedication daily assessments
- Assisted with DEA regulated tracking and measurement of dispensed controlled substance
- Routinely followed NH Board of Pharmacy protocols for medication storage, dispensing, and wasting
- Experience with counting and receiving controlled substances, and monthly regulated paperwork

Cheshire Medical Center Thompson & Kingsbury Units: Keene, NH

Licensed Nursing Assistant

- Carefully transferred patients into beds, wheelchairs, and chairs using gait belts and other tools
- Provided behavioral and emotional support, companionship and supervision for patients in need
- Respected patient's privacy and dignity, upholding all facility policies and HIPAA regulations
- Adapted to surge of patients during the COVID 19 pandemic, working overtime and implementing new care procedures
- Cared for an average of 10 to 15 patients a shift while assisting 4 to 6 RN and providers during the peak of the pandemic

May 2020 – April 2022

CERTIFICATIONS, ADDITIONAL SKILLS and AWARDS

- Licensed Practical Nurse, New Hampshire #018534-22 and Massachusetts #LN101350
- Previously Licensed Nurse Assistant, New Hampshire
- BLS certified through American Heart Association
- President of RVCC Nursing Club 2022-2023

Tate S. Erickson

Professional Experience

Dartmouth Hitchcock Keene – Dartmouth Health - Keene, NH

Departments of Surgery and Specialty Medicine, Administrative Director Nov, 2021 - present
Responsible Departments – Ambulatory oversight of 10 *Surgical* & 14 *Specialty Medicine* cost centers

- Operational oversight – direct all aspects of outpatient operations with oversight of 165 staff and 65 physicians and APP's
- Budget Development & Management
 - Develop annual budget for 24 surgical and specialty medicine cost centers
 - Oversee revenue and expense management of specialty medicine cost centers
 - Responsible for Profit and Loss (P&L) of all cost centers
 - Develop cost center business plans using appropriate statistical and financial performance measures
- Operational Excellence – lead teams/projects to develop process improvements and/or strategic growth in:
 - Per Protocol Ordering compliance – DH initiative to protocolize all standing orders for labs, radiology and medicine in all ambulatory divisions to reach 100% compliance
 - Palliative medicine team – develop net new FTE and revenue
 - Infectious Disease team – add net new FTE and develop robust ambulatory ID care
 - Cardiology Echocardiogram growth – expand space, net new FTE and echo volume
 - Ambulatory Scheduling Optimization
- Performance Management and Employee Engagement
 - Active leader in Huron Consulting Leadership hospital wide initiative
 - Leader in monthly department rounding, triad and department meetings
 - Dartmouth Health Engagement Champion

Dartmouth-Hitchcock Medical Center – Lebanon, NH

Department of Medicine, Senior Practice Manager January 2020 – October 2021
Responsible Departments – *Gastroenterology & Hepatology, Endoscopy, Medical Infusion, Allergy, Hypertension/Nephrology, Sleep Medicine Center, Weight & Wellness Center, Palliative Medicine, Hyperbaric Medicine, General Internal Medicine, Geriatrics and Clinical Pharmacology*

- Financial Stewardship – Oversee development and expense management of 178M in gross patient revenue and 35M in controllable expenses. Oversight of 157 employees throughout 12 departments
- Business Development – Lead development of pro formas and financial analysis for all responsible departments' strategic growth initiatives. Key FY21 business plans:
 - Allergy nursing scope of services – RN scope of service shift to increase operating margin & backlog reduction

- Weight & Wellness / Bariatric Surgery integration & expansion - +1.7M in operating revenue
- Motility lab expansion proposal - 37% growth opportunity
- Sleep Medicine Lab expansion plan - 440K in additional patient revenue
- Operational Excellence – Lead and collaborated with DOM Practice managers in:
 - GI/Endoscopy Covid pandemic recovery
 - Telehealth implementation throughout the DOM during Covid pandemic
 - Surgical & Medical Specialty Care recovery committee
 - D-HH Covid 19 Vaccination Operations Team
- Performance Management
 - Strategic leader in monthly DOM Practice Manager Transformation Leadership & Financial Stewardship team meetings
 - Denials prevention – prior authorization collaborative meetings to reach KPI's in Allergy, Sleep Medicine and Medical Infusion
 - Sleep Medicine Lab management realignment
- Clinical & Shared Service Integration
 - Center for Digestive Health steering committee
 - Centralizing Endoscopy scheduling realignment
 - APD Endoscopy partnership
 - Fresenius partnership growth and expansion – acute and outpatient dialysis expansion

Cheshire Medical Center / Dartmouth Hitchcock Keene – Dartmouth Hitchcock Health System, Keene, NH

Department of Surgery, Practice Manager

May 2016 – January 2020

Responsible Departments - *Orthopaedics, Sports Medicine, Podiatry, Otolaryngology, General Surgery & Pre-Operative Clinic*

- Direct oversight of daily operations totaling 40,000+ patient visits annually, including 12 surgeons, 10 APP's, across 5 outpatient surgical departments
- Manage and lead 30 ancillary staff with primary responsibilities including compensation, performance reviews, daily operations schedules, payroll approval and address disciplinary issues
- Manage OR case scheduling and volume totaling 3000 OR cases annually across 5 departments.
- Responsible for maintaining approximately 600K in operating costs across departments. Implemented successful 5% expense reduction across all departments from 2017 – present.
- Oversight of revenue & expense dashboards totaling over 30 million dollars.
- Work jointly with leadership, physicians, and business partners to deliver high patient satisfaction while operationalizing necessary throughput to meet revenue goals
- Led onboard of new EMR (EPIC) system for 4 ambulatory practices sites ensuring all critical project initiatives were completed and system optimization was in place. Served on 18 month implementation committee on 32 million dollar EPIC project.
- Maintain, improve and measure RVU performance. 20% increase in orthopaedic RVU performance from 2015-2018
- Operationalized 34% increase in Orthopaedic OR volume, 2015 through 2018
- 17% increase in ENT physician productivity in 2018
- Responsible for all annual budget control and capital budget requests within 6 departments
- Led design and grand opening of pre-operative clinic in ambulatory surgical services. Clinic is designed to off load all pre-operative testing for 7 surgical clinics.

- Recruit, interview and on-board provider and ancillary staff members into DHK ambulatory surgical departments

Surgical Services, Associate Practice Manager

October 2014 – May 2016

Responsible Departments - *Orthopaedics, Podiatry & Sports Medicine*

- Strategic partner in the design and development of new team-based orthopaedic care model
- Led implementation of team-based care in orthopaedic practices resulting in an increase of patient throughput and surgical cases
- Member of the orthopaedic Transformation team (awarded annual Chairman's Award)
- Led design & implementation of podiatry clinic opening within partner hospital in Brattleboro, VT
- Managed daily operations of 8 surgeons and 6 mid-level providers with responsibilities including cross-functional communication between staff and providers, adjusting and maintaining daily schedules, editing practice templates, conflict resolution, coordinate and edit monthly ER call schedules, and lead team meetings
- Supervised 20+ clinical staff with duties including patient relations, staffing schedules, weekly payroll approval, expendable/capital budget oversight, staff discipline, annual reviews, and strategic implementation of informatics rollout & go-live
- Recruited, interviewed and on-boarded ancillary staff members into DHK orthopaedic & podiatry teams

Surgical Services, Sports Medicine Manager

June 2005 – October 2014

Departmental oversight - *Orthopaedics & Outpatient Rehabilitation*

- Led the strategic design and community integration of Sports Medicine program.
- Responsible for all outreach medical coverage and referrals to Dartmouth Hitchcock Keene orthopaedics totaling approximately 2000 athlete visits and generated 150-200 ambulatory referrals annually
- Initiated and implemented ImPACT concussion testing protocols at all contracted sites. Oversaw 75-100 concussion cases annually
- Managed high school contract negotiations, budget and metrics.
- Directly managed 6-8 Certified Athletic Trainers in outreach program to five local high schools and the Keene Swamp bats-New England College Baseball League (NECBL)
- Provided functional rehabilitation services to sports medicine specific patients in outpatient rehabilitation. Established cash-based services in out-patient rehabilitation
- Directed and supervised weekly post-operative clinic that served as the first visit for all sports medicine surgical out-patients
- Coordinated and developed all marketing strategies to contracted clinical sites and affiliations

The Steadman Hawkins Clinic, Vail, CO

Director of Athletic Training Fellowship

August 2003 – May 2005

- Coordinated and educated 4 athletic training fellows in the daily preparation and clinic operations under the supervision of U.S. Ski Team orthopedic surgeons
- Fellowship objectives were to become competent in splinting/casting, bracing, post-operative care, reading of radiographic studies, and all general orthopaedic clinic operations
- Scheduled and operationalized all outreach events at 4 local high schools, professional mountain biking series, professional mountain running series, amateur mogul series, US Ski team coverage and snowshoe racing series

- Led an orthopedic clinic and all pre-operative responsibilities which included history and physical exam, ordering/reading of radiographic studies, casting/splinting, bracing, KT-1000 testing, post-operative dressing changes/patient education, scrub-in privileges in the operating room, fluoroscopy and assistance with intra-articular hip injections and assist with weekend emergency room call operations

Keene State College Athletic Training Education Program, Keene, NH

Clinical Instructor/Preceptor

August 2008 – May 2016

- Curriculum based education that is collaborative between Cheshire Medical Center and Keene State College
- Each school year, provided one on one mentoring, education and clinic experience to 10-15 students, totaling 900+ hours of clinical instruction in the orthopaedic clinic, physical therapy clinic and operating room
- Each semester coordinated and scheduled all students into their clinical rotation of course PE 484 and PE 494 to complete required credits
- Numerous guest lectures to the courses of ATTR 140, ATTR 342 and junior/senior seminar

Adjunct Faculty

Spring Semesters 2012, 2013, 2014, 2015

- Instructed PE 443 to second semester juniors in athletic training education program
- Lectured, educated, advised and lead discussion two times per week for each spring semester

Leadership Involvement & Achievements

- Served on DHMC Ambulatory Care Recovery *Surgical & Medical Specialties Workgroup* – May 2020
- Pathways for Keene Board of Directors – 2019 – 2022
- Keene Youth Hockey Board of Directors – 2018 - 2022
- The Conaty Institute – Breakthrough Leadership Program – Selected by Senior Leadership to participate in Dartmouth Hitchcock system wide leadership training – *Capstone project – Patient Care Contract Management within a system* -August, 2017 – July 2018
- CMC/DHK Quarterly Presidents Leadership Award – August 2015
- CMC/DHK Chairman's Award – *Orthopaedic Transformation Team* – May 2015
- CMC/DHK – Selected to pioneer as first Practice Manager in organization – October, 2014
- CMC/DHK – completed 18 month Yellow Belt six sigma lean project – *Orthopaedic Transformation Team* – July, 2014
- District I Chair – NATA Committee on Emerging Practices – June, 2007 – June 2012
- New Hampshire Athletic Training Association President - January, 2007 – January 2009

Education & Development

Georgia State University, Atlanta, GA

- *Master of Science*

Mercyhurst College, Erie, PA

- *Bachelor of Science*

The Steadman Hawkins Clinic, Vail CO

- *Orthopedic Sports Medicine / Athletic Training Fellowship*

The Conaty Institute – Dartmouth Hitchcock, Lebanon, NH

- *The Transformational Health Care Leadership Breakthrough Program*



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
- ADL/S 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
- AIC 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-Present

- 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

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

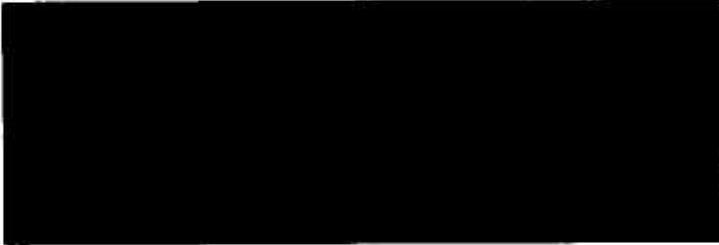
LNA Program

Keene, NH

Water Safety

2014

Dawn L Harland, MD, FACP, FASAM



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 Sangermano



Authorized to work in the US for any employer

Work Experience

Administrative Assistant

Doorway of Cheshire medical - Keene, NH

April 2022 to Present

- Data entry
- Expense report
- Purchasing/ ordering
- Scheduling
- Reception
- Peer support
- Multi line phone answering
- Patient registration

Program Manager

Antrim House - Antrim, NH

June 2021 to February 2022

- 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 July 2021

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.

- 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)
- management (8 years)
- Medication Administration (8 years)
- Motivational Interviewing (8 years)
- Crisis Intervention (6 years)
- Quality Inspection (5 years)
- Data entry (8 years)
- ADLs (8 years)
- Program Management (1 year)
- Case Management (8 years)
- Meeting Facilitation (5 years)
- Quality Assurance (5 years)
- Policy & process development (5 years)
- Medication administration (9 years)
- Staff training (4 years)
- Schedule management (3 years)
- Phone etiquette (8 years)

Contractor Name
Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
Laurie Butz-Meyerrose, MLADC, LCMHC	Director/Clinician	\$90,469.86
Dawn Harland, MD	Medical Provider	\$26,139.50
TBA	Medical Provider	\$178,263.00
Nelson Hayden, MLADC	Clinician	\$9,800.22
Heather Trempe, LCMHC	Clinician	\$60,873.14
Brodie Iosue, LICSW	Clinician	\$58,343.37
Martha Barnard, LCMHC, MLADC	Clinician	\$17,330.49
Savannah Cavadini, RN	Registered Nurse	\$61,166.43
Paige Putnam	LNA - Clinician	\$47,511.16
Nicole Sangermano	Admin Assistant	\$49,638.91
TBA	Clinician	\$61,166.43
TBA	Data Analyst	\$65,251.62
TBA	Clinician	\$34,385.28
Tate Erickson	Senior Practice Manager	\$0.00

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ARC

Lori A. Silbente
CommissionerKaja 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

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

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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*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	\$3,384,709	\$0	\$3,384,709	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	\$1,489,129	\$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	\$4,108,788	\$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	\$5,282,874	\$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:	\$48,807,602	\$12,022,982	\$60,830,484	
<i>*Indicates contracts that have expired or have been terminated.</i>						

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

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.

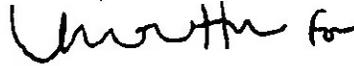
Should the Governor and Executive Council not authorize this request, individuals seeking treatment for opioid use and/or stimulant use disorders may experience difficulty navigating a complex system, may not receive the supports and clinical services needed, and may experience delays in receiving care.

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. Shibanette".

Lori A. Shibanette
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: Androscoogln 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	\$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 # 177853
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	\$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	\$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 # 177182
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				\$2,615,636.00	\$695,947.00	\$3,311,583.00	

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	\$1,088,549.00	\$1,088,549.00	
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	\$724,814.00	\$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	\$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 # 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	\$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**

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	\$18,665.00	\$0.00	\$18,665.00	
2023	501-500425	Payments to Clients	92055501	\$0.00	\$2,250.00	\$2,250.00	
Sub Total				\$18,665.00	\$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	\$18,665.00	\$0.00	\$18,665.00	
2023	501-500425	Payments to Clients	92055501	\$0.00	\$22,679.00	\$22,679.00	
Sub Total				\$18,665.00	\$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	\$18,665.00	\$0.00	\$18,665.00	
2023	501-500425	Payments to Clients	92055501	\$0.00	\$44,977.00	\$44,977.00	
Sub Total				\$18,665.00	\$44,977.00	\$63,642.00	

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	\$18,665.00	\$0.00	\$18,665.00	
2023	501-500425	Payments to Clients	92055501	\$0.00	\$18,000.00	\$18,000.00	
Sub Total				\$18,665.00	\$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	\$18,665.00	\$0.00	\$18,665.00	
2023	501-500425	Payments to Clients	92055501	\$0.00	\$39,824.00	\$39,824.00	
Sub Total				\$18,665.00	\$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	\$18,665.00	\$0.00	\$18,665.00	
2023	501-500425	Payments to Clients	92055501	\$0.00	\$46,557.00	\$46,557.00	
Sub Total				\$18,665.00	\$46,557.00	\$63,222.00	

SABG Total	\$149,985.00	\$250,000.00	\$399,985.00
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05-95-02-920510-33940000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS:
100% Other Funds

Vendor Name Andros coggin 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 Androscooggin 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	\$88,812.00	\$0.00	\$88,812.00
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# 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# 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 # 355358
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	\$38,740.00	\$0.00	\$38,740.00
Sub Total				\$145,962.00	\$0.00	\$145,962.00

GC Total	\$1,143,958.00	\$0.00	\$1,143,958.00
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05-95-92-920510-2559 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS.DEPT OF, HMS:
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	\$48,807,582.00	\$12,022,382.00	\$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 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.

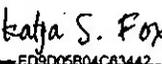
All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to September 29, 2022, upon Governor and Council approval.

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:

Name: Katja S. Fox
Title: Director

The Cheshire Medical Center

10/25/2022

Date

DocuSigned by:

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

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.

**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.

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

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DG

Contractor Initials

10/25/2022

Date

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

DS
DG

Contractor Initials

10/25/2022
Date

New Hampshire Department of Health and Human Services Complete one budget form for each budget period.			
		Cheshire Medical Center	
		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	\$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


 Contractor Initials

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		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



Lori A. Shlabinette
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/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	\$1,849,517	\$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: 8/2/21 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
Page 4 of 4

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
4C4A82904125A73...

for

Lori A. Shibinette

Commissioner

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

05-02-02-020310-70400000 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 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	\$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	\$438,888.00	\$0.00	\$438,888.00
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	\$183,269.00	\$183,269.00
Sub Total				\$1,808,817.00	\$653,075.00	\$2,561,892.00

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	\$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	\$538,854.00	\$538,854.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$179,852.00	\$179,852.00
Sub Total				\$2,590,820.00	\$718,606.00	\$3,309,426.00

Vendor Name Chesline				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				\$2,872,258.00	\$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	\$2,349,899.00	\$0.00	\$2,349,899.00
Sub Total				\$3,681,370.00	\$0.00	\$3,681,370.00

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	\$211,666.00	\$0.00	\$211,666.00
2022	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$521,980.00	\$521,980.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$173,887.00	\$173,887.00
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 # 177100

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2019	102/500731	Contracts for Program Services	92057040	\$448,837.00	\$0.00	\$448,837.00
2020	102/500731	Contracts for Program Services	92057040	\$2,575,108.00	\$0.00	\$2,575,108.00
2021	102/500731	Contracts for Program Services	92057040	\$383,858.00	\$0.00	\$383,858.00
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	\$1,115,878.00	\$1,115,878.00
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 # 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	\$891,380.00	\$0.00	\$891,380.00
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	\$852,007.00	\$852,007.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$284,203.00	\$284,203.00
		Sub Total		\$3,920,930.00	\$1,138,610.00	\$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
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 # 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	\$4,923,045.00

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	\$182,488.00	\$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	\$18,139,458.00	\$11,040,103.00	\$47,178,561.00
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05-02-02-920510-19810000 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 Douglas				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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05-05-02-920510-33820000 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 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	\$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	\$88,612.00	\$0.00	\$88,612.00
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 Citterton 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	\$39,398.00	\$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 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	\$141,852.00	\$0.00	\$141,852.00
2022	102/500731	Contracts for Program Services	92058501	\$47,217.00	\$0.00	\$47,217.00
		<i>Sub Total</i>		\$188,859.00	\$0.00	\$188,859.00

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>		\$94,190.00	\$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				\$1,145,956.00	\$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 Androscooggin 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
GRAND TOTALS				\$37,617,414.00	\$11,180,038.00	\$48,807,502.00

JAN20'21 PM 3:57 RCVD

10 MAC



Lori A. Shibley
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 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

03-95-02-020510-70400000 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 #797M81685 and #797T083328

Androscoggin Valley

Vendor # 17720

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 # 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	\$ -	\$ 700,000.00	\$ 700,000.00
		Sub Total		\$ 2,172,793.00	\$ 218,027.00	\$ 2,390,820.00

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

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	\$ 627,750.00	\$ (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	\$ 422,884.00	\$ 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
		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	\$ 383,954.00		\$ 383,954.00
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

Warnorth 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	\$ 1,751,078.00	\$ 4,520,530.00

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	\$ -	\$ 1,844,000.00	\$ 1,844,000.00
2022	102/500731	Contracts for Program Services	92057048	\$ -	\$ 973,000.00	\$ 973,000.00
		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		\$ 27,125,987.00	\$ 4,045,236.00	\$ 31,171,223.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 COMMUNITY MENTAL HEALTH CENTER CONTRACT AMENDMENTS
 SFY 2018 FINANCIAL DETAIL

05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, MHS: 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

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

Uttleton 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	\$ 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 # 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	\$ 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 # 177160

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 # 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	\$ 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 Contribution		\$ 27,125,887.00	\$ 852,276.00	\$ 27,978,163.00
		Total All		\$ 27,125,887.00	\$ 4,834,332.00	\$ 31,960,219.00



Lori A. Shibillette
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)

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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 #193.788 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					
Lillelon 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
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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

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
			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

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

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:

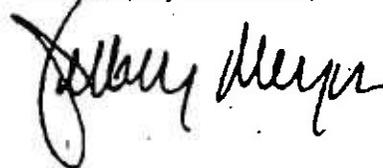
- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow ups through the Web Information Technology System (WITS) database.

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 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			\$ 1,854,051.00	\$ -	\$ 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 Cheahire 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

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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
LRG Healthcare	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

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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	\$7,892,783
SFY 2021	102-500731	Contracts for Prog Svc	92057040	\$0
			Sub-Total	\$16,274,487

**05-95-92-920610-2659 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
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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 #H79T1081685 and FAIN #T1080246.

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, 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
Litchton 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 #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 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), September 18, 2019 (Item #20), June 24, 2020 (Item #31), February 03, 2021 (Item #10), October 13, 2021 (Item #39), and most recently amended on December 7, 2022 (Item #11), 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, 2024
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$7,853,946
3. Modify Exhibit A, Amendment #3, Scope of Services by replacing in its entirety with Exhibit A Amendment #6, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B, Amendment #4, Methods and Conditions Precedent to Payment, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1 96.14% Federal funds from the U.S. Department of Health and Human Services (US DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), State Opioid Response (SOR) Grant, ALN #93.788, as awarded on:
 - 1.1.1 08/30/2018, FAIN H79TI081685.
 - 1.1.2 09/30/2020, FAIN H79TI083326.
 - 1.1.3 08/09/2021, FAIN H79TI083326.
 - 1.1.4 09/23/2022, FAIN H79TI085759.
 - 1.2 0.78% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG FY21 COVID Emergency Funds, as awarded on 03/11/2021, by the US DHHS, SAMHSA, ALN #93.959, FAIN TI083509.
 - 1.3 0.67% Federal funds from the Substance Abuse Prevention & Treatment Block Grant, SABG, as awarded on 02/10/2022, by the US DHHS, SAMHSA, ALN #93.959, FAIN TI084659.
 - 1.4 2.40% 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.
5. 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-18, Amendment #6, SOR III SFY25 MOUD Budget.
6. 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.
7. 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
8. Add Exhibit B-15, Amendment #6, SOR III SFY24 Budget, which is attached hereto and incorporated by reference herein.
9. Add Exhibit B-16, Amendment #6, SOR III SFY24 MOUD Budget, which is attached hereto and incorporated by reference herein.
10. Add Exhibit B-17, Amendment #6, SOR III SFY25 Budget, which is attached hereto and incorporated by reference herein.
11. Add Exhibit B-18, Amendment #6, SOR III SFY25 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, 2023, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

10/23/2023

Date

DocuSigned by:
Katja S. Fox
FD9D05B04C63442

Name: Katja S. Fox
Title: Director

Wentworth-Douglass Hospital

10/23/2023

Date

DocuSigned by:
Darin Roark
2F925B002C5045A

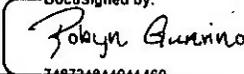
Name: Darin Roark
Title: President and COO

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

OFFICE OF THE ATTORNEY GENERAL

10/23/2023

Date

DocuSigned by:

748734841011460
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 – Amendment #6

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 continue to operate a regional Doorway for access to care for substance use related needs and 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 Dover Region with facilitated referrals to prevention services, substance use disorder (SUD) treatment, recovery support services, and/or harm reduction services and other health and social services, including Medications for Substance Use Disorder(s).
- 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. Medications for SUD, consistent with the principles of the Medication First model.
 - 2.4.2. Coordination of outpatient, residential and inpatient SUD treatment 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.
- 2.5. The Contractor shall identify any gaps in financial and staffing resources required in Section 5. Staffing.
- 2.6. The Contractor shall ensure formalized coordination with 2-1-1 NH; other Doorways, including the After Hours Doorway; 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:

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



EXHIBIT A – Amendment #6

- 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 the individual's preferred Doorway receives information on the individual, outcomes, and events for continued follow-up.
 - 2.6.1.2. A process for sharing information about each individual receiving services 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 individual was referred for respite care or housing.
 - 2.6.1.2.2. Other services offered or provided to the individual.
- 2.6.2. Enabling the sharing of information and resources, which include, but are not limited to:
 - 2.6.2.1. Demographics of individuals receiving services.
 - 2.6.2.2. Referrals made.
 - 2.6.2.3. Services rendered.
 - 2.6.2.4. Identification of resource providers involved in each individual's care.
- 2.7. The Contractor 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 individual.
 - 2.7.2. Private insurance carriers to coordinate case management efforts on behalf of the individual.
- 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 above.
- 2.9. The Contractor shall develop a Department-approved conflict of interest policy related to Doorway services and referrals to treatment and recovery supports and services programs funded outside of this contract that maintains the integrity of the referral process and individual 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 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.

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



EXHIBIT A – Amendment #6

- 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.
 - 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 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 saturation and distribution.
 - 2.12.2. Enhanced coverage and services to enable reduced Emergency Room use.
 - 2.12.3. Reducing fatal and non-fatal overdose.
 - 2.12.4. Increasing access to medications for SUD.

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; and
 - 3.1.1.2. Expanded hours as agreed to by the Department.
 - 3.1.2. A physical location for individuals to receive face-to-face services, ensuring any request for a change in location is submitted to the Department no later than 30 days prior to the requested move for Department approval;
 - 3.1.3. Telehealth services consistent with state and federal law;
 - 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 provided same day;
 - 3.1.6. Crisis intervention and stabilization counseling services provided by a licensed clinician for any individual in a substance use related behavioral health crisis who requires immediate non-emergency intervention requiring urgent assessment and history of the crisis state, mental status exam, and disposition. 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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New Hampshire Department of Health and Human Services
Access and Delivery Hub for Opioid Use Disorder Services



EXHIBIT A – Amendment #6

- 3.1.6.1. Community-based mobile crisis services through New Hampshire Rapid Response.
- 3.1.6.2. Directing callers to dial 911, or calling on individual's behalf if necessary, if an individual is in imminent danger or there is an emergency.
- 3.1.6.3. Assessment and history of the crisis state.
- 3.1.6.4. Mental Status Exam and disposition.
- 3.1.6.5. Plans for Safety.
- 3.1.7. Same day, trauma-informed, 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); and
 - 3.1.7.3. Identification of the individual's 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 individual based on the clinical evaluation referenced above. 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 individual 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 needs.
 - 3.1.8.2.4. Social services needs.
 - 3.1.8.2.5. Criminal justice needs that include Corrections, Treatment Court, and Division for Children, Youth, and Families (DCYF) matters.
 - 3.1.8.3. A plan for addressing all areas of need identified above 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 above is not available to the individual within 48 hours of service plan development, which are defined as:
 - 3.1.8.4.1. A minimum of one (1), 60-minute individual or group outpatient session per week; and/or
 - 3.1.8.4.2. Recovery support services, as needed by the individual; and/or
 - 3.1.8.4.3. Daily calls to the individual to assess and respond to any emergent needs; and/or

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



EXHIBIT A – Amendment #6

- 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 people.
 - 3.1.9.3. Families involved with DCYF.
 - 3.1.9.4. Individuals at-risk of or living 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 individual-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.
 - 3.1.10.3. Assisting individuals with obtaining services with the provider agency, as appropriate.
 - 3.1.10.4. Contacting the provider agency on behalf of the individual, as appropriate.
 - 3.1.10.5. Assisting individuals 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.
 - 3.1.10.5.2. Providing assistance with accessing financial assistance including, but not limited to:
 - 3.1.10.5.2.1. Assisting the individual with making contact with the assistance agency, as appropriate.
 - 3.1.10.5.2.2. Contacting the assistance agency on behalf of the individual, as appropriate.
 - 3.1.10.5.2.3. Supporting the individual in meeting the admission, entrance, and intake requirements of the assistance agency.
 - 3.1.10.5.3. When no other payer is available, assisting individuals with accessing services by utilizing flexible needs funds, as directed by the Department, that supports individuals who meet the eligibility criteria for assistance under the Department-approved Flexible Needs Fund Policy with

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



EXHIBIT A – Amendment #6

their financial needs, which may include but are not limited to:

- 3.1.10.5.3.1. Transportation for eligible individuals to and from recovery-related medical appointments, treatment programs, and other locations;
- 3.1.10.5.3.2. Childcare to permit an eligible individual 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 clothing appropriate for cold weather, job interviews, or work;
- 3.1.10.5.3.5. Assisting individuals in need of respite shelter resources while awaiting treatment and recovery services; and
- 3.1.10.5.3.6. Other uses preapproved in writing by the Department.

3.1.11. Continuous care coordination which include, but are not limited to:

- 3.1.11.1. Continuous reassessment of the clinical evaluation, identified above, 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. Continuous reassessment in collaboration or consultation with the individual's external service provider(s) of necessary support services to address needs identified in the evaluation or by the individual's service provider that may create barriers to the individual entering and/or maintaining treatment and/or recovery.
- 3.1.11.3. Supporting individuals with meeting the admission, entrance, and intake requirements of the provider agency.
- 3.1.11.4. Ongoing follow-up and support of individuals engaged in services in collaboration or consultation with the individual's external service 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:

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- 3.1.11.4.1. Attempting to contact each individual 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 individual would normally be available.
 - 3.1.11.4.1.2. If the first contact attempt 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 individual 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 second contact attempt 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 individual 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 identified above 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.
 - 3.1.11.5.1. Clinicians shall screen individuals for suicide risk using a validated tool, with information being communicated to partners where necessary; and
 - 3.1.11.5.2. If screening is positive, call Rapid Response.
- 3.1.11.6. When possible, contact with, and outreach to, individuals shall be conducted in coordination and consultation with the individual'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. Inquiring on the status of each individual's recovery and experience with their external service provider.
 - 3.1.11.7.2. Identifying individual needs.

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- 3.1.11.7.3. Assisting the individual with addressing identified needs.
- 3.1.11.7.4. Providing early intervention to individuals who have resumed use.
- 3.1.11.8. Collecting and documenting attempts to collect individual-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; and
 - 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 engagement in follow-up GPRA interviews, which may include, but are not limited to gift cards provided to individuals for follow-up participation at each follow-up interview, which shall not exceed \$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, and or waiver programs within 14 calendar days after intake.
- 3.1.11.12. Providing Naloxone purchase, distribution, information, and training to individuals and organizations receiving kits.
- 3.2. The Contractor shall obtain consent forms from all individuals 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 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; and
 - 3.3.5. The ASAM Criteria 3rd Edition.

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- 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; and
 - 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 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.
 - 3.6.3. Referrals and evaluation from other providers.
 - 3.6.4. Complaints.
 - 3.6.5. Grievances.
 - 3.6.6. Formalized agreements with community partners and other agencies that include, but are not limited to:
 - 3.6.6.1. 2-1-1 NH.
 - 3.6.6.2. Other Doorway partners.
 - 3.6.6.3. After Hours.
 - 3.6.6.4. Providers and supports available after normal Doorway operating hours.
 - 3.7. The Doorway must collaborate with the Department contracted 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.
- 4. Subcontracting for the Doorways**
- 4.1. The Doorway shall annually submit a written plan to the Department for review and written approval for any proposed subcontracting of Core Doorway services.
 - 4.2. The Doorway shall annually submit all subcontracts the Doorway proposes to enter into for services funded through this contract to the Department for written approval prior to execution.
 - 4.3. The Doorway shall at all times be responsible for continuous oversight of, and compliance with, all Core Doorway services, including those provided by any subcontract, and shall be the single point of contact with the Department for those Core services. To the furthest extent possible, the patient experience with subcontracts should be consistent with that provided directly by the Doorway.

DS
DR

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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 via telehealth;
 - 5.1.2. One (1) CRSW with the ability to fulfill recovery support and care coordination functions; and
 - 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 3.1.9.
- 5.2. The Contractor shall ensure sufficient staffing levels appropriate for the services provided and the number of individuals 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, 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 eight (8) 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:
 - 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 12 core functions and The Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice within 12 months of hire.
 - 5.7.1.5. A Department-approved ethics course within 12 months of hire.
 - 5.7.2. For recovery support staff and other non-clinical staff working directly with individuals:

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- 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 12 months of hire.
 - 5.7.3. Ensuring all recovery support staff and clinical staff receive annual continuous education regarding substance use.
 - 5.7.4. Providing, and documenting, in-service training to all staff involved in direct-care within 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; and
 - 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 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; and
 - 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 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;

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- 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; and
- 6.1.4. Medical records on each patient/recipient of services.

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 A, 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.

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- 8.2. The Contractor shall report to the Department of Health and Human Services Bureau of Drug and Alcohol Services within 24 hours and follow up with written documentation submitted to the Bureau of Quality Assurance and Improvement within 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.
- 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 by the 3rd working day of the month 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 individuals seen, separately identifying new individuals and individuals 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.
 - 8.4.11. Individual demographic data.
- 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 Contractor(s), including individual-level demographic, performance, and service data.

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- 9.3. The Department may identify expectations for active and regular collaboration, including key performance measures, in the resulting contract. Where applicable, Contractor(s) 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.
- 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.

11. SOR Grant Standards

- 11.1. The Contractor shall meet with the Department within sixty (60) days of the contract effective date to review the proposed plan for contract implementation.
- 11.2. The Contractor and/or referred providers shall ensure that only Food and Drug Administration approved medications for Opioid Use Disorder (OUD) are utilized.
- 11.3. The Contractor and referred providers shall only provide medical withdrawal management services to any individual supported by SOR Grant Funds if the withdrawal management service is accompanied by the use of injectable extended-release naltrexone, as clinically appropriate.
- 11.4. The Contractor and referred providers shall ensure staff who are trained in Presumptive Eligibility for Medicaid are available to assist individuals with enrolling in public or private health insurance.

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- 11.5. The Contractor shall ensure individuals receiving services, rendered from SOR funds, have a documented history or current diagnoses of Opioid Use Disorder or Stimulant Use Disorders (OUD/StimUD) or are at risk for such.
- 11.6. The Contractor shall coordinate completion of Government Performance Results Act (GPRA) initial interview and associated follow-ups at six (6) months and discharge for individuals referenced previously.
- 11.7. The Contractor shall submit a detailed plan within thirty (30) days of contract effective date for ensuring GPRA completion for all clients receiving SOR funding.
- 11.8. The Contractor shall ensure that SOR grant funds are not used to purchase, prescribe, or provide cannabis or for providing treatment using cannabis. The Contractor shall ensure:
 - 11.8.1. Treatment in this context includes the treatment of OUD/StimUD.
 - 11.8.2. Grant funds are not provided to any individual who or organization that provides or permits cannabis use for the purposes of treating substance use or mental health disorders.
 - 11.8.3. This cannabis restriction applies to all subcontracts and Memorandums of Understanding that receive SOR funding.
- 11.9. The Contractor shall ensure Naloxone kits are available to individuals, utilizing SOR funding.
- 11.10. If the Contractor intends to distribute test strips, the Contractor shall provide a test strip utilization plan to the Department for approval prior to implementation. The Contractor shall ensure the utilization plan includes, but is not limited to:
 - 11.10.1. Internal policies for the distribution of test strips;
 - 11.10.2. Distribution methods and frequency; and
 - 11.10.3. Other key data as requested by the Department.
- 11.11. The Contractor shall provide services to eligible individuals who:
 - 11.11.1. Receive MOUD services from other providers, including the individual's primary care provider;
 - 11.11.2. Have co-occurring mental health disorders; or
 - 11.11.3. Are on medications and are taking those medications as prescribed regardless of the class of medication.
- 11.12. The Contractor shall ensure individuals who refuse to consent to information sharing with the Doorways do not receive services utilizing SOR funding.
- 11.13. The Contractor shall ensure individuals who rescind consent to information sharing with the Doorways do not receive any additional services utilizing SOR funding.
- 11.14. The Contractor shall collaborate with the Department and other SOR funded Contractors, as requested and directed by the Department, to improve GPRA collection.

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11.15. The Contractor shall comply with all appropriate Department, State of NH, Substance Abuse and Mental Health Services Administration (SAMHSA), and other Federal terms, conditions, and requirements, and as amended, and shall collaborate with the Department to understand the aforesaid.

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 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 individuals 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 individuals 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 individuals 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 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

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- 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)

- 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

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- 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 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.

Exhibit B-15, Amendment #6,
SOR III SFY24 Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	Wentworth-Douglass Hospital
Budget Request for:	Access and Delivery Hub for Opioid Use Disorder Services
Budget Period	SFY24-(September 29, 2023-June 30, 2024)
Indirect Cost Rate (if applicable)	5.7% across both budget periods for entire amendment total
Line-Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$467,863
2. Fringe Benefits	\$112,287
3. Consultants	\$500
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$5,000
5.(a) Supplies - Educational	\$500
5.(b) Supplies - Lab	\$1,000
5.(c) Supplies - Pharmacy	\$141,000
5.(d) Supplies - Medical	\$1,000
5.(e) Supplies Office	\$4,500
6. Travel	\$500
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$3,801
8. (c) Other - Other (specify below)	\$0
Other - Flex Funds	\$27,000
Other - Contingency Management	\$3,000
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$500
Total Direct Costs	\$749,671
Total Indirect Costs	\$42,731
TOTAL	\$792,402

Contractor: 

Date: 10/23/2023

Exhibit B-16 Amendment #6,
SOR III SFY24 MOUD Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	Wentworth-Douglass Hospital
Budget Request for:	Access and Delivery Hub for Opioid Use Disorder Services
Budget Period	SFY24-(September 29, 2023-June 30, 2024)
Indirect Cost Rate (if applicable)	5.7% across both budget periods for entire amendment total
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$85,834
2. Fringe Benefits	\$20,600
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$106,434
Total Indirect Costs	\$6,066
TOTAL	\$112,500

Contractor: _____
10/23/2023

Date: _____

Exhibit B-17, Amendment #6,
SOR III SFY25 Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	Wentworth-Douglass Hospital
Budget Request for:	Access and Delivery Hub for Opioid Use Disorder Services
Budget Period	SFY25-(July 1, 2024-September 29, 2024)
Indirect Cost Rate (if applicable)	5.7% across both budget periods for entire amendment total.
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$155,954
2. Fringe Benefits	\$37,429
3. Consultants	\$500
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$1,400
5.(a) Supplies - Educational	\$2,000
5.(b) Supplies - Lab	\$2,000
5.(c) Supplies - Pharmacy	\$35,750
5.(d) Supplies - Medical	\$2,000
5.(e) Supplies Office	\$7,500
6. Travel	\$1,857
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$2,000
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$1,000
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$500
Total Direct Costs	\$249,890
Total Indirect Costs	\$14,244
TOTAL	\$264,134

Contractor:  _____

10/23/2023

Date: _____

Exhibit B-18 Amendment #6,
SOR.III SFY25 MOUD Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	Wentworth-Douglass Hospital
Budget Request for:	Access and Delivery Hub for Opioid Use Disorder Services MOUD
Budget Period	SFY25-(July 1, 2024-September 29, 2024)
Indirect Cost Rate (if applicable)	5.7% across both budget periods for entire amendment total
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$28,611
2. Fringe Benefits	\$6,867
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$35,478
Total Indirect Costs	\$2,022
TOTAL	\$37,500

Contractor: DS
DK

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: 0006317632



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 September A.D. 2023.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, 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 5, 2023. Approval was received by those members entitled to vote thereon via electronic mail (16 of 17).

VOTED: That Darin Roark, President & COO, 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: 10/10/2023



Signature of Elected Officer
Name: John Salmon
Title: Chairman of the Board



1325 Boylston Street • Boston, MA 02115
t 617.450.5500 | 617.450.8299
www.rmhf.harvard.edu

August 31, 2023

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-2023*

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-2023

Policy Effective Date: 1/1/2023
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.

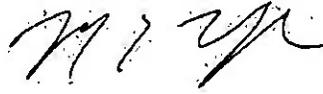
The Company hereby waives its rights of subrogation against such Additional Insured, but only to the extent any such subrogation is required by the Insured Contract.

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. [unclear]", written in a cursive style.

Duly Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/23/2023

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

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

PRODUCER 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 (AC, No, Ext) 1-877-945-7378	FAX (AC, No) 1-888-467-2378
E-MAIL ADDRESS certificates@willis.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A Safety National Casualty Corporation	15105	
INSURED Wentworth-Douglass Hospital Attn: Timothy Murray 399 Revolution Drive, Suite 705 Somerville, MA 02145	INSURER B	
	INSURER C	
	INSURER D	
	INSURER E	
	INSURER F	

COVERAGES CERTIFICATE NUMBER: W30759782 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	ADOL 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 L MIT APPL ES 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 - COMPIOP 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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCR PTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACC DENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Excess Workers Compensation			AGC4067727	01/01/2023	01/01/2024	Employers Liability \$1,000,000 Per Occ Aggregate Limit \$2,000,000 SIR \$650,000

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

Re: Wentworth Douglas Hospital
Division/Location: Boston

CERTIFICATE HOLDER

State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03307-3857

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

Julie M Powers



Mass General Brigham

Wentworth-Douglass Hospital

Mission Statement

We partner with individuals and families to attain their highest level of health.

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.

Mass General Brigham Incorporated and Affiliates
Consolidated Statements of Operations
Years Ended September 30, 2022 and 2021

<i>(in thousands of dollars)</i>	2022	2021
Assets		
Current assets		
Cash and equivalents	\$ 193,919	\$ 177,259
Investments	2,390,217	3,395,005
Current portion of investments limited as to use	4,144,531	5,637,637
Patient accounts receivable, net	1,438,412	1,332,404
Research grants receivable, net	215,462	187,193
Other current assets	<u>722,486</u>	<u>684,632</u>
Total current assets	9,105,027	11,414,130
Investments limited as to use, less current portion	4,961,378	6,202,723
Long-term investments	2,582,271	2,950,684
Property and equipment, net	6,442,260	6,261,727
Right-of-use operating lease assets	1,135,787	1,108,275
Other assets	<u>1,981,608</u>	<u>1,027,593</u>
Total assets	\$ 26,208,331	\$ 28,965,132
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term obligations	\$ 519,354	\$ 381,987
Accounts payable and accrued expenses	1,183,843	1,730,310
Accrued medical claims and related expenses	119,237	87,289
Accrued employee compensation and benefits	1,203,729	1,414,036
Current portion of operating lease obligations	206,350	200,706
Unexpended funds on research grants	<u>355,934</u>	<u>345,403</u>
Total current liabilities	3,588,447	4,159,731
Accrued professional liability	570,862	588,402
Accrued employee benefits	633,894	729,924
Interest rate swaps liability	156,705	472,011
Accrued other	274,931	254,673
Operating lease obligations, less current portion	801,038	782,650
Long-term obligations, less current portion	<u>5,557,177</u>	<u>5,802,238</u>
Total liabilities	11,583,054	12,789,629
Commitments and contingencies		
Net assets		
Without donor restrictions	11,577,802	12,806,328
With donor restrictions	<u>3,047,475</u>	<u>3,369,175</u>
Total net assets	14,625,277	16,175,503
Total liabilities and net assets	\$ 26,208,331	\$ 28,965,132

Mass General Brigham Incorporated and Affiliates
Consolidated Statements of Operations
Years Ended September 30, 2022 and 2021

<i>(in thousands of dollars)</i>	2022	2021
Operating revenues		
Net patient service revenue	\$ 11,869,451	\$ 11,432,255
Premium revenue	930,753	910,312
Direct academic and research revenue	1,937,738	1,744,731
Indirect academic and research revenue	569,624	532,213
Other revenue	1,402,801	1,376,782
Total operating revenues	<u>16,710,367</u>	<u>15,996,303</u>
Operating expenses		
Employee compensation and benefit expenses	9,144,470	8,296,031
Supplies and other expenses	4,402,993	3,980,935
Medical claims and related expenses	722,212	645,514
Direct academic and research expenses	1,937,738	1,744,731
Depreciation and amortization expenses	769,783	724,477
Interest expense	164,833	162,128
Total operating expenses	<u>17,142,029</u>	<u>15,553,816</u>
(Loss) income from operations	<u>(431,662)</u>	<u>442,487</u>
Nonoperating (loss) gains		
(Loss) income from investments	(2,271,500)	2,339,707
Change in fair value of interest rate swaps	330,530	190,373
Other nonoperating (expenses) income	(109,971)	(136,409)
Academic and research gifts, net of expenses	23,976	198,306
Non-service related pension income	201,000	127,735
Total nonoperating (loss) gains, net	<u>(1,825,965)</u>	<u>2,719,712</u>
(Deficit) excess of revenues over expenses	<u>(2,257,627)</u>	<u>3,162,199</u>
Other changes in net assets		
Funds utilized for property and equipment	44,340	51,718
Change in funded status of defined benefit plans	965,424	1,486,475
Other changes in net assets	19,337	6,872
(Decrease) increase in net assets without donor restrictions	<u>\$ (1,228,526)</u>	<u>\$ 4,707,264</u>

Mass General Brigham Incorporated and Affiliates
Consolidated Statements of Changes in Net Assets
Years Ended September 30, 2022 and 2021

<i>(in thousands of dollars)</i>	Without Donor Restrictions	With Donor Restrictions	Total
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	<u>4,707,264</u>	<u>847,945</u>	<u>5,555,209</u>
Net assets at September 30, 2021	12,806,328	3,369,175	16,175,503
Increases (decreases)			
Loss from operations	(431,662)	-	(431,662)
Loss from investments	(2,271,500)	(517,571)	(2,789,071)
Change in fair value of interest rate swaps	330,530	-	330,530
Other nonoperating (expenses) income	(109,971)	218,180	108,209
Academic and research gifts, net of expenses	23,976	-	23,976
Non-service related pension income	201,000	-	201,000
Funds utilized for property and equipment	44,340	(14,136)	30,204
Change in funded status of defined benefit plans	965,424	-	965,424
Other changes in net assets	19,337	(8,173)	11,164
Change in net assets	<u>(1,228,526)</u>	<u>(321,700)</u>	<u>(1,550,226)</u>
Net assets at September 30, 2022	\$ 11,577,802	\$ 3,047,475	\$ 14,625,277

Mass General Brigham Incorporated and Affiliates
Consolidated Statements of Cash Flows
Years Ended September 30, 2022 and 2021

<i>(in thousands of dollars)</i>	2022	2021
Cash flows from operating activities		
Change in net assets	\$ (1,550,226)	\$ 5,555,209
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities		
Change in funded status of defined benefit plans	(965,424)	(1,486,475)
Change in fair value of interest rate swaps	(330,530)	(190,373)
Depreciation and amortization	769,783	724,477
Amortization of bond discount, premium and issuance costs	(11,923)	(12,117)
Gain on disposal of property	(222)	(69)
Change in right-of-use operating lease assets	165,958	178,991
Net realized and unrealized change in investments	2,580,370	(3,054,762)
Restricted contributions and investment income	(220,648)	(367,506)
Increases (decreases) in cash resulting from a change in		
Patient accounts receivable	(106,008)	(349,131)
Other assets	6,492	(138,340)
Accounts payable and other accrued expenses	(202,328)	286,776
Accrued medical claims and related expenses	31,948	2,651
Operating lease obligations	(169,438)	(152,639)
Settlements with third-party payers	(45,553)	(29,328)
Medicare accelerated payments	(724,469)	(293,624)
Net cash (used in) provided by operating activities	<u>(772,218)</u>	<u>673,740</u>
Cash flows from investing activities		
Purchases of property and equipment	(863,717)	(575,288)
Proceeds from sale of property	436	3,548
Purchase of investments	(2,281,901)	(3,510,944)
Proceeds from sales of investments	3,809,183	1,293,642
Net cash provided by (used for) investing activities	<u>664,001</u>	<u>(2,789,042)</u>
Cash flows from financing activities		
Payments on long-term obligations	(104,771)	(234,119)
Proceeds from long-term obligations	59,235	-
Decrease in auction rate securities holdings	-	29,985
Deposits into refunding trusts	(50,235)	-
Restricted contributions and investment income	220,648	367,506
Net cash provided by financing activities	<u>124,877</u>	<u>163,372</u>
Net increase (decrease) in cash and equivalents	<u>16,660</u>	<u>(1,951,930)</u>
Cash and equivalents		
Beginning of year	<u>177,259</u>	<u>2,129,189</u>
End of year	<u>\$ 193,919</u>	<u>\$ 177,259</u>
 Non-cash purchases of property and equipment in accounts payable and accrued expenses	 <u>\$ 119,196</u>	 <u>\$ 35,007</u>



Mass General Brigham

Wentworth-Douglass Hospital

Wentworth-Douglass Hospital

Board of Trustees

Effective August 2022

Updated September 2023

Chairman – John Salmon
Vice Chairman – James Brannen
Treasurer – Anne Jamieson
Secretary- Michael Ferrara, Ph.D.
Assistant Secretary – Atty. Michael Bolduc

Debbie Dube Reed
John Fangman, M.D.
Tony James
Lukas Kolm, M.D.
Michelle Kurtz
Arul Mahadevan, M.D.
Vincent McDermott
John Novello, M.D.
Cynthia Paciulli-Barbarits, M.D.
Darin Roark
Ingo Roemer
Andrew Warshaw, M.D.

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 Care Worcester, MA

- 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 Biddiford, ME

Non-Matriculated Student 2009-2010

Rivier University Nashua, NH

M.S. Counseling Psychology 2005-2008
University of West Alabama Livingston, AL

B.S. Kinesiology; Experiential/Outdoor Education 1994-1998
University of New Hampshire 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 , P., Suzuki, J., Minski, S., Carty, J. (2019). Motivational Interviewing and Behavioral Change. In *Lifestyle Medicine*. Manuscript in preparation.

Hudgins, C., Rose, S., , 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., , 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., , 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., , P., & Whistler, P. (2011). Integrating a Behavioral Health Consultant into your practice. *Family Practice Management* , 18 (1), 18-21.

, 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

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)**

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#

Licensed Alcohol and Drug Counselor, ME#

Licensed Clinical Social Worker, ME #

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

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 throughout 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

KATHERYN MILLER

OBJECTIVE

To work in the position of Certified Recovery Support Worker in a growing department where exceptional ability to multi-task, solve problems, work effectively in a team, and meet deadlines are required in providing outstanding support to patients.

EMPLOYMENT HISTORY

XXXXXXXXXXXXXXXXXXXXXXXXXXXXt Dover, NH April 2015-Present

Ambulatory Pharmacy Technician

Work as a liaison for Wentworth-Douglass Hospital, Pharmacy Department and Wentworth Health Partners off-site practices. Conduct Medication Management inspections for both Wentworth-Douglass Hospital nursing units and Wentworth Health Partners to verify Joint Commission standards are adhered to. Follow CDC and State guidelines for transportation of vaccines and other medications to off-site practices for patient use. Other projects and tasks as assigned by management.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXt January 2014- April 2015

Employee Pharmacy Technician

Entered new patient profiles and prescriptions into medication input software system. Communicated directly with doctors' offices via telephone, fax, and email. Provided friendly customer services at prescription drop-off and pick-up counter. Worked closely with pharmacists and used medication input system to safely and accurately dispense medication. Efficiently answered multi-line phone system. Maintained proper compliance logs, including for refrigerator temperatures. Maintained drug inventory levels by ordering necessary medications and supplies and verifying deliveries against purchase orders. Regularly completed paperwork and entered prescription and insurance billing information into patient profiles. Strictly maintained customer and patient confidentiality.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXt Rochester September 2001-November 2012

Senior Pharmacy Technician

Entered new patient profiles and prescriptions into medication input software system. Communicated directly with doctors' offices via telephone and fax. Provided friendly customer service at prescription drop-off and pick-up counters. Worked closely with pharmacists and used medication input software to safely and accurately dispense medication. Efficiently answered multi-line phone and processed high volume of order requests from nurses, doctors and pharmacists. Answered and screened phone calls for the staff pharmacists in a friendly, efficient manner. Accurately recorded compounded products and prepared appropriate labels. Verified patient data and billing information. Correctly priced and filed prescriptions after they were filled. Regularly completed paperwork and entered prescription and insurance billing information into patient profiles. Strictly maintained customer and patient confidentiality. Processed up to 500 prescriptions on high volume days with accuracy. Appropriately resolved customer issues, complaints and questions.

EDUCATION

XXXXXXXXXXXXXXXXXXXXXXXXXXXXt Manchester, New Hampshire

Bachelor of Arts - Psychology with concentration in Child and Adolescent Development, 2015

CERTIFICATIONS

2005-Present

Pharmacy Technician Certification Board

Nationally Certified Pharmacy Technician

REFERENCES

References available upon request

NICOLE BECKWITH

EXPERIENCE

9/9/2019-PRESENT

SYSTEMS COORDINATOR/CLINICAL STUDY COORDINATOR/MEDICAL ASSISTANT, ROAD TO A BETTER LIFE

- Assist the Medical Director in the Road to a Better Life program
- Coordinate training between all 5 locations
- Bi-Weekly meetings with NYU study team
- Weekly off-site meetings with DHMC Research Team
- Tracking patient appointments and weekly reporting of patient results
- Project Management
- Compliance Officer

OFFICE MANAGER, PINWOOD LASER & SPA

- Answer phones and schedule appointments
- Have extensive knowledge of laser treatments and machines
- Supply ordering
- Performing Body Contouring Treatments
- Customer service client follow-up
- Conflict resolution
- Managing provider schedules

2006- PRESENT

FOOD SERVICE WORKER AND DIET OFFICE REPRESENTATIVE, WENTWORTH DOUGLAS HOSPITAL

- Prepare and deliver patient food trays
- Handle patient meal requests via telephone
- Meet with individual patients to review personal diet

5-2-2016- 9/6/2019

MEDICAL ASSISTANT, DOVER WOMEN'S HEALTH

- Assist provider during office procedures; bladder instillation for botox, perform PTNM procedure under supervision of physician, PNE, perform urodynamics testing, LEEP, colposcopy's, biopsies, D&C's, hysteroscopy's, cystoscopy's and in office ablations
- Prepare patient rooms prior to arrival
- Scanning and importing patient records

- Administer Injections
- Clean and sterilize instruments
- Checking patients in and out
- Triaging calls for providers
- Self-catheterization teaching
- Aseptic technique
- Special project for PHO, 11/2018

2012-2016

MEDICAL ASSISTANT, DR. O'CONNELL'S PAINCARE CENTER

- IV Insertion
- Receiving and posting patient payments
- Operating the C-ARM for procedures under fluoroscopy
- Assisting providers during office procedures
- Aiding the provider with the ultrasound machine during office procedures

2010-2012

MEDICAL ASSISTANT AND CLINICAL PSR, ROCHESTER OBGYN

- Answer phones and check patients in and out
- Perform and record patient vital signs
- Assist in physical exams, procedures and cultures
- Prepare specimens for laboratory testing
- Schedule medical procedures and referrals at physician's request

EDUCATION

SEPTEMBER 2019- 2020

SURGICAL TECHNOLOGY PROGRAM, GREAT BAY COMMUNITY COLLEGE

SEPTEMBER 2017 TO 2019

PRE-NURSING PROGRAM, GREAT BAY COMMUNITY COLLEGE

MAY 2017

LNA HEALTH CAREERS

SEPTEMBER 2007

**ASSOCIATE IN SCIENCE DEGREE- MEDICAL ASSISTANT, MANCHESTER
COMMUNITY COLLEGE**

SKILLS

- Strong customer service skills
- Able to handle fast-paced, stressful situations
- Adapt easily and quickly to changing situations
- Familiar with Centricity, Greenway, NexGen, Athena and CPS software
- Possess strong communication skills
- Self-motivated and able to carry out instructions
- CPR certified
- Team leader experience

[REDACTED] Kasey Talon
[REDACTED]

[REDACTED] (862)
[REDACTED]

Education

University of New Hampshire
May 2011

- Master of Science, Nursing : Family Nurse Practitioner Track

Saint Anselm College Manchester, New Hampshire
May 2006

- Bachelor of Science, Nursing

Certifications:

- Advanced Practice Registered Nurse -New Hampshire 2011 – present
- Family Nurse Practitioner – Certified, ANCC 2011 – present
- Certified Addictions Registered Nurse – Advanced Practice (CARN-AP) 2018 - present
- Registered Nurse – compact license 2006 - present
- ACIS 2009 - 2017
- CPR/ First Aid for the Professional Rescuer 2002 - present

Related Experience

Provider *ROAD to a Better Life* Somersworth, NH **January 2014 – present**
 Responsible for consultation, assessment and evaluation of patients seeking recovery from a variety of substance use disorders. Treatment includes obtaining a complete health history, ordering relevant labs/ testing, collaboration with other care members and working with patients to develop an individualized treatment plan and appropriate follow up.

Program Director *ROAD to a Better Life* Somersworth, NH **May 2018 - present**
 Responsible for oversight of the ROAD to a Better Life substance use disorder program. Job functions include keeping up to date on relevant legal and political changes, new medications and treatments, evidence-based practices, current guidelines and insurance changes and requirements. Creating policies and protocols and disseminating to staff, as well as providing adequate education and oversight to providers and staff. Maintaining cohesiveness and efficiency amongst the various office locations across the state. Providing community outreach, support and networking with local in-patient and community-based support networks and development of formal contracts with partnering organizations. Communicating with administration on maintaining cost effective practices, staffing and workflow, and monitoring provider education, training and certifications.

Provider *Pain Care Centers* Somersworth, NH **August 2011 – January 2014**
 Functioned as an independent primary pain management provider, evaluating and assessing chronic pain patients, and implementing comprehensive, individualized and multidisciplinary treatment plans for patients, providing routine follow-up care, re-evaluation, drug screening, referrals and communication with primary care and referring providers.

Provider *Pinewood Laser & Spa* Somersworth, NH **April 2014 – present**
 Provide consultations for cosmetic skin therapies including medical history and risk/ benefit analysis on clients. Proper client selection for skin and laser treatments. Provide education regarding pre- and post treatment instructions and preventative counseling for proper skin health.
Trained in: Laser hair removal, laser tattoo removal, laser facials, IPL, Fractional CO2 micro ablative treatments and treatment for pigmented lesions and cosmetic vascular procedures.
Body contouring : True Sculpt 3d.
Injectables Certification in : Botox, complete Juvederm line, Kybella
Product Lines: Farmaceutics, Skin Medica, DoTerra, Dermablend, Image Skincare, Body Deli

ANGELA LOCKE

Office Administration

Dedicated, technically skilled and experienced business professional with a versatile administrative skill set developed through experience as an office manager and administrative assistant in the field of mental health.

Excel in decreasing expenses, teambuilding, recruitment, multitasking and management of a variety of administrative positions, such as inventory, general office management, billing and patient records.

Offer advanced computer skills in MS Office Suite and other applications/systems, including, but not limited to multi-phone telephone systems, experience in payroll and accounts payable, as well as in spreadsheet and database collection.

Key Skills

Office Management	Claims submission and follow up	Records Management
Teambuilding & Supervision	Accounts Payable/Receivable	Meeting & Event Planning
Staff Development & Training	Bookkeeping & Payroll	Inventory Management
Policies & Procedures Manuals	Recruitment and Hiring	Expense Reduction
Report and Document Preparation	Spreadsheet & Database Creation	Experience in Mental Health Field

Experience

Great Bay Mental Health Associates, Somersworth, NH **2005 to Present**

Practice Administrator, 2022 to present

Practice Manager, 2007 to 2022

Administrative Assistant, 2005 to 2007

Practice Manager in charge of the day-to-day operations in an outpatient mental health clinic setting, Collaborating directly alongside the CEO for successful daily clinic operations.

Daily Duties can include:

Responds to all received communication in a timely manner.

Posts appropriate payments and adjustments against patient accounts as reported by insurance remittance advices.

Prepares necessary deposit paperwork for all payments posted to include medical records and credit card transactions.

Enter all cash deposits in accounting software.

Prompt and effective research and follow-up on billing related denials by insurance carriers. Assists and follows-up on unpaid claims with appropriate parties, as required.

Routinely reviews insurance specific aging reports for claims that have received no response from the insurance company.

Generate patient statements on a monthly basis.

Direct in-coming faxes, lab reports to appropriate provider and assists in faxing outgoing information as needed.

Responsible for following up on all requests for release of medical records information.
Purchasing and maintaining inventory of all necessary building and office supplies.
Performs payroll on a biweekly basis.
Responsible for entering all invoices received into accounting software and the issuance of checks as directed by the CEO or designee.
On a monthly basis, completes a reconciliation of payments received from the accounting software to patients account software.
Assists provider staff in the completion of any insurance credentialing applications.
Manage provider schedule changes and office space-weekly basis and enters any changes to employee set up with payroll processing company as directed and needed.
I successfully managed the business during the transition period between ownerships.
I successfully transitioned from paper to electronic billing for all insurance companies.
Recruitment of several new providers in order to increase revenue.

Milton Elementary School, Milton NH

2001 – 2005

Paraprofessional

Worked to modify programs for identified special education students, assisting teachers with daily routines, manage fundraising opportunities in the community for school and PTA functions.

Results:

I successfully help raise enough money through fundraising to build a new playground.

Education

Spaulding High School

1991

High School Diploma

McIntosh College

1996

Associate's Degree

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

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

BRITTNEA HOUD



Interested in beginning a career at Wentworth Douglass Hospital on the patient access team to assist patients and guests with my exceptional customer service skills.

EXPERIENCE

MAY 2023 - CURRENT

TEACHER, THE CRAYON BOX LEARNING CENTER

Child development, child safety, CPR certified, classroom management, communication with parents and families

JUNE 2022 – JANUARY 2023

PERSONAL CARE ASSISTANT, WATSON FIELDS

Assist residents with daily living including eating, showering, dressing, toileting, and grooming, making beds and cleaning tasks

JUNE 2020 - JANUARY 2023

SHIPPING AND RECEIVING, SIG SAUER

Prepare orders for shipment, paperwork, stock and restock supplies in proper locations as needed, maintain accurate records

AUGUST 2018 – MARCH 2020

PERSONAL CARE ASSISTANT, WATSON FIELDS

Assist residents with daily living including eating, showering, dressing, toileting, and grooming

AUGUST 2014 – MARCH 2020

CLOSING MANAGER, DOVER BOWL

Customer service, training and supporting new staff, managing finances and daily reports, supporting overall functioning of business, schedule, coordinate, and manage birthday party requests and group events, customer service, front desk, cashier, general cleaning, restocking, arcade equipment repair, kitchen coverage

EDUCATION

SEPTEMBER 2013- JUNE 2017

HIGHSCHOOL DIPLOMA, DOVER HIGH SCHOOL

OCTOBER 2017 – JUNE 2018
COSMETOLOGY, EMPIRE BEAUTY SCHOOL

SKILLS

Strong customer service
Creative
Leadership skills

Excellent Communication
Computer skills
People person

Problem solving skills
Team player
Friendly

References Upon Request

CONTRACTOR NAME

Key Personnel

Name	Job Title	Amount Paid from this Contract
Peter Fifield	Manager of BH Services	\$54,080
Jennifer Stout	Clinical Supervisor	\$101,275
Carol Stiles	Clinician	\$36,990
Katheryn Miller	CRSW	\$80,100
Miechen Kingsley	CRSW	\$59,361
Olivia Rowell	CRSW	\$57,553
Angela Locke	Practice Administrator	\$30,835
Casey Joseph	Practice Coordinator	\$57,545
Kathleen Breton	Patient Access	\$41,629
Kasey Talon	APRN MAT (MOUD)	\$109,999
Nicole Beckwith	Medical Assistant (MOUD)	\$48,880
Brittnea Houde	Patient Access (MOUD)	\$41,538

NOV08'22 PM 2:29 RCUD

ARC
11Lori A. Shibanette
CommissionerKajja 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

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	\$2,619,267	\$661,076	\$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	\$7,846,834	\$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	\$3,424,066	\$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: 6/2/21 Item #28 A1: 10/13/21 Item #39

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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*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	\$1,489,129	\$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	\$4,108,766	\$1,418,205	\$5,526,981	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	\$5,282,874	\$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	
<i>*Indicates contracts that have expired or have been terminated.</i>						

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 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.

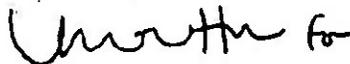
Should the Governor and Executive Council not authorize this request, individuals seeking treatment for opioid use and/or stimulant use disorders may experience difficulty navigating a complex system, may not receive the supports and clinical services needed, and may experience delays in receiving care.

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. Shabinette".

Lori A. Shabinette
Commissioner

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

06-06-92-920510-70400000 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: Androscooggin 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	\$489,808.00	\$0.00	\$489,808.00
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	\$489,808.00	\$489,808.00
2024	074/500589	Welfare Assistance	92057058	\$0.00	\$163,269.00	\$163,269.00
Sub Total				\$2,561,592.00	\$853,075.00	\$3,214,667.00

Vendor Name: Concord Hospital, Inc.						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	\$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 # 1771621
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				\$2,015,638.00	\$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				\$8,747,838.00	\$1,448,732.00	\$8,198,570.00	

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	\$1,288,810.00	\$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**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
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		\$7,531,180.00	\$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		\$4,925,043.00	\$1,679,531.00	\$6,604,574.00

Vendor Name: Concord Hospital, Inc. - Laconia 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	\$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** **\$11,472,882.00** **\$58,652,443.00**

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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05-96-02-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS:
100% Other Funds

Vendor Name: Androscooggin 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	\$28,550.00	\$28,550.00
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	\$25,885.00	\$25,885.00
		Sub Total		\$0.00	\$56,922.00	\$56,922.00

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

05-95-92-920510-33920000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT. OF,
 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
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	\$1,145,858.00	\$0.00	\$1,145,858.00
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05-95-92-920510-2659 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	\$48,607,602.00	\$12,022,862.00	\$60,630,464.00
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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 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

ED005804C83442

Name: Katja S. Fox

Title: Director

Wentworth-Douglass Hospital

10/14/2022

Date

DocuSigned by:

Jeffrey Hughes

C5B3EE4C09C8473

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

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
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.

**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.

**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

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Contractor Initials

10/14/2022

Date

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

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

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Contractor Initials

10/14/2022

Date



Lori A. Shibanette
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	Borlin	\$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	\$1,696,198	\$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: 8/2/21 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
4CAAS2994125473...

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	\$438,668.00	\$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	\$489,808.00	\$489,808.00
2023	074/500585	Grants for Pub for Asst and Rel	92057048	\$0.00	\$163,269.00	\$163,269.00
Sub Total				\$1,808,617.00	\$653,075.00	\$2,461,692.00

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	\$236,916.00	\$0.00	\$236,916.00
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				\$2,590,820.00	\$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 # 228600		
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	\$211,668.00	\$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	\$173,887.00	\$173,887.00
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 # 177100		
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 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	\$1,259,848.00	\$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	\$1,679,731.00	\$4,925,245.00

Vendor Name Concord Hospital - Laconia				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	\$28,139,458.00	\$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	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
		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 # 156405		
State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102/500731	Contracts for Program Services	92058501	\$88,812.00	\$0.00	\$88,812.00
2022	102/500731	Contracts for Program Services	92058501	\$22,870.00	\$0.00	\$22,870.00
		Sub Total		\$111,682.00	\$0.00	\$111,682.00

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	\$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	\$141,852.00	\$0.00	\$141,852.00
2022	102/500731	Contracts for Program Services	92058501	\$47,217.00	\$0.00	\$47,217.00
		Sub Total		\$189,069.00	\$0.00	\$189,069.00

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		\$94,390.00	\$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	\$38,740.00	\$0.00	\$38,740.00
		Sub Total		\$147,962.00	\$0.00	\$147,962.00

GC Total				\$1,145,958.00	\$0.00	\$1,145,958.00
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05-05-02-020510-2659 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OP, 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
		Sub Total		\$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
		Sub Total		\$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
		Sub Total		\$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
		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		\$37,617,414.00		\$11,180,088.00		\$48,807,502.00
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max

Lori A. Shihnette
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	\$1,847,690	\$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

03-95-02-020510-78400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: BEHAVIORAL HEALTH DW OF BUREAU OF DRUG & ALCOHOL SERVICES, STATE OPIOID RESPONSE GRANT 100% Federal Funds CFDA #93.788 FAIN #79TR031685 and #79TR033328

Anderson 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	\$ 236,916.00	\$ -	\$ 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	\$ 2,074,568.00	\$ 2,972,258.00

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

Grant's 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

Grant's 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

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
		Sub Total		\$ 1,713,805.00	\$ 421,884.00	\$ 2,135,689.00

LRGHealthcare

Vendor # 177151

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	\$ 282,441.00	\$ 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	\$ 240,875.00		\$ 240,875.00
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		\$ 2,769,652.00	\$ 1,151,078.00	\$ 3,920,730.00

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		\$ 27,125,937.00	\$ 6,045,236.00	\$ 33,171,173.00

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

05-05-92-920510-33820000 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	102500731	Contracts for Program Services	92058501	\$ -	\$ 18,750.00	\$ 18,750.00
2022	102500731	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	102500731	Contracts for Program Services	92058501	\$ -	\$ 73,481.00	\$ 73,481.00
2022	102500731	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	102500731	Contracts for Program Services	92058501	\$ -	\$ 68,612.00	\$ 68,612.00
2022	102500731	Contracts for Program Services	92058501	\$ -	\$ 22,870.00	\$ 22,870.00
		Sub Total		\$ -	\$ 91,482.00	\$ 91,482.00

Utahson Regional

Vendor # 177162

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	\$ 18,750.00
2022	102500731	Contracts for Program Services	92058501	\$ -	\$ 6,250.00	\$ 6,250.00
		Sub Total		\$ -	\$ 25,000.00	\$ 25,000.00

LRG Healthcare

Vendor # 177181

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102500731	Contracts for Program Services	92058501	\$ -	\$ 110,222.00	\$ 110,222.00
2022	102500731	Contracts for Program Services	92058501	\$ -	\$ 36,740.00	\$ 36,740.00
		Sub Total		\$ -	\$ 146,962.00	\$ 146,962.00

Mary Hitchcock

Vendor # 177160

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2021	102500731	Contracts for Program Services	92058501	\$ -	\$ -	\$ -
2022	102500731	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	102500731	Contracts for Program Services	92058501	\$ -	\$ 141,852.00	\$ 141,852.00
2022	102500731	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	102500731	Contracts for Program Services	92058501	\$ -	\$ 208,492.00	\$ 208,492.00
2022	102500731	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	102500731	Contracts for Program Services	92058501	\$ -		\$ -
2022	102500731	Contracts for Program Services	92058501	\$ -		\$ -
		Sub Total		\$ -	\$ -	\$ -
		Total Gov Commission		\$ -	\$ 853,276.00	\$ 853,276.00
		Total All		\$ 27,123,947.00	\$ 4,894,332.00	\$ 32,018,279.00

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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

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	\$ 1,865,736.00		\$ 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	\$ 882,700.00	\$ (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

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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.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	680 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>	\$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
			<i>Sub-Total</i>	\$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

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

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:

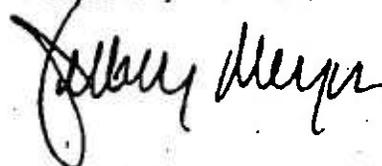
- Monthly de-identified, aggregate data reports
- Weekly and biweekly Doorway program calls
- Monthly Community of Practice meetings
- Regular review and monitoring of Government Performance and Results Act (GPRA) interviews and follow ups through the Web Information Technology System (WITS) database.

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 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 Cheahire 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					
Androscoogin 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 # 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 1-800-852-3343 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

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.

**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

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.

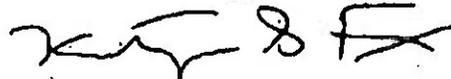
Area served: Statewide

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
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 Cheashire 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