ATTORNEY GENERAL
DEPARTMENT OF JUSTICE

1 GRANITE PLACE SOUTH
CONCORD, NEW HAMPSHIRE 03301

JOHN M. FORMELLA
ATTORNEY GENERAL

JAMES T. BOFFETTI
DEPUTY ATTORNEY GENERAL

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May 3, 2024

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

Your Excellency and Members of the Council:

REQUESTED ACTION

Authorize the New Hampshire Department of Justice (DOJ) to enter into a subgrant with the Mary Hitchcock Memorial Hospital (Vendor #177160-B002), Lebanon, NH, in an amount not to exceed $280,800, to support the enhancement of Child Advocacy Center (CAC) services effective upon Governor and Executive Council approval through June 30, 2025. 100% General Funds.

Funding is available as follows:

02-20-20-200010-2601	FY 2024
Attorney General	
073-500581, Grants, Non-Federal	$280,800

EXPLANATION

The purpose of a Child Advocacy Center (CAC) is to standardize the investigation of child abuse and neglect cases, minimize trauma to child victims by limiting the number of interviews the child must participate in, and coordinate services for those children. The CACs use a multi-disciplinary team approach to ensure a child's health and well-being is of primary importance during the investigation process.

The Department of Justice is requesting approval to award funding to the Mary Hitchcock Memorial Hospital for the support of continued services to children and implementation of evidence-based practices.

The Mary Hitchcock Memorial Hospital is part of the CAC network in New Hampshire and is a member of the Granite State Children's Alliance, making them eligible for funding under this program.

Please let me know if you have any questions concerning this request. Your consideration is greatly appreciated.

Respectfully submitted,

John M. Formella
Attorney General

#4488806

GRANT AGREEMENT

The State of New Hampshire and the Grantee hereby
Mutually agree as follows:
GENERAL PROVISIONS

1. Identification and Definitions.

1.1. State Agency Name New Hampshire Department of Justice		**1.2. State Agency Address** 1 Granite Place South, Concord, NH 03301	
1.3. Grantee Name Mary Hitchcock Memorial Hospital		**1.4. Grantee Address** 1 Medical Center Dr. Lebanon, NH 03756	
1.5. Grantee Phone # (603) 653-9012	**1.6. Account Number** 02-20-20-200010-2601-073-500581	**1.7. Completion Date** 06/30/2025	**1.8. Grant Limitation** $280,800
1.9. Grant Officer for State Agency Kathleen Carr		**1.10. State Agency Telephone Number** (603) 271-3658	
If Grantee is a municipality or village district: **"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."**			
1.11. Grantee Signature DocuSigned by: Edward J. Merrens, MD		**1.12. Name & Title of Grantee Signor 1** Edward J. Merrens, MD Chief Clinical Officer	
Grantee Signature 2		**Name & Title of Grantee Signor 2**	
Grantee Signature 3		**Name & Title of Grantee Signor 3**	
1.13 State Agency Signature(s) Kathleen Carr		**1.14. Name & Title of State Agency Signor(s)** Kathleen Carr, Director of Administration	
1.15. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) **By:** Sheri Phillips **Assistant Attorney General, On:** 4/24/2024			
1.16. Approval by Governor and Council (if applicable) **By:** **On:** / /			

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT B (the scope of work being hereinafter referred to as "the Project").

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3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.

4. EFFECTIVE DATE; COMPLETION OF PROJECT.

4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.16), or upon signature by the State Agency as shown in block 1.14 ("the Effective Date").

4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.7 (hereinafter referred to as "the Completion Date").

5. GRANT AMOUNT; LIMITATION ON AMOUNT; VOUCHERS; PAYMENT.

5.1. The Grant Amount is identified and more particularly described in EXHIBIT C, attached hereto.

5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT C.

5.3. In accordance with the provisions set forth in EXHIBIT C, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.

5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.

5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.

6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits and RSA 31-95-b.

7. RECORDS and ACCOUNTS.

7.1. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency, the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.

7.2. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency pursuant to subparagraph 7.1, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership with, the entity identified as the Grantee in block 1.3 of these provisions

8. PERSONNEL.

8.1. The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized to perform such Project under all applicable laws.

8.2. The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with the State, or who is a State officer or employee, elected or appointed.

8.3. The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant Officer, and his/her decision on any dispute, shall be final.

9. DATA; RETENTION OF DATA; ACCESS.

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

9.2. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.

9.3. No data shall be subject to copyright in the United States or any other country by anyone other than the State.

9.4. On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.

9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.

10. CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.

11. EVENT OF DEFAULT; REMEDIES.

11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):

11.1.1 Failure to perform the Project satisfactorily or on schedule; or

11.1.2 Failure to submit any report required hereunder; or

11.1.3 Failure to maintain, or permit access to, the records required hereunder; or

11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.

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

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

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

11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and

11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

12. TERMINATION.

12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.

12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.

12.3. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.

12.4. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.

13. CONFLICT OF INTEREST. No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

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approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.

14. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.

15. ASSIGNMENT AND SUBCONTRACTS. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit B without the prior written consent of the State.

16. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.

17. INSURANCE.

17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:

17.1.1 Statutory workers' compensation and employees liability insurance for all employees engaged in the performance of the Project, and

17.1.2 General liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than $1,000,000 per occurrence and $2,000,000 aggregate for bodily injury or death any one incident, and $500,000 for property damage in any one incident; and

17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Grantee shall furnish to the State, certificates of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy.

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

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

20. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire, if required or by the signing State Agency.

21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intend of the parties hereto.

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

23. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

24. SPECIAL PROVISIONS. The additional or modifying provisions set forth in Exhibit A hereto are incorporated as part of this agreement.

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EXHIBIT A

-SPECIAL PROVISIONS-

Mary Hitchcock Memorial Hospital as the Grantee (hereinafter referred to as "Subrecipient") shall be compliant at all times with the terms, conditions and specifications detailed below, which are subject to annual review.

The terms outlined in the General Terms and Conditions of the Grant Agreement are modified as set forth below:

a) Provision 8.2 is deleted and replaced with the following: Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, Grantee's personnel who are engaged in performance of the Project shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with the State, or who is a State officer or employee, elected or appointed.

b) Provision 8.3 delete the following: In the event of any dispute hereunder, the interpretation of this Agreement by the Grant Officer, and his/her decision on any dispute, shall be final.

c) Provision 12.1 is deleted and replaced with the following:
In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than thirty (30) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.

d) Provision 20 is deleted and replaced with the following:
AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire, if required or by the signing State Agency unless no such approval is required under the circumstances pursuant to State law, rule or policy. In the event the State wishes to change the location(s) in which the services are performed by the Contractor hereunder, in whole or in part, the State shall provide Contractor with reasonable advance written notice of the same. Thereafter, the parties shall meet in good faith in order to mutually agree upon possible adjustments to the terms and conditions, if required, which shall be documented In the form of an amendment to this Agreement in accordance with this Section.

e) Provision 17.1.1 is deleted and replaced with the following:
Statutory workers' compensation and professional liability insurance for all employees engaged in the performance of the Project, and

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EXHIBIT A

- SPECIAL PROVISIONS -

1. The Subrecipient must certify that Limited English Proficiency persons have meaningful access to any services provided by this program. National origin discrimination includes discrimination on the basis of limited English proficiency (LEP). Meaningful access may entail providing language assistance services, including oral and written translation when necessary. The U.S. Department of Justice has issued guidance for grantees to help them comply with these requirements. The guidance document can be accessed on the Internet at www.lep.gov.

2. The Subrecipient assures that in the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination within the three years prior to the receipt of the federal financial assistance and after a due process hearing against the Subrecipient on the grounds of race, color, religion, national origin, sex, age, or disability, a copy of the finding will be submitted to the New Hampshire Department of Justice, Grants Management Unit and to the U.S. Department of Justice, Office for Civil Rights, Office of Justice Programs, 810 7th Street, NW, Washington, D.C. 20531. For additional information regarding your obligations under civil rights please reference the state website at http://www.doj.nh.gov/grants-management/civil-rights.htm and understand if you are awarded funding from this office, civil rights compliance will be monitored by this office, and the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice.

3. The Subrecipient will comply (and will require any subrecipients or contractors to comply) with any applicable nondiscrimination provisions, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. § 10228(c)); the Victims of Crime Act (34 U.S.C. § 20110(e)); the Juvenile Justice and Delinquency Prevention Act of 2002 (34 U.S.C. § 11182(b)); the Violence Against Women Act (34 U.S.C. § 12291(b)(13)); the Civil Rights Act of 1964 (42 U.S.C. § 2000d); the Indian Civil Rights Act (25 U.S.C. §§ 1301-1303); the Rehabilitation Act of 1973 (29 U.S.C. § 794); the Americans with Disabilities Act of 1990 (42 U.S.C. §§ 12131-34); the Education Amendments of 1972 (20 U.S.C. §§ 1681, 1683, 1685-86); and the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07). It will also comply with Ex. Order 13279, Equal Protection of the Laws for Faith-Based and Community Organizations; Executive Order 13559, Fundamental Principles and Policymaking Criteria for

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EXHIBIT A

- SPECIAL PROVISIONS -

Partnerships With Faith-Based and Other Neighborhood Organizations; and the DOJ implementing regulations at 28 C.F.R. Part 38.

4. Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace. The current consultant limit is $650 per day or $81.25 per hour. When the rate exceeds the limit for an 8-hour day, or a proportionate hourly rate (excluding travel and subsistence costs), a written prior approval is required . Prior approval requests require additional justification.

5. The Subrecipient agency agrees that, should they employ a former member of the New Hampshire Department of Justice (DOJ), that employee or their relative shall not perform work on or be billed to any federal or state subgrant or monetary award that the employee directly managed or supervised while at the DOJ for the life of the subgrant without the express approval of the DOJ.

6. The Subrecipient understands that grants are funded for the grant award period noted on the grant award document. No guarantee is given or implied of subsequent funding in future years.

7. The Subrecipient authorizes the DOJ and its representatives, access to and the right to examine all records, books, paper or documents related to this subgrant.

8. The Subrecipient agrees that all services will be provided at no charge to victims unless a program income waiver is obtained from the DOJ. If permission is granted, the Subrecipient agrees that there must be a sliding scale that starts at zero (0), and that all program income will be totally expended on grant allowable activities by the end of the funding cycle.

9. Equipment purchased with this subgrant shall be listed by the Subrecipient on the agency inventory. The inventory must include the item description, serial number, cost, percentage of state funds, and location.

10. The Subrecipient agrees that if a financial audit of the agency is performed, whether it be an audit under 2 CFR or not, the Subrecipient agrees to provide a copy of the audit and any associated management letters to the DOJ, Grants Management Unit. The Single Audit report must be submitted to the Grants Management Unit within 9 months after the Subrecipient's year-end or one month after the issuance of the audit.

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EXHIBIT A

- SPECIAL PROVISIONS -

11. The Subrecipient, if a non-profit organization, agrees to make its financial statements available online (either on the Subrecipient's website, or the DOJs, or another publicly available website). Organizations that have Federal 501(c)(3) tax status are considered in compliance with this requirement, with no further action needed, to the extent that such organization files IRS Form 990 or similar tax document (e.g., Form 990-EZ), as several sources already provide searchable online databases of such financial statements.

12. The Subrecipient, if a non-profit organization, must certify their non-profit status by submitting a statement to NH DOJ: 1) affirmatively asserting that the recipient is a non-profit organization and 2) indicating that the Subrecipient has on file and available upon audit one of the following:

    - A copy of the organization's 501 (c)(3) designation letter, or;
    - A letter from the State of New Hampshire stating that the Subrecipient is a non-profit organization operating within the state, or;
    - A copy of the Subgrantee's state certificate of incorporation that substantiates its non-profit status.

    Subrecipients that are local non-profit affiliates or state of national non-profits should also have a statement by the parent organization that the Subrecipient is a local non-profit affiliate.

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EXHIBIT B

- SCOPE OF SERVICES -

1. The Subrecipient shall receive a grant from the New Hampshire Department of Justice (DOJ) for expenses incurred and services provided for child advocacy forensic interviews and victim services provided by the Subrecipient, including but not limited to expenses for personnel and fringe.

2. The Subrecipient shall be reimbursed by the DOJ based on budgeted expenditures described in Exhibit C. The Subrecipient shall submit incurred expenses for reimbursement on the state approved expenditure reporting form as provided. Expenditure reports shall be submitted on a quarterly basis, within fifteen (15) days following the end of the current quarterly activities. Expenditure reports submitted later than thirty (30) days following the end of the quarter will be considered late and out of compliance. *For example, with an award that begins on January 1, the first quarterly report is due on April 15th or 15 days after the close of the first quarter ending on March 31.*

3. The Subrecipient is required to maintain supporting documentation for all grant expenses both state funds and match if provided and to produce those documents upon request of this office or any other state or federal audit authority. Grant project supporting documentation shall be maintained for at least seven (7) years after the close of this Grant.

4. The Subrecipient shall be subject to periodic desk audits and program reviews by DOJ. Such desk audits and program reviews shall be scheduled with Subrecipient and every attempt shall be made by Subrecipient to accommodate the schedule.

5. All correspondence and submittals shall be directed to:
   NH Department of Justice
   Grants Management Unit
   1 Granite Place South
   Concord, NH 03301
   (603)271-8473
   Sarah.E.Sciuto@doj.nh.gov

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EXHIBIT C

- PAYMENT TERMS –

1. The Subrecipient shall receive reimbursement in exchange for approved expenditure reports as described in EXHIBIT B.

2. The Subrecipient shall be reimbursed within thirty (30) days following the DOJ's approval of expenditures. Said payment shall be made to the Subrecipient's account receivables address per the Financial System of the State of New Hampshire.

3. The State's obligation to compensate the Subrecipient under this Agreement shall not exceed the price limitation set forth in form G-1 section 1.8.

   3a. The Subrecipient shall be awarded an amount not to exceed $280,800 of the total Grant Limitation set forth from Governor and Council approval through 06/30/2025. This shall be contingent upon continued state funding appropriation and program performance.

   3b. With sufficient reason and under limited circumstances, the Subrecipient may apply for an extension of the grant period for up to the end of the federal grant end date, not after. The Subrecipient must submit the request in writing. No extension is granted until approval is received by DOJ in writing.

4. Neither the Subrecipient nor DOJ will be responsible for any expenses or costs incurred under this agreement prior to Governor and Council approval, or after 06/30/2025 or, unless a grant extension is approved in writing by DOJ.

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EXHIBIT D

-NON-SUPPLANTING CERTIFICATION -

Supplanting defined

Federal funds must be used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. Supplanting shall be the subject of application review, as well as pre-award review, post-award monitoring, and audit. If there is a potential presence of supplanting, the Subrecipient or grantee will be required to supply documentation demonstrating that the reduction in non-Federal resources occurred for reasons other than the receipt or expected receipt of Federal funds. For certain programs, a written certification may be requested by the awarding agency or recipient agency stating that Federal funds will not be used to supplant State or local funds will not be used to supplant State or local funds. See the OJP Financial Guide (Part II, Chapter 3) http://www.ojp.usdoj.gov/financialguide/part2/part2chap3.htm.

Supplanting and job retention

A recipient or subrecipient may use federal funds to retain jobs that, without the use of the federal money, would be lost. If the grantee is planning on using federal funds to retain jobs, it must be able to substantiate that, without the funds, the jobs would be lost. Substantiation can be, but is not limited to, one of the following forms: an official memorandum, official minutes of a county or municipal board meeting or any documentation, that is usual and customarily produced when making determinations about employment. The documentation must describe the terminated positions and that the termination is because of lack of the availability of State or local funds.

The Subrecipient certifies that any funds awarded through this agreement shall not be used to Supplant any Federal funds that have been appropriated for the purposes and goals of this agreement.

The Subrecipient understands that supplanting violations may result in a range of penalties, including but not limited to suspension of future funds under this program, suspension or debarment from federal grants, recoupment of monies provided under this grant, and civil and/or criminal penalties.

Printed Name and Title of Authorized Signor: Edward J. Merrens, MD Chief Clinical Officer

Signature: Edward J. Merrens, MD

DS EJM

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Date 3/28/2024

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: **0006622917**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 20th day of March A.D. 2024.

David M. Scanlan
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Roberta L. Hines, MD, do hereby certify that:

1. I am the duly elected Chair of the Boards of Trustees of Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic (together, "Dartmouth-Hitchcock").
2. The following is a true and accurate excerpt from the Amended, Restated and Integrated Bylaws of the Dartmouth-Hitchcock Corporations:
    a. **"ARTICLE II – Section A. Fiduciary Duty. Stewardship over Corporate Assets.** As responsible stewards of tax-exempt, charitable Corporations, members of the Corporations' Boards have the fiduciary duty to oversee, with due care and loyalty, the stewardship of the Corporations' assets and operations in order to create a sustainable health system that is population focused and value-based, and to advance their respective corporate purposes. In exercising this duty, the Boards may, consistent with the respective Corporation's Articles of Agreement and these Bylaws, delegate authority to Board Committees and other bodies, or to various officers, to provide 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 Corporations as may be necessary or desirable in furtherance of their charitable purposes."
3. Pursuant to policy approved and adopted by the Boards of Trustees consistent with the above Bylaws provision, the Chief Clinical Officer, Edward Merrens, MD, has subdelegated signature authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
4. 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 Boards of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 7th day of March, 2024.

Roberta L. Hines, MD, Board Chair

CERTIFICATE OF INSURANCE

DATE: February 20, 2024

COMPANY AFFORDING COVERAGE
Hamden Assurance Risk Retention Group, Inc.
P.O. Box 1687
30 Main Street, Suite 330
Burlington, VT 05401

INSURED
Dartmouth-Hitchcock Clinic
One Medical Center Drive
Lebanon, NH 03756
(603)653-6850

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.

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
X	CLAIMS MADE				MEDICAL EXPENSES	N/A
	OCCURRENCE				PERSONAL & ADV INJURY	$1,000,000
					GENERAL AGGREGATE	$3,000,000
OTHER					PRODUCTS-COMP/OP AGG	$1,000,000
PROFESSIONAL LIABILITY		0002023-A	7/1/2023	7/1/2024	EACH CLAIM	$1,000,000
X	CLAIMS MADE				ANNUAL AGGREGATE	$3,000,000
	OCCURENCE					
OTHER						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)
Certificate is issued as evidence of insurance.

CERTIFICATE HOLDER

New Hampshire Department of Justice
Office of the Attorney General
1 Granite Place South
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

DARTHIT-01 MDUNNING

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/21/2024

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 275 US Route 1 Cumberland Foreside, ME 04110	CONTACT NAME: Lauren Stiles PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Lauren.Stiles@hubinternational.com
INSURED Dartmouth-Hitchcock Health 1 Medical Center Dr. Lebanon, NH 03756	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Associated Industries of Massachusetts Mutual Insurance Compan — 33758 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WMZ-800-8007725-2023A	10/1/2023	10/1/2024	☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Workers Compensation coverage for the following:
Dartmouth-Hitchcock Clinic
Mary Hitchcock Memorial Hospital
Alice Peck Day Memorial Hospital
Cheshire Medical Center
Mt. Ascutney Hospital and Health Center
New London Hospital Association

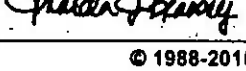
CERTIFICATE HOLDER

New Hampshire Department of Justice
Office of the Attorney General
1 Granite Place South
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



Dartmouth-Hitchcock Health and Subsidiaries

Report on Federal Awards in Accordance with the Uniform Guidance
June 30, 2022
EIN #02-0222140

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Part I
Financial Statements and Schedule of Expenditures of Federal Awards

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Report of Independent Auditors

To the Board of Trustees of
Dartmouth-Hitchcock Health and Subsidiaries

Report on the Audit of the Consolidated Financial Statements

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 consolidated financial position of the Health System as of June 30, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the 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 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 financial statements are issued.

Auditors' Responsibilities for the Audit of the Consolidated 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 US GAAS and *Government Auditing Standards*, will always detect a material misstatement when it exists. The risk of not detecting a

material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the 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.

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards for the year ended June 30, 2022 is presented for purposes of additional analysis as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates

directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated November 16, 2022, except with respect to the opinion on the supplemental schedule of expenditures of federal awards, as to which the date is June 30, 2023, on our consideration of the Health System'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 for the year ended June 30, 2022. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health System's internal control over financial reporting and compliance.

PricewaterhouseCoopers LLP

Boston, Massachusetts
November 16, 2022, except with respect to the opinion on the supplemental schedule of expenditures of federal awards, as to which the date is June 30, 2023

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Balance Sheets
June 30, 2022 and 2021

(in thousands of dollars)	2022	2021
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	612,312	764,407
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	$ 2,964,450	$ 3,226,862
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	503,445	590,001
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	2,130,650	2,283,965
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	833,800	942,897
Total liabilities and net assets	$ 2,964,450	$ 3,226,862

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

(in thousands of dollars)	2022	2021
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	2,870,828	2,663,709
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	2,892,907	2,610,173
Operating (loss) income	(22,079)	53,536
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	(71,492)	213,102
(Deficiency) excess of revenue over expenses	$ (93,571)	$ 266,638

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

(in thousands of dollars)	2022	2021
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	(124,330)	327,601
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	15,233	32,042
Change in net assets	(109,097)	359,643
Net assets		
Beginning of year	942,897	583,254
End of year	$ 833,800	$ 942,897

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

(in thousands of dollars)	2022	2021
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	(123,525)	95,740
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	(87,747)	(142,903)
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	7,782	(9,085)
Decrease in cash and cash equivalents	(203,490)	(56,248)
Cash and cash equivalents, beginning of year	396,975	453,223
Cash and cash equivalents, end of year	$ 193,485	$ 396,975
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.

	2022	2021
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	$ 193,485	$ 396,975

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

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

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.

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	$ 295,930

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.

(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)

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.

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.

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

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

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.

- 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

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.

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.

	2022		
(in thousands of dollars)	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

	2021		
(in thousands of dollars)	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

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:

	2022	2021
Medicare	38%	34%
Medicaid	12%	13%
Commercial	38%	41%
Self Pay	12%	12%
Total	100%	100%

5. Investments

The composition of investments at June 30, 2022 and 2021 is set forth in the following table:

(in thousands of dollars)	2022	2021
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

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.

	2022		
(in thousands of dollars)	Fair Value	Equity	Total
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

	2021		
(in thousands of dollars)	Fair Value	Equity	Total
Cash and short-term investments	$ 208,491	$ -	$ 208,491
U.S. government securities	212,462	-	212,462
Domestic corporate debt securities	191,112	178,159	369,271
Global debt securities	55,472	34,390	89,862
Domestic equities	225,523	66,993	292,516
International equities	55,389	41,656	97,045
Emerging markets equities	1,888	56,665	58,553
Global equities	-	88,051	88,051
Real Estate Investment Trust	443	-	443
Private equity funds	-	123,219	123,219
Hedge funds	446	6,111	6,557
Other	44	-	44
Total investments	$ 951,270	$ 595,244	$ 1,546,514

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:

(in thousands of dollars)	2022	2021
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	2,276,053	2,113,900
Less accumulated depreciation	1,511,213	1,433,467
Total property, plant, and equipment, net	$ 764,840	$ 680,433

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.

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).

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:

	2022			
(in thousands of dollars)	Level 1	Level 2	Level 3	Total
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

	2021			
(in thousands of dollars)	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and short term investments	$ 208,491	$ -	$ -	$ 208,491
U.S. government securities	212,462	-	-	212,462
Domestic corporate debt securities	36,163	154,949	-	191,112
Global debt securities	27,410	28,062	-	55,472
Domestic equities	220,434	5,089	-	225,523
International equities	55,389	-	-	55,389
Emerging market equities	1,888	-	-	1,888
Real estate investment trust	443	-	-	443
Hedge funds	446	-	-	446
Other	9	35	-	44
Total 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.

	2022
(in thousands of dollars)	Beneficial Interest in Perpetual Trust
Beginning of year balance	$ 10,796
Net realized/unrealized gains	5,255
End of year balance	$ 16,051

	2021		
(in thousands of dollars)	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
Beginning of year balance	$ 9,202	$ 92	$ 9,294
Net realized/unrealized gains (losses)	1,594	(92)	1,502
End of year balance	$ 10,796	$ -	$ 10,796

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:

(in thousands of dollars)	2022	2021
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	$ 199,503	$ 184,270

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)

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.

Endowment net asset composition by type of fund consists of the following at June 30, 2022 and 2021:

	2022		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	$ -	$ 107,590	$ 107,590
Board-designated endowment funds	41,344	-	41,344
Total endowed net assets	$ 41,344	$ 107,590	$ 148,934

	2021		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	$ -	$ 108,213	$ 108,213
Board-designated endowment funds	41,728	-	41,728
Total endowed net assets	$ 41,728	$ 108,213	$ 149,941

Changes in endowment net assets for the years ended June 30, 2022 and 2021 are as follows:

	2022		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
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	$ 41,344	$ 107,590	$ 148,934

End of year balances	107,590
Beneficial interest in perpetual trusts	14,903
Net assets with donor restrictions	$ 122,493

	2021		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
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	$ 41,728	$ 108,213	$ 149,941

End of year balances	108,213
Beneficial interest in perpetual trusts	9,721
Net assets with donor restrictions	$ 117,934

10. Long-Term Debt

A summary of obligated group debt at June 30, 2022 and 2021 is as follows:

(in thousands of dollars)	2022	2021
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	$ 1,044,722	$ 1,053,637

A summary of long-term debt at June 30, 2022 and 2021 is as follows:

(in thousands of dollars)	2022	2021
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	$ 1,117,288	$ 1,126,357

Aggregate annual principal payments for the next five years ending June 30 and thereafter are as follows:

(in thousands of dollars)	2022
2023	$ 6,596
2024	15,207
2025	19,362
2026	20,209
2027	20,915
Thereafter	965,152
Total	$ 1,047,441

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

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

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.

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:

(in thousands of dollars)	2022	2021
Interest cost on projected benefit obligation	$ 36,722	$ 36,616
Expected return on plan assets	(65,917)	(63,261)
Net loss amortization	13,139	14,590
Total net periodic pension expense	$ (16,056)	$ (12,055)

The following assumptions were used to determine net periodic pension expense as of June 30, 2022 and 2021:

	2022	2021
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%

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:

(in thousands of dollars)	2022	2021
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	938,886	1,140,221
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	747,095	958,864
Funded status of the plans	(191,791)	(181,357)
Less: Current portion of liability for pension	-	(46)
Long-term portion of liability for pension	(191,791)	(181,311)
Liability for pension	$ (191,791)	$ (181,357)

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.

The following table sets forth the assumptions used to determine the accumulated benefit obligation at June 30, 2022 and 2021:

	2022	2021
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:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0–5%	3%
U.S. government securities	0–10	5
Domestic debt securities	20–58	42
Global debt securities	6–26	4
Domestic equities	5–35	17
International equities	5–15	7
Emerging market equities	3–13	4
Global Equities	0-10	6
Real estate investment trust funds	0–5	1
Private equity funds	0–5	0
Hedge funds	5–18	11

To the extent an asset class falls outside of its target range on a quarterly basis, the Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

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:

	2022					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
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		

	2021					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
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:

	2022		
(in thousands of dollars)	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

	2021		
(in thousands of dollars)	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.

The weighted average asset allocation, by asset category, for the Health System's pension plans is as follows at June 30, 2022 and 2021:

	2022	2021
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	100 %	100 %

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.50% per annum.

The Health System is expected to contribute approximately $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.

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:

(in thousands of dollars)	2022	2021
Service cost	$ 456	$ 533
Interest cost	1,394	1,340
Net prior service income	-	(3,582)
Net loss amortization	752	738
Total	$ 2,602	$ (971)

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:

(in thousands of dollars)	2022	2021
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	(33)	(32)
Accumulated benefit obligation, end of year	40,315	46,863
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	(36,815)	(43,441)
Funded status of the plans and liability for postretirement medical and life benefits	$ (40,315)	$ (46,863)

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:

(in thousands of dollars)	2022	2021
Net actuarial loss	4,445	9,981
Total	$ 4,445	$ 9,981

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.

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		
	HAC	RRG	Total
(in thousands of dollars)			
Assets	$ 79,831	$ 2,245	$ 82,076
Shareholders' equity	13,620	50	13,670

	2021		
	HAC	RRG	Total
(in thousands of dollars)			
Assets	$ 71,772	$ 3,583	$ 75,355
Shareholders' equity	13,620	50	13,670

13. Commitments and Contingencies

Litigation

The Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. While it is not feasible to predict or determine the outcome of any of these claims, it is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Health System.

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.

Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2022:

	2022			
(in thousands of dollars)	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	$ 2,446,171	$ 439,158	$ 7,578	$ 2,892,907

	Program Services	Management and General	Fundraising	Total
Non-operating income				
Employee benefits	$ 12,144	$ 1,755	$ 11	$ 13,910
Total non-operating income	$ 12,144	$ 1,755	$ 11	$ 13,910

Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2021:

	2021			
(in thousands of dollars)	Program Services	Management and General	Fundraising	Total
Operating expenses				
Salaries	$ 1,019,272	$ 164,937	$ 1,701	$ 1,185,910
Employee benefits	212,953	88,786	403	302,142
Medical supplies and medications	540,541	4,982	-	545,523
Purchased services and other	252,705	125,931	5,313	383,949
Medicaid enhancement tax	72,941	-	-	72,941
Depreciation and amortization	38,945	49,943	33	88,921
Interest	8,657	22,123	7	30,787
Total operating expenses	$ 2,146,014	$ 456,702	$ 7,457	$ 2,610,173

	Program Services	Management and General	Fundraising	Total
Non-operating income				
Employee benefits	$ 9,200	$ 4,354	$ 5	$ 13,559
Total non-operating income	$ 9,200	$ 4,354	$ 5	$ 13,559

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.

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:

(in thousands of dollars)	2022	2021
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	$ 1,799,389	$ 2,153,603
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	$ 1,307,562	$ 1,638,505

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

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:

(in thousands of dollars)	2022	2021
Operating lease cost	$ 9,573	$ 10,381
Variable and short term lease cost (a)	10,894	8,019
Total lease and rental expense	$ 20,467	$ 18,400
Finance lease cost:		
Depreciation of property under finance lease	$ 3,345	$ 3,408
Interest on debt of property under finance lease	448	533
Total finance lease cost	$ 3,793	$ 3,941

(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:

(in thousands of dollars)	2022	2021
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	3,255	3,108
Total	$ 13,655	$ 14,252

Supplemental balance sheet information related to leases as of June 30, 2022 and 2021 are as follows:

(in thousands of dollars)	2022	2021
Operating Leases		
Right-of-use assets - operating leases	$ 61,165	$ 51,410
Accumulated amortization	(21,222)	(15,180)
Right-of-use assets - operating leases, net	**39,943**	**36,230**
Current portion of right-of-use obligations	8,314	8,038
Long-term right-of-use obligations, excluding current portion	32,207	28,686
Total operating lease liabilities	**40,521**	**36,724**
Finance Leases		
Right-of-use assets - finance leases	27,963	27,940
Accumulated depreciation	(8,981)	(5,760)
Right-of-use assets - finance leases, net	**18,982**	**22,180**
Current portion of right-of-use obligations	3,005	3,251
Long-term right-of-use obligations, excluding current portion	16,617	19,481
Total finance lease liabilities	**$ 19,622**	**$ 22,732**
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.

Future maturities of lease liabilities as of June 30, 2022 are as follows:

(in thousands of dollars)	Operating Leases	Finance Leases
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	44,378	24,348
Less: Imputed interest	3,857	4,726
Total lease obligations	$ 40,521	$ 19,622

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

(in thousands of dollars)	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	301,000	858,919	12,665	14,680	18,005	25,753	(98,848)	1,130,174	50,920	-	1,181,094
Notes receivable, related party	842,052	11,557	-	803	-	-	(853,609)	803	(803)	-	-
Other investments for restricted activities	490	118,082	16,422	727	3,925	6,846	-	146,492	28,624	-	175,116
Property, plant, and equipment, net	-	585,064	63,067	24,757	45,973	15,526	-	734,387	30,453	-	764,840
Right-of-use assets, net	1,362	35,321	1,830	14,892	166	5,249	-	58,820	105	-	58,925
Other assets	681	146,516	1,187	14,391	6,573	4,983	-	174,331	(2,168)	-	172,163
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)	2,130,850
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	37,665	(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

(in thousands of dollars)	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH	MAHHC and Subsidiaries	APD and Subsidiary	VNH and Subsidiaries	Eliminations	Health System Consolidated
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	125,814	37,124	3,925	6,848	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

(in thousands of dollars)	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	-	198,350	13,238	8,779	8,699	8,522	-	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	28,665	(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	(189,849)	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	16,104	360	5,819	-	58,255	155	-	58,410
Other assets	2,431	146,226	1,315	14,380	7,282	5,172	-	176,806	292	-	177,098
Total assets	$ 1,254,182	$ 2,416,979	$ 188,356	$ 120,887	$ 114,149	$ 80,953	$ (1,082,717)	$ 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	8,848	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	1,047,859	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

(in thousands of dollars)	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	-	198,350	13,238	6,699	6,820	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	87,543	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	658	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	-	158,073	8,648	4,407	5,385	6,116	1,441	-	182,070
Estimated third-party settlements	-	160,410	31,228	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

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	OH 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

(in thousands of dollars)	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	$ 236,845	$ 79,754	$ 59,041	$ 99,403	$ 17,301	$ -	$ 2,243,237
Contracted revenue	209	134,388	185	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	135,118	40,219	29,729	47,352	15,534	(44,144)	1,315,407
Employee benefits	-	266,795	31,770	7,537	8,361	11,169	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	-	84,036	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)	(4,498)	-	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

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Operating revenue and other support											
Patient service revenue	$ -	$ 1,683,612	$ 230,810	$ 82,373	$ 61,814	$ 59,686	$ -	$ 2,118,295	$ 19,992	$ -	$ 2,138,287
Contracted revenue	7,266	129,880	379	-	162	2,963	(55,753)	84,897	380	(14)	85,263
Other operating revenue	29,784	404,547	6,775	1,905	4,370	1,175	(37,287)	411,269	15,490	(1,801)	424,958
Net assets released from restrictions	197	12,631	1,182	61	200	201	-	14,472	729	-	15,201
Total operating revenue and other support	37,247	2,230,670	239,146	84,339	66,546	64,025	(93,040)	2,628,933	36,591	(1,815)	2,663,709
Operating expenses											
Salaries	-	988,595	118,678	40,567	33,611	29,119	(42,565)	1,168,005	16,800	1,105	1,185,910
Employee benefits	-	251,774	29,984	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	16,591	14,884	(18,085)	370,410	15,395	(1,856)	383,949
Medicaid enhancement tax	-	57,312	8,315	3,075	2,523	1,716	-	72,941	-	-	72,941
Depreciation and amortization	10	67,666	8,623	3,366	4,364	2,617	-	86,646	2,275	-	88,921
Interest	32,324	24,158	936	875	1,077	510	(29,495)	30,385	402	-	30,787
Total operating expenses	51,837	2,162,732	241,942	77,196	72,320	59,789	(95,369)	2,570,447	40,170	(444)	2,810,173
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	-	-	(18)	-	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

(in thousands of dollars)	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	29,988	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	4,068	2,472	5,972	(137)	203,778
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.

Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2022

Federal Program	Assistance Listing Number	Award Number/Pass-through Identification Number	Funding Source	Pass-through Entity	Total Expenditures	Amount Passed Through to Subrecipients
Research and Development Cluster						
Department of Defense						
National Guard Military Operations and Maintenance (O&M) Projects	12.401	W81XWH1820076	Direct		$ 630,792	$ 329,899
Military Medical Research and Development	12.420	W81XWH1810712	Direct		89,187	62,618
Military Medical Research and Development	12.420	W81XWH2110279	Direct		198,358	-
Military Medical Research and Development	12.420	W81XWH2110889	Direct		103,023	1,718
Military Medical Research and Development	12.420	W81XWH2010319	Direct		319,686	144,604
Military Medical Research and Development	12.420	W81XWH2010330	Direct		94,452	-
Subtotal 12.420					784,706	208,940
Congressionally Directed Assistance	12.599	R1360	Pass-Through	Trustees of Dartmouth College	110,051	-
Total Department of Defense					1,525,549	538,839
Department of Labor						
Disability Employment Policy Development	17.720	1947RTN01	Pass-Through	Vermont Department of Labor	319,138	-
Disability Employment Policy Development	17.720	1947RTN2-02	Pass-Through	Vermont Department of Labor	1,338,713	-
Subtotal 17.720					1,657,851	-
Total Department of Labor					1,657,851	-
Department of Health and Human Services						
Innovations in Applied Public Health Research	93.061	1 R01 TS000288	Direct		431,998	197,688
Family Smoking Prevention	93.077	1R21HL161758-01	Direct		78,809	5,135
Centers for Research and Demonstration for Health Promotion and Disease Prevention	93.135	OSP33084-00	Pass-Through	University of Massachusetts Med School	53,977	-
Centers for Research and Demonstration for Health Promotion and Disease Prevention	93.135	A417808	Pass-Through	Emory University	233,109	-
Subtotal 93.135					287,086	-
Research Related to Deafness and Communication Disorders	93.173	1R21DC018147-01A1	Direct		138,742	110,584
Research Related to Deafness and Communication Disorders	93.173	R1294	Pass-Through	Trustees of Dartmouth College	16,770	-
Subtotal 93.173					155,512	110,584
Research and Training in Complementary and Integrative Health	93.213	1 G26RH40088-01-00	Direct		155,409	-
Research and Training in Complementary and Integrative Health	93.213	12274	Pass-Through	Palmer College of Chiropractic	32,705	-
Research and Training in Complementary and Integrative Health	93.213	A03-4486	Pass-Through	Duke University	89,908	-
Research and Training in Complementary and Integrative Health	93.213	R1187	Pass-Through	Trustees of Dartmouth College	11,944	-
Research and Training in Complementary and Integrative Health	93.213	R1349	Pass-Through	Trustees of Dartmouth College	14,834	-
Research and Training in Complementary and Integrative Health	93.213	R15AT010035	Pass-Through	Southern California University of Health	2,307	2,307
Subtotal 93.213					307,107	2,307
Research on Healthcare Costs, Quality and Outcomes	93.226	41610.04.21	Pass-Through	Nat'l Bureau of Economic Research	9,798	-
Research on Healthcare Costs, Quality and Outcomes	93.226	01063641	Pass-Through	Beth Israel Deaconess Medical Center	73,903	-
Research on Healthcare Costs, Quality and Outcomes	93.226	R1545	Pass-Through	Trustees of Dartmouth College	28,206	-
Subtotal 93.226					111,907	-
Mental Health Research Grants	93.242	1K01MH117496-01A1	Direct		141,088	6,966
Mental Health Research Grants	93.242	1R21MH124674-01A1	Direct		143,835	39,087
Mental Health Research Grants	93.242	1K08MH117347-01A1	Direct		187,448	-
Mental Health Research Grants	93.242	1R25MH119050-01	Direct		217,529	-
Mental Health Research Grants	93.242	235886	Pass-Through	Massachusetts General Hospital	2,404	-
Mental Health Research Grants	93.242	1R34MH124951-01	Direct		236,280	23,651
Mental Health Research Grants	93.242	4500002925	Pass-Through	Boston University	861	-

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2022

Federal Program	Assistance Listing Number	Award Number/Pass-through Identification Number	Funding Source	Pass-through Entity	Total Expenditures	Amount Passed Through to Subrecipients
Mental Health Research Grants	93.242	4500003586	Pass-Through	Boston University	117,911	-
Mental Health Research Grants	93.242	6K23MH116367-02	Direct		166,351	-
Mental Health Research Grants	93.242	6R01MH110985	Direct		151,772	108,435
Mental Health Research Grants	93.242	6T32MH073553-15	Direct		405	-
Mental Health Research Grants	93.242	R1082	Pass-Through	Trustees of Dartmouth College	29,835	-
Mental Health Research Grants	93.242	R1156	Pass-Through	Trustees of Dartmouth College	15,374	-
Subtotal 93.242					1,391,071	178,119
Alcohol Research Programs	93.273	1F31AA028413-01A1	Direct		34,473	-
Drug Abuse and Addiction Research Programs	93.279	19166	Pass-Through	Baystate Medical Center, Inc	63,232	-
Drug Abuse and Addiction Research Programs	93.279	22-A0-S3-003671	Pass-Through	NYU Grossman School of Medicine	155,488	-
Drug Abuse and Addiction Research Programs	93.279	GR113129	Pass-Through	McLean Hospital	86,247	-
Drug Abuse and Addiction Research Programs	93.279	20-A0-S1-003671	Pass-Through	NYU Grossman School of Medicine	182,626	-
Drug Abuse and Addiction Research Programs	93.279	R1425	Pass-Through	Trustees of Dartmouth College	104,901	-
Drug Abuse and Addiction Research Programs	93.279	R1470	Pass-Through	Trustees of Dartmouth College	25,386	-
Subtotal 93.279					617,880	-
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	6K23EB026507-02	Direct		161,523	-
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	1R21EB030696-01A1	Direct		112,740	32,210
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	R1548	Pass-Through	Trustees of Dartmouth College	17,084	-
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	6R21EB021456-03	Direct		133	-
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	7R21EB024771-03	Direct		52,467	-
Subtotal 93.286					343,947	32,210
Minority Health and Health Disparities Research	93.307	1R01MD014735	Direct		638,840	463,764
Trans-NIH Research Support	93.310	2UG1OD024948-04	Direct		457,154	-
Trans-NIH Research Support	93.310	2004833926	Pass-Through	Johns Hopkins University	97,609	-
Trans-NIH Research Support	93.310	54005-VDORA	Pass-Through	University of Arkansas Medical Sciences	6,443	-
Trans-NIH Research Support	93.310	54005	Pass-Through	University of Arkansas Medical Sciences	142,400	-
Trans-NIH Research Support	93.310	R1122	Pass-Through	Trustees of Dartmouth College	134,463	-
Trans-NIH Research Support	93.310	R1365	Pass-Through	Trustees of Dartmouth College	13,328	-
Subtotal 93.310					851,397	-
21st Century Cures Act - Beau Biden Cancer Moonshot	93.353	1204501	Pass-Through	Dana Farber Cancer Institute	238,897	-
21st Century Cures Act - Beau Biden Cancer Moonshot	93.353	115007-5115773	Pass-Through	Harvard University	67,097	-
21st Century Cures Act - Beau Biden Cancer Moonshot	93.353	R1449	Pass-Through	Trustees of Dartmouth College	15,238	-
21st Century Cures Act - Beau Biden Cancer Moonshot	93.353	R1456	Pass-Through	Trustees of Dartmouth College	52,046	-
Subtotal 93.353					373,278	-
Cancer Cause and Prevention Research	93.393	1R01CA225792	Direct		263,285	184,773
Cancer Cause and Prevention Research	93.393	1R21CA230875-01A1	Direct		71,958	37,406
Cancer Cause and Prevention Research	93.393	R01CA243449	Direct		606,740	68,299
Cancer Cause and Prevention Research	93.393	000532274-SC001	Pass-Through	University of Alabama Birmingham	116,306	-
Cancer Cause and Prevention Research	93.393	R1592	Pass-Through	Trustees of Dartmouth College	12,025	-
Cancer Cause and Prevention Research	93.393	BCL-Pivotal Study	Pass-Through	CalmSurgical, LLC	139,409	-

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2022

Federal Program	Assistance Listing Number	Award Number/Pass-through Identification Number	Funding Source	Pass-through Entity	Total Expenditures	Amount Passed Through to Subrecipients
Cancer Cause and Prevention Research	93.393	DHMCCA222648	Pass-Through	The Pennsylvania State University	70,925	-
Cancer Cause and Prevention Research	93.393	GR112052(CON-80002881)	Pass-Through	Yale University	25,129	-
Cancer Cause and Prevention Research	93.393	R1535	Pass-Through	Trustees of Dartmouth College	12,366	-
Cancer Cause and Prevention Research	93.393	300414	Pass-Through	MGH Institute of Health Professions	246,392	-
Cancer Cause and Prevention Research	93.393	R1250	Pass-Through	Trustees of Dartmouth College	164,073	-
Cancer Cause and Prevention Research	93.393	R1368	Pass-Through	Trustees of Dartmouth College	112,104	-
Cancer Cause and Prevention Research	93.393	R1451	Pass-Through	Trustees of Dartmouth College	4,936	-
Cancer Cause and Prevention Research	93.393	R1452	Pass-Through	Trustees of Dartmouth College	4,936	-
Cancer Cause and Prevention Research	93.393	R44CA210810	Pass-Through	CalmSurgical, LLC	57,775	-
Subtotal 93.393					1,908,359	290,478
Cancer Detection and Diagnosis Research	93.394	4R00CA190890-03	Direct		130,763	-
Cancer Detection and Diagnosis Research	93.394	00001757	Pass-Through	Brown University	1,243	-
Cancer Detection and Diagnosis Research	93.394	NIH204	Pass-Through	Tufts University	666	-
Cancer Detection and Diagnosis Research	93.394	R1313	Pass-Through	Trustees of Dartmouth College	52,234	-
Cancer Detection and Diagnosis Research	93.394	R1086	Pass-Through	Trustees of Dartmouth College	12,281	-
Cancer Detection and Diagnosis Research	93.394	R1511	Pass-Through	Trustees of Dartmouth College	40,982	-
Cancer Detection and Diagnosis Research	93.394	R1335	Pass-Through	Trustees of Dartmouth College	49,520	-
Cancer Detection and Diagnosis Research	93.394	R1124	Pass-Through	Trustees of Dartmouth College	409	-
Cancer Detection and Diagnosis Research	93.394	R1369	Pass-Through	Trustees of Dartmouth College	33,910	-
Cancer Detection and Diagnosis Research	93.394	R1437	Pass-Through	Trustees of Dartmouth College	8,192	-
Cancer Detection and Diagnosis Research	93.394	R1444	Pass-Through	Trustees of Dartmouth College	49,903	-
Cancer Detection and Diagnosis Research	93.394	R1513	Pass-Through	Trustees of Dartmouth College	29,561	-
Subtotal 93.394					409,664	-
Cancer Treatment Research	93.395	1UG1CA233323-01	Direct		293,188	-
Cancer Treatment Research	93.395	110408	Pass-Through	Brigham and Women's Hospital	744	-
Cancer Treatment Research	93.395	120870	Pass-Through	Brigham and Women's Hospital	32,701	-
Cancer Treatment Research	93.395	R1527	Pass-Through	Trustees of Dartmouth College	226,375	-
Cancer Treatment Research	93.395	2UG1CA189823	Pass-Through	Mayo Clinic	11,203	-
Cancer Treatment Research	93.395	R1087	Pass-Through	Trustees of Dartmouth College	8,491	-
Cancer Treatment Research	93.395	R1400	Pass-Through	Trustees of Dartmouth College	1,016	-
Subtotal 93.395					573,718	-
Cancer Biology Research	93.396	R1593	Pass-Through	Trustees of Dartmouth College	2,538	-
Cancer Centers Support Grants	93.397	R1389	Pass-Through	Trustees of Dartmouth College	61,457	-
Cancer Centers Support Grants	93.397	R1558	Pass-Through	Trustees of Dartmouth College	39,663	-
Cancer Centers Support Grants	93.397	R1390	Pass-Through	Trustees of Dartmouth College	45,989	-
Cancer Centers Support Grants	93.397	R1391	Pass-Through	Trustees of Dartmouth College	78,175	-
Cancer Centers Support Grants	93.397	R1392	Pass-Through	Trustees of Dartmouth College	25,793	-
Cancer Centers Support Grants	93.397	R1393	Pass-Through	Trustees of Dartmouth College	95,308	-
Cancer Centers Support Grants	93.397	R1394	Pass-Through	Trustees of Dartmouth College	16,149	-
Cancer Centers Support Grants	93.397	R1395	Pass-Through	Trustees of Dartmouth College	83,288	-
Cancer Centers Support Grants	93.397	R1397	Pass-Through	Trustees of Dartmouth College	35,990	-
Cancer Centers Support Grants	93.397	R1439	Pass-Through	Trustees of Dartmouth College	237,820	-
Cancer Centers Support Grants	93.397	R1440	Pass-Through	Trustees of Dartmouth College	62,709	-
Cancer Centers Support Grants	93.397	R1466	Pass-Through	Trustees of Dartmouth College	4,066	-
Subtotal 93.397					784,427	-

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2022

Federal Program	Assistance Listing Number	Award Number/Pass-through Identification Number	Funding Source	Pass-through Entity	Total Expenditures	Amount Passed Through to Subrecipients
Cardiovascular Diseases Research	93.396	1K08CA259632-01	Direct		159,220	-
Cardiovascular Diseases Research	93.837	1UM1HL147371-01	Direct		707,787	403,663
Cardiovascular Diseases Research	93.837	7K23HL142835-02	Direct		167,183	26,145
Subtotal 93.837					874,970	429,808
Lung Diseases Research	93.838	KHL150453A	Direct		72,655	-
Lung Diseases Research	93.838	R1448	Pass-Through	Trustees of Dartmouth College	2,091	-
Lung Diseases Research	93.838	RNG211577	Pass-Through	Kaiser Permanente Washington Health	20,604	-
Lung Diseases Research	93.838	6R01HL122372-05	Direct		7,796	-
Subtotal 93.838					103,146	-
Arthritis, Musculoskeletal and Skin Diseases Research	93.846	1R21AR079661 - 01	Direct		91,041	4,298
Arthritis, Musculoskeletal and Skin Diseases Research	93.846	R1289	Pass-Through	Trustees of Dartmouth College	31,185	-
Arthritis, Musculoskeletal and Skin Diseases Research	93.846	1R01AR077157-01	Direct		376,422	161,184
Subtotal 93.846					498,648	165,482
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	R21DK124733	Direct		253,369	170,215
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	3R21DK124733-02S1	Direct		1,683	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	R1572	Pass-Through	Trustees of Dartmouth College	32,221	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	R1363	Pass-Through	Trustees of Dartmouth College	24,534	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	R1450	Pass-Through	Trustees of Dartmouth College	133,188	-
Subtotal 93.847					444,995	170,215
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	01082758	Pass-Through	Beth Israel Deaconess Medical Center	20,651	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	CON-80003935	Pass-Through	Yale University	85,775	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	R1589	Pass-Through	Trustees of Dartmouth	17,152	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	GR110729	Pass-Through	Yale University	27,832	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	R43NS120624	Pass-Through	Abzyme Therapeutics	38,127	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	1R01NS116994-01A1	Direct		429,847	98,590
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	R21NS116434	Direct		168,612	61,555
Subtotal 93.853					787,996	160,145
Allergy and Infectious Diseases Research	93.855	R1377	Pass-Through	Trustees of Dartmouth College	68,607	-
Biomedical Research and Research Training	93.859	DAR-263973	Pass-Through	Mayo Clinic	6,466	-
Biomedical Research and Research Training	93.859	MH-Rosen-111061	Pass-Through	Maine Medical Center	2,051	-
Biomedical Research and Research Training	93.859	Rosen-CTR	Pass-Through	Maine Medical Center	18,802	-
Biomedical Research and Research Training	93.859	R1522	Pass-Through	Trustees of Dartmouth College	9,487	-
Biomedical Research and Research Training	93.859	R1141	Pass-Through	Trustees of Dartmouth College	14,191	-
Biomedical Research and Research Training	93.859	R1467	Pass-Through	Trustees of Dartmouth College	2,584	-
Biomedical Research and Research Training	93.859	R1486	Pass-Through	Trustees of Dartmouth College	14,657	-
Biomedical Research and Research Training	93.859	R1508	Pass-Through	Trustees of Dartmouth College	21,816	-
Subtotal 93.859					88,054	-

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2022

Federal Program	Assistance Listing Number	Award Number/Pass-through Identification Number	Funding Source	Pass-through Entity	Total Expenditures	Amount Passed Through to Subrecipients
Child Health and Human Development Extramural Research	93.865	6R01HD067270	Direct		668,654	631,710
Child Health and Human Development Extramural Research	93.865	R1520	Pass-Through	Trustees of Dartmouth College	30,626	-
Child Health and Human Development Extramural Research	93.865	D19080	Pass-Through	Reia, LLC	12,453	-
Child Health and Human Development Extramural Research	93.865	R1119	Pass-Through	Trustees of Dartmouth College	35,302	-
Subtotal 93.865					787,035	631,710
Aging Research	93.866	R1102	Pass-Through	Trustees of Dartmouth College	31,110	-
Aging Research	93.866	R1321	Pass-Through	Trustees of Dartmouth College	15,319	-
Aging Research	93.866	B000915408	Pass-Through	University of Massachusetts Boston	12,529	-
Aging Research	93.866	R1533	Pass-Through	Trustees of Dartmouth College	16,624	-
Subtotal 93.866					75,582	-
Vision Research	93.867	6R21EY028677-02	Direct		62,154	30,602
Medical Library Assistance	93.879	R1107	Pass-Through	Trustees of Dartmouth College	2,390	-
Medical Library Assistance	93.879	R1190	Pass-Through	Trustees of Dartmouth College	60,263	-
Subtotal 93.879					62,653	-
International Research and Research Training	93.989	R1123	Pass-Through	Trustees of Dartmouth College	11,088	-
International Research and Research Training	93.989	581975	Pass-Through	University of Pennsylvania	14,397	-
International Research and Research Training	93.989	6R25TW007693-09	Pass-Through	Fogarty International Center	155,469	139,020
Subtotal 93.989					180,954	139,020
Total Department of Health and Human Services					13,476,023	3,007,267
National Aeronautics and Space Administration						
Exploration	43.003	R1495	Pass-Through	Trustees of Dartmouth College	1,487	-
Total National Aeronautics and Space Administration					1,487	-
Total Research and Development Cluster					16,660,910	3,546,108
Medicaid Cluster						
Department of Health and Human Services						
Medical Assistance Program	93.778	03420-09229	Pass-Through	Vermont Department of Health	39,200	-
Medical Assistance Program	93.778	03410-2230-21	Pass-Through	Vermont Department of Health	26,157	-
Medical Assistance Program	93.778	03410-2305-22	Pass-Through	Vermont Department of Health	76,611	-
Medical Assistance Program	93.778	RFP-2022-NHH-02-NEURO-01	Pass-Through	DHHS Health Resources and Services	41,146	-
Medical Assistance Program	93.778	Amendment #2 for RFP-2017	Pass-Through	NH Dept of Health and Human Services	3,125,298	-
Medical Assistance Program	93.778	DSRIP	Pass-Through	NH Dept of Health and Human Services	431,556	-
Medical Assistance Program	93.778	SNHH 2-18-19	Pass-Through	Southern New Hampshire Health	165,775	-
Medical Assistance Program	93.778	SS-2020-DCYF-13-SPECI-01	Pass-Through	State of New Hampshire	536,204	-
Total Medicaid Cluster					4,441,945	-
Highway Safety Cluster						
Department of Transportation						
State and Community Highway Safety	20.600	21-266	Pass-Through	NH Highway Safety Agency	109,957	-
State and Community Highway Safety	20.600	22-266	Direct		223,186	-
Total Highway Safety Cluster					333,143	-
Other Sponsored Programs						
Department of Justice						
Crime Victim Assistance	16.575	2018-V3-GX-4078	Direct		183,625	162,140
Crime Victim Assistance	16.575	2022VOC40	Pass-Through	New Hampshire Department of Justice	280,217	-
Subtotal 16.575					463,842	162,140

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Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2022

Federal Program	Assistance Listing Number	Award Number/Pass-through Identification Number	Funding Source	Pass-through Entity	Total Expenditures	Amount Passed Through to Subrecipients
Comprehensive Opioid,Stimulant, and Substance Abuse Program	16.838	NCSC - Project ECHO	Pass-Through	National Center for State Courts	2,935	-
Total Department of Justice					466,777	162,140
Department of Labor						
H-1B Job Training Grants	17.268	HG-35889-21-60-A-33	Direct		336,272	-
Total Department of Labor					336,272	-
Department of Health and Human Services						
Blood Disorder Program: Prevention, Surveillance, and Research	93.080	GENFD0002119444	Pass-Through	Boston Children's Hospital	21,240	-
Enhance Safety of Children Affected by Substance Abuse	93.087	90CU0109-01-00	Direct		589,350	33,102
Maternal and Child Health Federal Consolidated Programs	93.110	0253-6540-4609	Pass-Through	Icahn School of Medicine Mount Sani	21,270	-
Maternal and Child Health Federal Consolidated Programs	93.110	UC4MC28042	Pass-Through	American College of Obstetricians	2,522	-
Maternal and Child Health Federal Consolidated Programs	93.110	L0153	Pass-Through	University of New Hampshire	25,359	-
Subtotal 93.110					49,151	-
Emergency Medical Services for Children	93.127	7 H33MC323950100	Direct		132,755	-
Injury Prevention and Control Research and State and Community Based Programs	93.136	03420-08225	Pass-Through	Vermont Agency of Human Services	33,148	-
Injury Prevention and Control Research and State and Community Based Programs	93.136		Pass-Through	Vermont Agency of Human Services	64,930	-
Injury Prevention and Control Research and State and Community Based Programs	93.136	03420-08992	Pass-Through	Vermont Agency of Human Services	68,404	-
Subtotal 93.136					166,482	-
HIV-Related Training and Technical Assistance	93.145	OSP29994-04	Pass-Through	University of Massachusetts Med School	44,312	-
Coordinated Services and Access to Research for Women, Infants, Child	93.153	5H12HA31112-03-00	Direct		367,386	-
COVID-19 Testing and Mitigation	93.155	05-95-90-901010-24970000	Pass-Through	Foundation for Healthy Communities	185,814	-
COVID-19 Testing and Mitigation	93.155		Pass-Through	Foundation for Healthy Communities	253,029	-
Subtotal 93.155					438,843	-
National Health Service Corp	93.186	T32HP32520-04-00	Direct		250,321	-
State Rural Hospital Flexibility Program	93.241	03420-08324	Pass-Through	Vermont Department of Health	68,241	-
Regional and National Significance	93.243	1H79SM082302-01	Direct		728,547	96,715
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	1H79SM084906-01	Direct		179,183	16,922
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	SS-2022-DBH-01-EVALU-01	Pass-Through	DHHS Health Resources and Services	144,516	-
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	1H79SP081227-01	Direct		30,406	-
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	7H79SM083584-01	Direct		22,467	-
Regional and National Significance	93.243	03420-08960	Pass-Through	Vermont Department of Health	7,046	-
Subtotal 93.243					1,112,165	113,637
COVID-19 Vaccination Program	93.268	SS-2022-DPHS-05-PROJE-01	Pass-Through	State of New Hampshire	2,286	
Subtotal 93.268					2,286	-
Drug Free Communities Support Program Grants	93.276	1 NH28CE002898-01-00	Direct		72,436	-
COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases	93.323	RFP-2018-DHPS-02-INFEC-A0	Pass-Through	NH Dept of Health and Human Services	67,551	-
Emergency Response: Public Health Crisis Response	93.354	SS-2019-DPHS-28-REGION-08	Pass-Through	NH Dept of Health and Human Services	4,246	58
Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees	93.478	SS-2020-DPHS-11-MATERN	Pass-Through	NH Dept of Health and Human Services	78,479	7,718

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2022

Federal Program	Assistance Listing Number	Award Number/Pass-through Identification Number	Funding Source	Pass-through Entity	Total Expenditures	Amount Passed Through to Subrecipients
Health Profession Opportunity	93.493	GE1HS48231-01-00	Direct		141	-
COVID-19 Provider Relief Funds and American Rescue Plan Rural Distribution	93.498	N/A	Direct		65,566,676	-
University Centers for Excellence in Developmental Disabilities Education, Research, and Service	93.761	90FPSG0038-01-00	Direct		101,161	-
Opioid STR	93.788	03420-8490	Pass-Through	Vermont Agency of Human Services	165,306	-
Opioid STR	93.788	03420-9021	Pass-Through	Vermont Agency of Human Services	151,502	-
Opioid STR	93.788	T1081685	Pass-Through	NH Dept of Health and Human Services	838,932	-
Opioid STR	93.788	2019-BDAS-05-ACCES-04	Pass-Through	NH Dept of Health and Human Services	1,500,823	-
Opioid STR	93.788	05-95-92-920510-7040-5007	Pass-Through	NH Dept of Health and Human Services	108,083	-
Opioid STR	93.788	RFP-2018-BDAS-05-INTEG-01	Pass-Through	NH Dept of Health and Human Services	932,635	24,502
Opioid STR	93.788	SS-2019-BDAS-05-ACCES-04-	Pass-Through	State of New Hampshire	9,566	-
Subtotal 93.788					3,706,849	24,502
Organized Approaches to Increase Colorectal Cancer Screening	93.800	5NU58DP006086-05-00	Pass-Through	NH Dept of Health and Human Services	507,140	27,134
Organized Approaches to Increase Colorectal Cancer Screening	93.800		Pass-Through	NH Dept of Health and Human Services	17,897	-
Organized Approaches to Increase Colorectal Cancer Screening	93.800	NU58DP006753-01-00	Direct		888,478	-
Subtotal 93.800					1,213,515	27,134
Maternal, Infant and Early Childhood Home Visiting Grant	93.870	03420-08474	Pass-Through	Vermont Department of Health	65,145	-
Maternal, Infant and Early Childhood Home Visiting Grant	93.870	03420-09086	Pass-Through	Vermont Department of Health	210,938	-
Subtotal 93.870					276,083	-
COVID-19 National Bioterrorism Hospital Preparedness Program	93.889	NHHA ASPR COVID-19 2020	Pass-Through	Foundation for Healthy Communities	58,276	
Rural Health Care Services	93.912	1 GA1RH42907-01-00	Direct		218,314	62,066
Rural Health Care Services	93.912	P16RH43503-01-00	Direct		118,386	18,944
Rural Health Care Services	93.912	1 U2SRH43521-01-00	Direct		174,707	26,282
Subtotal 93.912					511,407	107,292
Block Grants for Community Mental Health Services	93.958	SS-2022-OCOM-02-CLIN-01	Direct		390,730	-
Block Grants for Community Mental Health Services	93.958	PZL0188	Pass-Through	University of New Hampshire	97,308	-
Subtotal 93.958					488,038	-
Block Grants for Prevention and Treatment of Substance Abuse	93.959	DHMC-FHC SUD 21	Pass-Through	NH Department of Health and Human Services	51,842	-
Block Grants for Prevention and Treatment of Substance Abuse	93.959	05-95-49-491510-2990	Pass-Through	Foundation for Healthy Communities	40,696	-
Block Grants for Prevention and Treatment of Substance Abuse	93.959	T1010035-15	Pass-Through	Foundation for Healthy Communities	25,398	-
Subtotal 93.959					117,936	-
HIV Disease	93.918	1 H76HA31654-01-00	Direct		183,115	-
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918	2 H76HA31654-05-00	Direct		80,588	-
Subtotal 93.918					263,703	-
COVID-19 PPHF Geriatric Education Centers	93.969	1T1MHP39074-01-00	Direct		917,309	-
Block Grants for Prevention Treatment	93.991	SS-2023-DPHS-03-INJUR-01	Direct		24,506	-
Total Department of Health and Human Services					76,710,844	313,443
Department of Homeland Security						
COVID-19 Disaster Grants - Public Assistance	97.036	FEMA-4516-DR-NH	Pass-Through	NH Dept of Safety	813,654	-
Total Department of Homeland Security					813,654	-

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2022

Federal Program	Assistance Listing Number	Award Number/Pass-through Identification Number	Funding Source	Pass-through Entity	Total Expenditures	Amount Passed Through to Subrecipients
Various						
Greater Monadnock Regional Public Health Network Services	93.U01*	Not Provided	Pass-Through	County of Cheshire	230,094	-
Regional Public Health Network Services	93.U01	SS-2019-DPHS-28-REGION-06	Pass-Through	NH Dept of Health and Human Services	35,606	18,192
Hospital Prep	93.U01	U90TP111901	Pass-Through	NH Dept of Health and Human Services	65,216	-
Emergency Prep	93.U01	U3REP190580	Pass-Through	NH Dept of Health and Human Services	76,113	-
Lab Services	93.U01	U50CK000427	Pass-Through	NH Dept of Health and Human Services	48,241	-
Total Various					455,270	18,192
Total Federal Other Sponsored Programs					78,782,817	493,775
Total Expenditures of Federal Awards					$ 100,218,815	$ 4,039,881

* Further discussed in Footnote 3

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Schedule of Expenditures of Federal Awards
Year Ended June 30, 2022

1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") presents the activity of federal award programs administered by Dartmouth-Hitchcock Health and Subsidiaries (the "Health System") as defined in the notes to the consolidated financial statements and is presented on an accrual basis. The purpose of this Schedule is to present a summary of those activities of the Health System for the year ended June 30, 2022 which have been financed by the United States government ("federal awards"). For purposes of this Schedule, federal awards include all federal assistance entered into directly between the Health System and the federal government and subawards from nonfederal organizations made under federally sponsored agreements. The information in this Schedule in presented in accordance with the requirements of the Uniform Guidance. Pass-through entity identification numbers and Assistance Listing numbers have been provided where available.

Visiting Nurse and Hospice of NH and VT ("VNH") received a Community Facilities Loan, Assistance listing #10.766, of which the proceeds were expended in 2018. The VNH had an outstanding balance of $2,417,078 as of June 30, 2022. As this loan was related to a project that was completed in the prior audit period and the terms and conditions do not impose continued compliance requirements other than to repay the loan, we have excluded the outstanding loan balance from the Schedule.

2. Indirect Expenses

Indirect costs are charged to certain federal grants and contracts at a federally approved predetermined indirect rate, negotiated with the Division of Cost Allocation and therefore we do not use the de minimus 10% rate. The predetermined rate provided for the year ended June 30, 2022 was 53%. Indirect costs are included in the reported federal expenditures.

3. Greater Monadnock Regional Public Health Network Services

Cheshire Medical Center received a pass-through award from the County of Cheshire, who were themselves a pass-through entity for their award from the New Hampshire Department of Health and Human Services. The award contract between the County of Cheshire and NH DHHS indicates that the award is funded from several Federal Agencies, programs, and Assistance listing numbers as noted below. The total award amount of $230,094 was not split out by Agency listed below. Accordingly, the total expenditures of $230,094 included on accompanying SEFA for this program are listed as one amount under the Assistance living #93.U01.

Agency		Assistance Listing #
US Centers for Disease Control & Prevention	Preventative Health Services	93.991
US Centers for Disease Control & Prevention	Public Health Emergency Preparedness Program	93.074
US Centers for Disease Control & Prevention	Public Health Emergency Preparedness Program	93.069
US Centers for Disease Control & Prevention	Immunization Cooperative Agreements	93.268
US Department of Health & Human Services	Substance Abuse Prevention and Treatment Block Grant	93.959
US Department of Health & Human Services	Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243
US Department of Health & Human Services	Public Health Emergency Preparedness Program	93.074
US Department of Health & Human Services	Public Health Emergency Preparedness Program	93.889
US Department of Health & Human Services	Childhood Lead Poisoning Prevention & Surveillance Program	93.197
US Department of Health & Human Services	Environmental Public Health and Emergency Response	93.070

4. Provider Relief

The Health System was the recipient of funding under assistance listing number 93.498, COVID-19 Provider Relief Funds and American Rescue Plan Rural Distribution ("PRF"), and as required based on guidance in the 2022 OMB Compliance Supplement, the Schedule includes all Period 2 and 3 funds received between July 1, 2020 and June 30, 2021 and expended by June 30, 2022 as reported to the Department of Health and Human Services via the PRF Reporting Portal. The Health System only received Period 2 funds.

Given the timing covered by the Period 2 funds, certain of these expenses were reflected in the University's consolidated financial statements for the year ended June 30, 2021. Additionally, lost revenue does not represent an expenditure in the Health System's financial statements and thus is a reconciling item between the federal expenses in the Health System's financial statements and the amount included on the Schedule.

Part II
Reports on Internal Control and Compliance

Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Trustees of
Dartmouth-Hitchcock Health and Subsidiaries

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States, the consolidated financial statements of Dartmouth-Hitchcock Health and its subsidiaries (the "Health System"), which comprise the consolidated balance sheet as of June 30, 2022, and the related consolidated statements of operations and changes in net assets and of cash flows for the year then ended, including the related notes (collectively referred to as the "consolidated financial statements"), and have issued our report thereon dated November 16, 2022, except with respect to the opinion on the supplemental schedule of expenditures of federal awards, as to which the date is June 30, 2023.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Health System'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 consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, we do not express an opinion on the effectiveness of the Health System's internal control.

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

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

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Health System's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an

opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

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

PricewaterhouseCoopers LLP

Boston, Massachusetts
November 16, 2022, except with respect to the opinion on the supplemental schedule of expenditures of federal awards, as to which the date is June 30, 2023

Report of Independent Auditors on Compliance for Each Major Program and on Internal Control Over Compliance Required by Uniform Guidance

To the Board of Trustees of
Dartmouth-Hitchcock Health and Subsidiaries

Report on Compliance for Each Major Federal Program

Qualified and Unmodified Opinions

We have audited Dartmouth-Hitchcock Health and Subsidiaries' (the "Health System") compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of the Health System's major federal programs for the year ended June 30, 2022. The Health System's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Qualified Opinion on Assistance Listing #93.788 Opioid STR

In our opinion, except for the noncompliance described in the Basis for Qualified and Unmodified Opinions section of our report, the Health System complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on Assistance Listing #93.788 Opioid STR. for the year ended June 30, 2022.

Unmodified Opinion on Each of the Other Major Federal Programs

In our opinion, the Health System complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its other major federal programs identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs for the year ended June 30, 2022.

Basis for Qualified and Unmodified Opinions

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (US GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Health System and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Health System's compliance with the compliance requirements referred to above.

Matter Giving Rise to Qualified Opinion on Assistance Listing #93.788 Opioid STR

As described in the accompanying schedule of findings and questioned costs, the Health System did not comply with the requirements regarding eligibility and allowable costs associated with a certain substance use disorder treatment clinic operated by a Health System affiliated medical center, as described in finding 2022-005.

Compliance with such requirements is necessary, in our opinion, for the Health System to comply with the requirements applicable to that program.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Health System's federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Health System's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Health System's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with US GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Health System's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Health System's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Other Matters

The results of our auditing procedures disclosed other instances of noncompliance, which are required to be reported in accordance with the Uniform Guidance and which are described in the accompanying schedule of findings and questioned costs as items 2022-001, 2022-002, 2022-003 and 2022-004. Our opinion on each major federal program is not modified with respect to these matters.

Government Auditing Standards requires the auditor to perform limited procedures on the Health System's response to the noncompliance findings identified in our audit described in the accompanying Management's Views and Corrective Action Plan. The Health System's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Report on Internal Control Over Compliance

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance and therefore, material weaknesses or significant deficiencies may exist that have not been identified. However, as discussed below, we did identify certain deficiencies in internal control over compliance that we consider to be material weaknesses and significant deficiencies.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2022-005 to be a material weakness.

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. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2022-003 to be a significant deficiency.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

Government Auditing Standards requires the auditor to perform limited procedures on the Health System's response to the internal control over compliance findings identified in our audit described in

the accompanying Management's Views and Corrective Action Plan. The Health System's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

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.

PricewaterhouseCoopers LLP

Boston, Massachusetts
June 30, 2023

Part III
Findings and Questioned Costs

Dartmouth-Hitchcock and Subsidiaries
Schedule of Findings and Questioned Costs
Year Ended June 30, 2022

I. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued	Unmodified	
Internal control over financial reporting		
Material weakness (es) identified?	___yes	__X__no
Significant deficiency (ies) identified that are not considered to be material weakness (es)?	___yes	__X__none reported
Noncompliance material to financial statements	___yes	__X__no

Federal Awards

Internal control over major programs		
Material weakness (es) identified?	__X__yes	___no
Significant deficiency (ies) identified that are not considered to be material weakness (es)?	__X__yes	___no
Type of auditor's report issued on compliance for Assistance Listing Number 93.788 Opioid STR	Qualified	
Type of auditor's report issued on compliance for other major programs	Unmodified	
Audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	__X__yes	___no

Identification of major programs

Assistance Listing Number	Name of Federal Program or Cluster
93.498	COVID-19 Provider Relief Funds and American Rescue Plan Rural Distribution
93.788	Opioid STR
Various	Research and Development Cluster

Dollar threshold used to distinguish between Type A and Type B programs	$3,000,000
Auditee qualified as low-risk auditee?	Yes

II. Financial Statement Findings

None Noted

2022-01 Equipment Management

Cluster: Research and Development
Federal Agency: Various
Award Names: Various
Award Numbers: Various
Assistance Listing Title: Various
Assistance Listing Number: Various
Award Year: 2021-2022
Pass-through entity: Various

Criteria
According to 2 CFR section 200.313, procedures for managing equipment (including replacement equipment), whether acquired in whole or in part under a Federal award, until disposition takes place will, at a minimum, meet the following requirements:

(1) Property records must be maintained that include a description of the property, a serial number or other identification number, the source of funding for the property (including the FAIN), who holds title, the acquisition date, and cost of the property, percentage of Federal participation in the project costs for the Federal award under which the property was acquired, the location, use and condition of the property, and any ultimate disposition data including the date of disposal and sale price of the property.

(2) A physical inventory of the property must be taken and the results reconciled with the property records at least once every two years.

(3) A control system must be developed to ensure adequate safeguards to prevent loss, damage, or theft of the property. Any loss, damage, or theft must be investigated.

(4) Adequate maintenance procedures must be developed to keep the property in good condition.

(5) If the non-Federal entity is authorized or required to sell the property, proper sales procedures must be established to ensure the highest possible return.

Condition
The Health System did not perform a physical inventory of federally purchased fixed assets at least once during the last two years. Additionally, the federal asset listing did not specify all of the details required by 2 CFR section 200.313 (d) (1) such as asset locations, tag numbers, use and condition. The full population of equipment funded with federal research and development dollars, as provided by the Health System, consisted of 9 items with a total historical cost of $105k.

Cause
The Health System lacks a process to ensure that policies and procedures related to identifying and managing its federally purchased fixed assets in accordance with 2 CFR section 200.313 are followed, including updating property records to include all required data elements and the performance of a physical inventory at least once every two years.

Effect
The Health System's accounting records for its federally purchased fixed assets could be inaccurate as the Health System has not formally verified the existence, current utilization and continued need for the equipment through this physical inventory process. Additionally, without maintaining tag numbers and records of asset locations, safeguarding of assets could be impacted.

Questioned Costs
None noted.

Recommendation
We recommend that the Health System implement a process to ensure its policies and procedures over equipment management are followed, including the performance of a physical inventory of federally purchased fixed assets at least once every two years in accordance with 2 CFR section 200.313(d)(2), and updating its property records to include all details required by 2 CFR section 200.313(d)(1).

Management's Views and Corrective Action Plan
Management's Views and Corrective Action Plan is included at the end of this report after the summary schedule of prior audit findings and status.

2022-002—Late submission of Uniform Guidance Report

Cluster: All represented on the Schedule of Expenditures of Federal Awards ("SEFA")
Sponsoring Agency: All federal agencies represented on the SEFA
Award Names: All awards on the SEFA
Award Numbers: All awards on the SEFA
Assistance Listing Title: All awards on the SEFA
Assistance Listing Number: All awards on the SEFA
Award Year: All awards on the SEFA
Pass-through entity: All identified on the SEFA

Criteria
2 CFR 200.512 Report Submission requires the audit be completed and the data collection form and Uniform Guidance reporting package submitted within the earlier of 30 calendar days after receipt of the auditor's report(s), or nine months after the end of the audit period.

Condition
The Health System's Uniform Guidance reporting package was due to be submitted to the Federal Audit Clearinghouse by March 31, 2023, however, since the report was not filed until June 2023, the report is considered late.

Cause
Our understanding is that management experienced turnover in their research operations department and as a result, audit preparation was delayed. As a result of the findings that were identified in our testing of the in-scope major programs, additional time was also needed to complete the audit procedures and for management to consider an appropriate corrective action plan.

Effect
Not receiving the Uniform Guidance reporting package in a timely manner could impact the oversight and monitoring procedures performed by the federal government and other constituents.

Questioned Costs
None noted.

Recommendation
We recommend management ensure controls are in place to allow for subsequent audits to be completed in a timely manner, consistent with previous years.

Management's Views and Corrective Action Plan
Management's Views and Corrective Action Plan is included at the end of this report after the summary schedule of prior audit findings and status.

2022-003 – Subrecipient Risk Assessment and Ongoing Monitoring

Cluster: Research and Development
Federal Agency: All awards with subrecipients on the SEFA
Award Names: All awards with subrecipients on the SEFA
Award Numbers: All awards with subrecipients on the SEFA
Assistance Listing Title: All awards with subrecipients on the SEFA
Assistance Listing Number: All awards with subrecipients on the SEFA
Award Year: 2021 - 2022
Pass-through entity: All pass-through entities noted on the SEFA

Criteria
2 CFR 200.332 notes that pass-through entity monitoring of the subrecipient must include:

1. Reviewing financial and performance reports required by the pass-through entity.
2. Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and written confirmation from the subrecipient, highlighting the status of actions planned or taken to address Single Audit findings related to the particular subaward.
3. Issuing a management decision for applicable audit findings pertaining only to the Federal award provided to the subrecipient from the pass-through entity as required by 2 CFR 200.521.

Further, Uniform Guidance 2 CFR section 200.331(f) requires that the entity verify that every subrecipient is audited as required by Subpart F— Audit Requirements when it is expected that the subrecipient's Federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in §200.501 Audit requirements ($750,000).

Condition
In testing conformity with the compliance requirements for subrecipient monitoring, we selected 7 of the 61 Research and Development subrecipient agreements and the one Opioid STR subrecipient agreement from the detailed listings provided for testing. The total federal funds passed through to subrecipients in FY22 amounted to $3.5 million for the Research & Development Cluster, and $24,500 for the Opioid STR program. For all of our selections, the most recent audit report was not reviewed for purposes of ongoing monitoring as required by the Uniform Guidance. The Health System has a risk assessment form that is completed at contract inception for its subrecipients; however, the risk assessment is not reassessed annually for all subrecipients. The most recent risk assessment form was conducted in 2018 for 2 selections, in 2019 for 2 selections, in 2020 for 2 selections and in 2021 for 2 selections. We further noted that 7 of the 8 risk assessment forms selected for testing did not include explicit documentation detailing the subrecipient audit report review (such as what year was reviewed, what were the results of the review, etc.). Additionally, for one selection, the initial subrecipient risk assessment form was reviewed after the subrecipient award agreement was executed.

Cause
The Health System's subrecipient policy does not explicitly state the ongoing monitoring activities that must be conducted or the frequency of required monitoring. For instance, the policy does not outline

monitoring activities that are required for all subrecipients. Additionally, the risk assessment form does not prescribe the details of the subrecipient audit report review that should be documented.

Effect
The subrecipients of the Health System may have audit findings pertaining to the Federal award provided from the Health System that may have implications on the compliance of the Health System with Uniform Guidance. Additionally, there may be changes in the risk characteristics of subrecipients that are not identified if risk assessments are not periodically updated. .

Questioned Costs
None noted.

Recommendation
We recommend that he Health System update its subrecipient monitoring policy to reflect all monitoring compliance requirements of the Uniform Guidance. In particular, the policy should require the receipt of the Uniform Guidance report from all subrecipients that expended $750,000 or more in federal awards during the subrecipient's fiscal year (or the receipt of the subrecipient's latest financial statements if not) at contract inception. Any audit findings pertaining to the Federal award should be followed up on by the Health System and a management decision should be issued. This Policy should be distributed and adhered to by all that have a role in the subrecipient monitoring process of the Health System.

Management's Views and Corrective Action Plan
Management's response is included in "Management's Views and Corrective Action Plan" included at the end of this report after the summary schedule of status of prior audit findings.

2022-004: Procurement, Suspension and Debarment

Cluster: Research and Development
Federal Agency: Department of Health and Human Services, Department of Defense
Award Names: First-in-human clinical translation of a near-infrared, nerve-specific fluorophore to facilitate tissue-specific fluorescence-guided surgery; Self-Administered, Motor-Free, Cognitive Screening Battery for MS: Development and Initial Validation; Decision Making in Transmasculine Genital Reconstruction Surgery (TMGRS)
Award Numbers: 1R01NS116994-01A1; W81XWH2010330; R21DK124733
Assistance Listing Title: Extramural Research Programs in the Neurosciences and Neurological Disorders; Military Medical Research and Development; Diabetes, Digestive, and Kidney Diseases Extramural Research
Assistance Listing Number: 93.853; 12.420; 93.847
Award Year: 2021 - 2022
Pass-through entity: Not applicable

Criteria
The Health System has a policy whereby purchases shall comply with Uniform Guidance for Grants and Cooperative agreements, as established in 2 CFR 200.320 Methods of Procurement to be followed and they have adopted $10,000 as their micro-purchase threshold. 2 CFR 200.318 requires that documentation of the history of the procurement, the procurement method and rationale for the method selected, selection of contract type, basis for contractor selection, and basis for the contract price to be included in the procurement file.

Additionally, a non-Federal entity must have and use documented procurement procedures and is prohibited from contracting with or making subawards under covered transactions to parties that are suspended or debarred. When a non-federal entity enters into a covered transaction with an entity at a

lower tier, the non-Federal entity must verify that the entity, as defined in 2 CFR section 180.995 and agency adopting regulations, is not suspended or debarred or otherwise excluded from participating in the transaction. This verification may be accomplished by (1) checking the System for Award Management (SAM) Exclusions maintained by the General Services Administration, (2) collecting a certification from the entity, or (3) adding a clause or condition to the covered transaction with that entity (2 CFR section 180.300). The Health System's suspension and debarment policy requires suspension and debarment verifications to be completed for all vendors utilized on federal awards, regardless of expenditure amount.

Condition
As part of the Research and Development cluster procurement testing of new purchases greater than $10,000 there were 4 transactions selected for testing out of a population of 21 transactions totaling $481,000. We noted two transactions of $69,500 and $12,000 where there was no documentation of the vendor justification, but were determined to be sole source. Management was able to provide us with an understanding of why the vendor was selected; however, this sole source justification was not documented in the procurement files. Additionally, as part of the testing over compliance with the Health System's suspension and debarment verification policy, we noted one vendor with expenditures of $1,400 where the suspension and debarment verification was not performed in advance of paying the related invoice. We received evidence of the suspension and debarment verification completed after invoice payment, where no exclusions were identified.

Cause
While the procurement policy outlines the procedures to be followed for federal purchases, there is no formal review to ensure all federal documentation requirements related to purchases above the micro-purchase threshold have been included in the procurement files. Additionally, there is no formal review to ensure that suspension and debarment verifications have been completed for all vendors prior to invoice payment.

Effect
The lack of adherence to established policies for bidding documentation and sole source justification and a formal process for review could result in competition being inappropriately limited. The lack adherence to the suspension and debarment verification policy could result in the Health System conducting business with a vendor that is suspended or debarred.

Questioned Costs
None noted.

Recommendation
We recommend the Health System formalize the documentation and review required for procurements over the micro-purchase threshold, including review of multiple vendor quotations or sole source justification documentation prior to the purchase being made. Additionally, the Health System should ensure that timely suspension and debarment verifications are completed in line with policy.

Management's View and Corrective Action Plan
Management's views and corrective action plan are included at the end of this report after the summary of status of prior audit findings.

2022-005 Eligibility and Allowable Costs

Cluster: Not applicable
Federal Agency: Department of Health and Human Services
Award Names: Substance Use Disorder Treatment and Recovery Support Services
Award Numbers: T1081685
Assistance Listing Title: Opioid STR
Assistance Listing Number: 93.788
Award Year: 2021 - 2022
Pass-through entity: NH Dept of Health and Human Services

Criteria
To be eligible under the Substance Use Disorder Treatment and Recovery Support Services award, a patient must 1) have income below 400% of the federal poverty level, 2) be a resident of New Hampshire or experiencing homelessness in New Hampshire, and 3) be determined positive for substance use disorder. Additionally, patient income information for all eligible patients receiving services must be updated at a minimum interval of once every four weeks.

Condition
Cheshire Medical Center operates The Doorway program in Keene, NH. The Doorway connects patients positive for substance use disorder with support services and treatment, and receives a portion of its funding from the Substance Use Disorder Treatment and Recovery Support Services federal award. Through our testing of eligibility requirements for 25 patients, we noted the following:

- For all selections, no formal documentation was maintained regarding patient income levels.
- For all selections, income reassessments were not completed and documented at least once every four weeks.
- One selected patient was neither a resident of New Hampshire, nor experiencing homelessness in New Hampshire.

While The Doorway provides services to patients beyond those defined as eligible under the Substance Use Disorder Treatment and Recovery Support Services award, there is no differentiation between patients that are eligible or ineligible under the federal program. As a result of patients not being differentiated, time and effort incurred by personnel on the award is commingled with non-award activity. For example, a clinician's salary is funded under the award, but she is not seeing only eligible patients. As such, any time she spent treating a patient who is not eligible would be a questioned cost under the grant.

Cause
The nature and purpose of the federal program is very similar and consistent with the mission and operations of The Doorway. Management did not understand the need to differentiate the services performed and patients served in order to demonstrate compliance with award terms and conditions.

Effect
The commingling of activities between federal and non-federal programs does not allow for compliance with award specific terms and conditions and with eligibility requirements to be effectively managed.

Questioned Costs
We were unable to verify eligibility requirements were met for the program which had total expenditures of $838,932.

Recommendation
We recommend that internal controls and policies be implemented to manage the eligibility requirements of the federal awards and ensure that documentation to support eligibility determinations is maintained. Further, procedures to differentiate patients eligible under the award from those determined to be

ineligible, along with a mechanism to track the time and expenses associated with eligible patients should be put in place.

Management's View and Corrective Action Plan
Management's views and corrective action plan is included at the end of this report after the summary schedule of prior audit findings and status.

Dartmouth-Hitchcock and Subsidiaries
Summary Schedule of Prior Audit Findings and Status
Year Ended June 30, 2022

There are no findings from prior years that require an update in this report.

Management's Views and Corrective Action Plan

2022-01 Equipment Management

Cluster: Research and Development
Federal Agency: Various
Award Names: Various
Award Numbers: Various
Assistance Listing Title: Various
Assistance Listing Number: Various
Award Year: 2021- 2022
Pass-through entity: Various

Management agrees with the finding related to the federal equipment inventory and tracking. To address these deficiencies Research Operations will work closely with Corporate Finance, Facilities, and Purchasing to create a federal equipment tracking procedure that allows inventory to be identified and located in order to conduct an inventory at a minimum of every two years. Furthermore, the tracking system will include all of the detail surrounding the equipment needed to meet the requirements of 2 CFR section 200.313 (d) (1).

Leadership Responsible: Barbara A. Vance, PhD, CRA, Vice President, Research Operations

Anticipated Completion Date: 03/31/2024

2022- 002—Late submission of Uniform Guidance Report

Cluster: All represented on the Schedule of Expenditures of Federal Awards ("SEFA")
Sponsoring Agency: All federal agencies represented on the SEFA
Award Names: All awards on the SEFA
Award Numbers: All awards on the SEFA
Assistance Listing Title: All awards on the SEFA
Assistance Listing Number: All awards on the SEFA
Award Year: All awards on the SEFA
Pass-through entity: All identified on the SEFA

Management agrees with this finding related to the late submission of the UG Audit Report. The current year audit process was not indicative of the typical audit process for D-HH. Management has subsequently hired additional staff and will file the audit timely moving forward.

Leadership Responsible: Barbara A. Vance, PhD, CRA, Vice President, Research Operations

Anticipated Completion Date: 3/31/2024

2022-003 – Subrecipient Risk Assessment and Ongoing Monitoring

Cluster: Research and Development
Federal Agency: All awards with subrecipients on the SEFA
Award Names: All awards with subrecipients on the SEFA
Award Numbers: All awards with subrecipients on the SEFA
Assistance Listing Title: All awards with subrecipients on the SEFA
Assistance Listing Number: All awards with subrecipients on the SEFA
Award Year: 2021 - 2022
Pass-through entity: All pass-through entities noted on the SEFA

Management agrees with the finding related to the Subrecipient Risk Assessments. To address these deficiencies Research Operations will update its subrecipient monitoring policy to explicitly state the ongoing monitoring activities that must be conducted and the frequency of required monitoring. Additionally, training will be provided to the staff who perform the risk assessment to ensure they are documenting the details of the review including the date and results of the subrecipient audit report review. Furthermore, updates will be made to the risk assessment procedure to ensure subrecipient annual audits are reviewed and the results of the review and follow-up are sufficiently documented. To ensure compliance, internal monitoring will be performed.

Leadership Responsible: Barbara A. Vance, PhD, CRA, Vice President, Research Operations

Anticipated Completion Date: 12/31/2023; Monitoring of compliance will continue throughout FY24

2022-004: Procurement, Suspension and Debarment

Cluster: Research and Development
Federal Agency: Department of Health and Human Services, Department of Defense
Award Names: First-in-human clinical translation of a near-infrared, nerve-specific fluorophore to facilitate tissue-specific fluorescence-guided surgery; Self-Administered, Motor-Free, Cognitive Screening Battery for MS: Development and Initial Validation; Decision Making in Transmasculine Genital Reconstruction Surgery (TMGRS)
Award Numbers: 1R01NS116994-01A1; W81XWH2010330; R21DK124733
Assistance Listing Title: Extramural Research Programs in the Neurosciences and Neurological Disorders; Military Medical Research and Development; Diabetes, Digestive, and Kidney Diseases Extramural Research
Assistance Listing Number: 93.853; 12.420; 93.847
Award Year: 2021 - 2022
Pass-through entity: Not applicable

Management agrees with the finding related to Procurement, Suspension and Debarment. To address these deficiencies Research Operations will conduct staff training for Departmental Research Administrators to ensure staff are knowledgeable of the current policy and the documentation requirements related to purchases above the micro-purchase threshold. D-H is currently following the required procedures but will ensure that the procurement files include supporting documentation, including review of multiple vendor quotations or sole source justification documentation. Furthermore, D-H will update procedures to ensure that all purchases have evidence of the suspension and debarment verification completed prior to payment.

Leadership Responsible: Barbara A. Vance, PhD, CRA, Vice President, Research Operations

Anticipated Completion Date: 12/31/2023

2022-005 Eligibility and Allowable Costs

Cluster: Not applicable
Federal Agency: Department of Health and Human Services
Award Names: Substance Use Disorder Treatment and Recovery Support Services
Award Numbers: T1081685
Assistance Listing Title: Opioid STR
Assistance Listing Number: 93.788
Award Year: 2021 - 2022
Pass-through entity: NH Dept of Health and Human Services

Management understands and agrees that there was a failure to follow the documentation requirements of the Opioid STR award during the majority of the time period covered by the audit.

In June 2022 the Doorway began implementing a screening tool used at the time of patient intake to determine which patients are eligible under the grant. Additionally, a process will be implemented to perform the required income reassessments every 4 weeks and to track time and differentiate costs between eligible and non-eligible patients. Any patient deemed ineligible in the initial screening or subsequent four week reassessments will continue to be treated, but the associated cost will not be charged to the grant.

This documentation will be reviewed a minimum of two times per year by Cheshire's Compliance Manager, and more frequently if errors are found. Results will be reported to the Chief Operating Officer and the Chief Financial Officer

Cheshire has implemented a separation of duties where the clinic administrator will ensure and maintain appropriate documentation, while a senior finance analyst will review and verify appropriateness prior to invoicing the grant. This process will add an additional check to be certain only eligible patients are charged to the grant.

Leadership Responsible: Daniel Gross, Chief Financial Officer – Cheshire Medical Center

Anticipated Completion Date: 9/30/2023

[redacted]

Dartmouth Health

Dartmouth Hitchcock Medical Center
Office of Research Operations

Leadership Signature

DocuSigned by:
Barbara A. Vance
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Barbara A. Vance, PhD, CRA
Vice President, Research Operations

Dartmouth-Hitchcock Medical Center
Office of Research Operations
One Medical Center Dr., Lebanon, NH 03756

Tel (603) 650-1801
Dartmouth-Health.org

MARY HITCHCOCK MEMORIAL HOSPTIAL (MHMH)/ DARTMOUTH HITCHCOCK CLINIC (DHC) \ Combined as DARTMOUTH-HITCHCOCK DARTMOUTH HEALTH

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Effective: January 1, 2024

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Pamela Austin Thompson, MS, RN, CENP, FAAN
Chief executive officer emeritus of the American Organization of Nurse Executives (AONE)

Governance Oversight:
Kimberley A. Gibbs [redacted]
Director, Executive Administration and Governance
[redacted]

Administrative Support:
Claire M. Lillie [redacted]

Laura K. Rondeau [redacted]

Mary Hitchcock Memorial Hospital

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Cathy Brittis Bean	CAC Director	FY 24: $100,942 FY 25: $103,970	FY 24: 54% FY 25: 100%	$168,107
Joscelin Thompson	Forensic Interviewer	FY 24: $69,764 FY 25: $71,857	FY 24: 10% FY 25: 43.42%	$45,260
Andrea Kegelman	Forensic Interviewer	FY 24: $66,123	FY 24: 10%	$3,656
Samantha Thompson	Intake Coordinator	FY 24: $50,814	FY 24: 2%	$674
Melissa Hayes	Behavioral Health Clinician	FY 24: $69,740 FY 25: $71,832	FY 24: 30% FY 25: 54%	$63,103

Cathy Brittis , MSW

Summary

Master's level social worker with strong work experience in the area children protection and family support. Strength based approach in working with children, adolescents and families. Strengths include; assessment, crisis intervention, case management, support, advocacy, mediation skills, collaborative teamwork, and forensic interviewing skills

Education

1993 – 1995 University of Vermont, Burlington, Vermont

Masters of Social Work

1987 – 1991 St. Michael's College Colchester, Vermont

Bachelor of Arts in Psychology

Professional experience

Child Advocacy Center Program Director, Child Advocacy Center of Grafton and Sullivan Counties at Dartmouth Hitchcock Medical Center, Lebanon, NH (9/05-present)

- Oversee all aspects of the development and functioning of the Child Advocacy Center (CAC) to include financial management, sustainability needs, agency and community outreach, needs assessments,and facilitation of CAC related meetings.
- Coordinate center services with participating agencies including child protection, law enforcement; prosecution, crisis services, medical and mental health professionals.
- Oversee and conduct forensic interviews of children who have been referred to the CAC for evaluation of child abuse.
- Coordinate referrals to needed services for families who have come to the CAC.
- Provide expert and/or fact based testimony as needed in criminal and child protection proceedings
- Supervise staff of forensic interviewers and intake coordinators
- Maintain National Accreditation of our CAC programs with the National Children's Alliance.

Interim Investigative Supervisor, Department for Children and Families, State of Vermont, White River Jct., VT (7/05 – 9/05)

- Responsible for screening all intakes of child abuse and neglect.
- Assign reports to investigators and provide ongoing guidance and supervision through the investigation process to the investigator.
- Oversee that investigative policy and procedures are being followed by all employees.
- Provide training on mandated reporting and child abuse and neglect to community agencies.

Social Work Investigator, Department for Children and Families, State of Vermont, White River Jct., VT (8/95 – 7/05)

- Responsible for investigating reports of child abuse and neglect.
- Conduct interviews with children and families around allegations of child abuse and neglect. Assessing the strengths, risk factors, and safety concerns for the families. Providing crisis intervention, mediation and support services to these families.
- Facilitate/Support meetings with family members and community service providers.
- Member of the Orange East Family Support Team and the Child Advocacy Center at the Family Place, working collaboratively with community providers and families to ensure the safety of children.
- Support and Empower families in accessing necessary services to ensure the safety of their children and maintain family unity.
- Serve as Statewide Trainer of forensic interviewing and investigative skills workshop.
- Provide ongoing education and support to area school staff and other community providers in regards to reporting and investigating child abuse.

Spectrum Outreach Worker/Intern, Spectrum Youth and Family Services, Burlington, VT (9/94 - 5/95)

- Provided screenings, intakes, assessments and referrals to adolescents who were homeless or runaway. Promoted family reunification when appropriate.
- Case managed and supported homeless youth through independent living programs.
- Co-facilitated an independent living skills group for youth, enhancing skills for youth to live on own.
- Provided supervision to Peer Outreach Workers (youth who provided outreach services to kids "at risk" on the streets of Burlington)
- Assisted in the development of a shelter for run-away and homeless youth. Created rules, intake forms, consents, waivers, and other forms pertinent to procedural development.
- Provided crisis intervention via drop-in center and twenty-four hour hotline. Assessed crisis calls and provided appropriate interventions and safety plans.

Social Work Investigator Intern, SRS, Burlington, Vermont (9/93-5/94)

- Conduct interviews with children and families around allegations of child abuse and neglect. Assessing the strengths, risk factors, and safety concerns for the families. Providing crisis intervention, mediation and support services to these families.

Crime Victim Advocate, Family Services of the Mid-Hudson and Harlem Valleys, Poughkeepsie, NY (5/92-8/93)

- Provided 24 hour emergency rape/domestic violence crisis counseling via walk-ins, hotline, and police/hospital assistance
- Established and supervised an emergency financial assistance program for victims of crime.
- Prepared victims for the court process and advocated on behalf of the victim.

- Provided group treatment to victims of crime. Co-facilitated a support group for victims of domestic violence. Facilitated a sexual harassment group for female adolescents.
- Created and presented outreach programs and crime prevention workshops for the schools of Dutchess County.

- Gathered pertinent data and responsible for submitting quarterly and annual reports to funding sources. Assisted in the writing of grant proposals to promote services, which were needed in the community.

Placement Prevention Worker/Intern, Baird Center for Children and Families, Burlington, VT (1/91-5/91)

- Worked with children and families "at risk" to promote safety and family unity.
- Provided intensive therapeutic services in the home.
- Provided counseling, education, and support to parents to improve their child management skills, prevent family dissolution, maximize the utilization of family resources towards improving parents ability to adequately meet the social, emotional, educational, and physical needs of their children.

Relevant Research

Child Abuse; Domestic Violence; Emotional Maltreatment of Children and Adolescents; Foster Care Vs. Kinship Care for culturally diverse populations; Mental Health Issues Related to Youth Homelessness

Awards received

Susan P. LaGasse Award for Excellence in Casework Practice for the Sate of Vermont, Department of Social and Rehabilitation Services, (2000)

Lebanon Police Department, Citizen of the Year Award - 2009

References will be furnished upon request

Samantha Townsend

Education

Southern New Hampshire University in Manchester, NH — May 2017
Bachelors of Arts in Psychology and Community Sociology
Concentration: Child & Adolescent Development
Cumulative GPA of 3.7, Psi Chi International Honor Society, National Honor Society for Collegiate Scholars
Won first place at SNHU's Undergraduate Research Day for Community Based Research

Relevant Experience

Intake Coordinator
Child Advocacy Center at DH Children's — **September 2019-Present**
- Responsible for receiving, managing, and coordinating all referrals with the MDT
- Triage cases based on case dynamics and safety needs
- Coordinate/Schedule CAC forensic interviews with necessary team members of the MDT
- Responsible for case tracking, data collection, and maintenance of database directory for all cases

Paraprofessional — **August 2017-August 2019**
Mount Lebanon School
- Support and assist learning in pre-kindergarten classrooms
- Model appropriate behavior and open-mindedness and reward student who do the same

Substitute — **May 2016- June 2017**
Lebanon School District
- Work in the absence of regular teacher to assist children understand subject matter
- Provide skills required for programmed lessons

Intern — **February 2017- April 2017**
Easterseals Child Development Center
- Interact and provide necessary support for child ages 2-3years old
- Support teachers in promoting an inclusive environment for children with development disabilities

Volunteer — **October 2016 to January 2017**
Elliot Hospital Child Life Department in Manchester, NH.
- Normalized the hospital environment
- Developed and modified activities based on developmental age and physical abilities
- Cleaned/organized the playroom
- Communicate effectively with Child Life Specialist, child, and child's guardian

Volunteer — **August 2016**
Barretstown SeriousFun Camp, Ireland
- Supervised children ages 11-14
- Provided emotional and mental support for the children attending
- Assisted the children and activity leaders in various challenging activities

Landscape Maintenance — **Summer 2013- 2016**
Hess Property and Services in Lebanon, New Hampshire
- Communicated effectively with the boss about where to go during the week
- Worked individually or on a team consisting no more than six people
- Completed time sensitive task of getting everyone's time sheets into the boss each week
- Trained new hires to pay attention to details while working at a fast pace

Tutor — **January to May 2015**
Southern New Hampshire University in Manchester, New Hampshire
- Articulated statistics in a clear way.
- Communicated with non-native English speakers
- Managed time between my classes and workload, tutor training, being present in the statistics class, and individual tutoring

Andrea Kegelman

Education:

Bachelor of Science, Criminal Justice, September 2004
College for Lifelong Learning, University System of New Hampshire
Concord, New Hampshire

Professional Experience:

Child Advocacy Center of Grafton & Sullivan Counties at ChaD (March 2018 – present)
Lebanon, New Hampshire
Forensic Interview Specialist / CAC Coordinator

- Conduct forensic interviews.
- Case coordination and services.
- Facilitation of MDT and case review processes.

Lebanon Police Department (October 2004 – March 2018)
Lebanon, New Hampshire
Police Officer, Corporal

- Enforce Criminal and Motor Vehicle Codes as well as City Ordinances.
- Respond to and investigate incidents of Domestic Violence (DV), child abuse and elder abuse/exploitation.
- Coordinate services and referrals to the Division of Children, Youth and Families (DCYF), the Child Advocacy Center (CAC) and/or the Bureau of Elderly and Adult Services (BEAS).
- Conduct Forensic Interviews of children and adults of suspected physical abuse, sexual abuse, and witness to violent crimes.
- Successfully worked with multidisciplinary team members including the Child Advocacy Centers of Grafton and Sullivan Counties, WISE and the Upper Valley Sexual Assault Response Team to provide crisis support, advocacy, prevention and community outreach.
- Primary law enforcement representative on the Grafton County Child Advocacy Center Multidisciplinary team to include active participation in pre and post MDT meetings and case review process.
- Primary law enforcement representative and active participant of the Upper Valley Sexual Assault Response Team.
- Successfully implemented and supervised training requirements, programs and opportunities for Lebanon Police Department personnel; consisting of a staff of 38 sworn officers.
- Successfully assisted in the prosecution of sexual assaults, physical assaults, elder abuse and exploitation and theft cases.
- Provided support and assistance to the Lebanon Police Department Prosecutor by preparing cases for arraignment and trial as well as handling court proceedings in his absence.
- Provided ongoing supervision of officers and civilian employees.

Lebanon School District (January 2003 – September 2004, part time)
Lebanon, New Hampshire
Substitute Teacher

- Assisted school district when a substitute teacher was needed.

- Successfully handled children from ages 5-18 in the classroom.
- Successfully implemented age appropriate class curriculum.

Carroll Police Department (April 2000 – October 2004)
Carroll, New Hampshire
Police Officer

- Enforced Criminal and Motor Vehicle Codes as well as Town Ordinances.
- Successfully facilitated safety training for elementary school students.
- Effectively assisted with all juvenile proceedings within the Family Court system.

Coos County Sheriff's Department (April 2000 – December 2003, part time)
Lancaster, New Hampshire
Sheriff's Deputy

- Transported female prisoners to/from police departments, courts and correctional facilities.
- Successfully executed undercover investigations involving the care and treatment of juveniles.

Lincoln Police Department (November 1999 – April 2000)
Lincoln, New Hampshire
Dispatcher

- Triaged phone and radio communications for Police, Fire and EMS including crisis situations.
- Worked within the community to foster positive relationships with Law Enforcement.
- Successfully organized and documented calls for service.

<u>Specialized Trainings</u>:

Extended Forensic Interview Training (2022)
Sexual Assault Resource Team (SART) Summit 2021 (2021)
19th Annual Children's Cove Champions for Children Conference (2021)
Evidence-Based Practices – Victim Centered Approach (2021)
NH Attorney General's 2021 Partnering For A Future Without Violence Conference (2021)
ChildFirst Forensic Interview Training (2021)
Taking the High Road: Ethical Challenges and Working with a Team (2021)
NH Attorney General's Model Protocol for the Multidisciplinary Response to Child Abuse and Neglect (2021)
Children with Disabilities: Challenges, Strategies, and Resources (2020)
Child Abuse: From Suspicion to Disclosure (2020)
Working with LGBTQ+ Youth (2020)
Critical Issues in Sibling Sexual Abuse (2020)
Being Trauma Informed with Youth (2020)
Keeping Your Child Exploitation Investigation Victim-Centered (2020)
Warning Signs of Abuse and Neglect (2020)
Implicit Bias (2020)
Chaotic Families and Trauma: How to Navigate and Not Get Sucked In (2020)
Institution-Based Child Sexual Abuse (2020)
Online Protections for Children and Families When Social Distancing (2020)
Victimization in Child Sexual Abuse Images (2020)
Emerging Tech: What Are the Current Trends for Teens and Kids (2020)
Child Interviewing 2019: Update on Research and Practice (2020)

35th Annual San Diego International Conference on Child and Family Maltreatment (2020)
Advanced Forensic Interview Training (2019)
National Children's Alliance (NCA) Leadership Conference (2019)
Motion Drafting & Legal Research Training (2016)
Police Prosecutor Training (2015)
Child Death & Homicide Investigation Training (2013)
FBI Crisis Negotiation Training (2011)
Advanced Forensic Interview Training (2010)
NH Attorney General's Task Force on Child Abuse & Neglect (2008, 2009)
Shield Our Children from Harm Professional Conference (annually, 2007 – 2013)
Child Abuse and Exploitation Investigative Techniques Training (2006)
Forensic Interview Training (2005)

Awards & Achievements:

Assistant to the Prosecutor (2016)
Training & Recruitment / Operations Support Bureau, Lebanon Police Department (2016)
Corporal, Lebanon Police Department (2014)
Letter of Recognition from Governor John Lynch, Lebanon Police Department (2012)
CHaD Unsung Hero Award, Child Advocacy Center of Grafton County (2010)
Officer of the Year, Lebanon Police Department (2010)
Detective, Lebanon Police Department (2008 – 2016)
School Resource Officer (SRO), Lebanon Police Department (2007 – 2008)

Jocelyn "Jody" Thompson

EDUCATION

BA, Social Work, University of New Hampshire 2001

CURRENT POSITION

Forensic Interview Specialist/Team Coordinator and Case Manager
Child Advocacy Center of Grafton & Sullivan Counties at DHMC
Lebanon NH February 2007-present

- Coordinate forensic interviews with multidisciplinary team (MDT) including law enforcement, child protective services workers, prosecutors, mental health, medical and crisis and victims services providers.
- Conduct child forensic interviews and extended forensic interviews, including specialized training in children/adults with special needs
- Participate and facilitate pre and post interview MDT meetings
- Arrange referrals for clients to outside agencies, such as mental health, specialized medical care, and crisis services
- Triage and coordinate resolution to obstacles families encounter during the investigative process
- Case Manage resources for families involved in the justice system
- Created Statewide Peer Review for Forensic Interviewers
- Certified National Facilitator of Darkness to Light Stewards of Children Sexual Abuse Training
- Direct knowledge of local and New Hampshire resources relevant to support victims in the criminal justice system, including Victims Compensation
- Lead monthly case reviews with team members to discuss techniques and skills used to investigate the cases.

PAST RELEVENT EMPLOYMENT

Intake and Development Director - Child Advocacy Center of Rockingham County, Portsmouth, NH March 2002-September 2005

Joined the CACRC when it was in its infancy and, with the Executive Director, turned the Center into a successful pilot program for each county in NH to model.

- Coordinated all investigative forensic interviews (approximately 400 per year) with multidisciplinary teams consisting of law enforcement officers, child protective services workers, county and state prosecutors, mental health, medical and crisis services providers.
- First point of contact with family members of children in need of services. Often had to diffuse and mediate hostile or adversarial situations and reassure reluctant clients.
- Conducted child abuse forensic interviews.
- Led monthly case reviews with team members to discuss techniques and skills used to investigate the cases.
- Updated documentation/filing system and was responsible for maintaining secure records for approximately 1200 case files.
- Set up a satellite office in Derry, NH with the Executive Director.
- HIPAA Privacy Officer for agency.
- Responsible for coordinating all aspects of agency fundraising (approximately $50, 000 per year) working closely with volunteers. Solicited donations of goods, services and cash for large gala and golf tournament, the two largest fundraisers.
- Wrote the quarterly newsletter.

OTHER PROFESSIONAL EXPERIENCES

Social Worker-per diem, New London Hospital New London NH
November 2006-January 2008
Discharge planning and resource referrals for patients in acute care community hospital. All aspects of patient crisis management.
First Assistant Manager, Hanna Andersson Kittery ME November 2001-March 2002
Second in charge of large children's clothing store. Responsibilities include open and close store, balance cash registers and end of night deposits, delegate tasks and supervise staff of seven employees, provide exceptional customer service, conduct all recruiting, interviewing and hiring of new associates.
Direct Services Intern - Sexual Assault Support Services, Portsmouth, NH
May 2000-July 2002

- After internship ended, stayed on as a volunteer
- Provided direct services to clients by 24 hour crisis hotline and police, hospital and court accompaniments.
- Worked closely with county prosecutors, police and victim witness advocates.
- Guest speaker to teen groups at local schools and teen centers.
- Developed "Daytime Procedure Manual for Providing Direct Services" for the agency.
- Co-developed with two police officers a day long school resource officer training program dealing with dating violence.

Coordinated all support group tasks while the Coordinator of Support Groups was on vacation for one month. Spoke with potential clients to assess their group needs

MELISSA HAYES, LICSW

Professional Experience:

Dartmouth Hitchcock Health 09/2023 – Current

Behavioral Health Clinician – Child Advocacy Center

- Provide evidence based trauma treatment to children and families who are referred through the Child Advocacy Center at DH
- Conduct assessments and develop treatment plans to support diagnosis and clinical needs of the child
- Complete clinical documentation to monitor patients progress and provide program focused metrics
- Participate/Attend multidisciplinary team meetings to provide support, consultation, and education around the behavioral health needs of our clients and the impact on trauma to children and families whose lives are impacted by abuse.

Millbrook Wellness, PLLC 02/2022 - Current

Owner/Clinician

- Owner of my independent private practice
- Providing mental health treatment to adolescents and adults including psychosocial assessments, diagnosing, treatment planning, crisis intervention, and ongoing assessment of progress
- Complete clinical documentation and billing process for each session with clients
- Support the clients mental health through collaboration with outside providers like school staff and doctors on the client's treatment team

West Central Behavioral Health 07/2019 - 01/2022

Team Leader

- Supervised a team of clinicians providing mental health treatment to children and adolescents at a community mental health center
- Made sure the team completed clinical and administrative functions of the job including diagnostics, treatment planning, implementation of treatment modalities, documentation, and collaborating with team members
- Supervised individuals for their mental health license
- Participated in meetings with outside community members like schools and the Child Advocacy Center
- Introduced and managed new ventures in the workplace to streamline workplace productivity

West Central Behavioral Health 05/2015 - 07/2019

Child Clinician

MELISSA HAYES, LICSW

Professional Experience:

Dartmouth Hitchcock Health — 09/2023 – Current

Behavioral Health Clinician – Child Advocacy Center

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West Central Behavioral Health — 05/2015 - 07/2019

Child Clinician

- Complete psycho-social assessments during intakes with new clients through collecting information regarding past diagnoses, current symptomatology, family history, history of presenting illness, medical history, and client strengths
- Create measurable treatment plan goals with the client
- Collaborate with team members like case managers and psychiatrists to provide wrap around services for the client and their family
- Connect with community members to support the client in multiple environments
- Complete clinical documentation in the medical record in a timely manner including quarterly updates and annual reviews of the treatment progress
- Attend trainings to further clinical skill set

Education:

University of New England, Portland, ME
Master of Social Work 2015

Gordon College, Westbrook, MA
Bachelors of Social Work 2014

Training:

Trauma Focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Motivational Interviewing, Person-Centered Therapy, MATCH, CF-TSI