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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**HAMPSTEAD HOSPITAL & RESIDENTIAL TREATMENT FACILITY**

Lori A. Weaver  
Commissioner  
  
Justin M. Looser  
Chief Executive Officer

218 EAST ROAD, HAMPSTEAD, NH 03841  
603-329-5311 Fax: 603-329-5529 www.dhhs.nh.gov

May 1, 2024

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Hampstead Hospital & Residential Treatment Facility to **retroactively** make an unencumbered payment to The Joint Commission (Vendor #258505), Oakbrook Terrace, IL, in the amount of \$22,305 for reaccreditation services provided September 28, 2023 through April 1, 2024, effective upon Governor and Executive Council approval. 33.33% General Funds and 66.67% Other Funds (Agency income funds).

Funding to support this request is available in the following account in State Fiscal Year 2024.

**05-95-98-980010-2648 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: Hampstead Hospital, Hampstead Hospital Operations**

State Fiscal Year	Class /Account	Class Title	Job Number	Total Amount
SFY 2024	102-500731	Contract for Prog Svcs	98009805	\$22,305
			<b>Total</b>	<b>\$22,305</b>

**EXPLANATION**

This request is **retroactive** due to the uncertainty in the cost of The Joint Commission re-accreditation survey, which happens once every three years. The reaccreditation invoice was received in April 2024 following several days of on-site survey work. This invoice puts the cost above the \$10,000 threshold for service contracts set in MOP 150. The invoice has not been paid as this document is seeking approval for costs that are normal and customary.

The Joint Commission is a nationwide accreditation agency with more than 21,000 health care organizations and programs in the United States. Membership is required for many federal grants and accreditation is necessary to participate in Medicare and Medicaid programs.

The Joint Commission's mission is continuous improvement of health care for the public. This is achieved through collaboration with other stakeholders by evaluation of facilities, operations, and patient care services to ensure safe and effective care of the highest quality and value. The Joint Commission has been in existence since 1951. Hampstead Hospital has been a participating agency since 1997.

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
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Should the Governor and Executive Council not authorize this request, Hampstead Hospital will not be able to fulfill the State's regulatory requirements and maintain accreditation. Maintaining accreditation and certification is required in order for Hampstead Hospital to receive payment from federally funded Medicare and Medicaid programs.

Area serviced: Statewide.

Source of Funds: Source of funds is 33.33% General Funds and 66.67% Other Funds (Agency income funds).

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

Respectfully submitted,

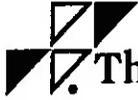


for:

Lori A. Weaver  
Commissioner

**INVOICE**

Invoice: 10192960  
Invoice Date: 04/01/2024  
Page: 1  
PO Number:



**The Joint Commission**

One Renaissance Boulevard Oakbrook Terrace, IL 60181 Tax Payer ID: 36-2229255

For billing questions, please call:  
THE PRICING UNIT at 630-792-5115

Customer No: H000003169

Mailing: Justin Looser  
State of New Hampshire

**INVOICE AMOUNT: \$ 22,305.00 USD**

218 East Road  
Hampstead, NH 03841  
United States of America

**Payment Terms:** Payment is due upon receipt of invoice.  
**Bill Computation:** The data below each bill line was used to calculate your fees. The Annual Fee was computed from data submitted by you in your Application For Survey/Certification. The On-Site Fee was computed based on the number of surveyors/reviewers and length of time assigned to each program, using The Joint Commission business rules.

Site: 218 East Road  
Hampstead, NH 03841  
United States of America

Description	Amount
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Fee(s) for the Accreditation/Certification Program(s) Indicated Below:

Hospital Program	Survey Fee	15,250.00
8 Day(s) - NH-PSY		
Hospital Program	Life Safety Code Specialist	4,515.00
2 Day(s) - Engineer		
Behavioral Health Program	Survey Fee	2,540.00
1 Day(s) - Generalist (MHM)		

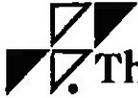
**Important changes in 2024 which may impact you:**

- Effective January 1, 2024, invoices created on or after 1/1/24 and paid sixty-one (61) or more days after the invoice date will be assessed a 3% late fee. The late fee rate of 2% will apply to invoices dated in 2023. Note: Payment date is the date that your payment is received by our bank.
- Effective January 1, 2024, where allowed by law, payments made by credit or debit card will be assessed a 2.9% electronic processing fee. E-checks will continue to be accepted with no processing fee.

<b>Total Amount:</b>	<b>USD 22,305.00</b>
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**REMITTANCE FORM**

Invoice: 10192960  
Invoice Date: 04/01/2024  
Customer No: H000003169



**The Joint Commission**

One Renaissance Boulevard Oakbrook Terrace, IL 60181 Tax Payer ID: 36-2229255

For Billing Questions, please call:  
(630) 792-5115

**Please make payment payable to:**

The Joint Commission

**And Mail To:**

P.O. Box 734505  
Chicago IL 60673-4505  
United States

INVOICE AMOUNT: **\$22,305.00**

Amount Remitted

\$

Please refer to the monthly statements for customer balance due and supporting detail.

**Method of Payment:**

Electronic Check, Debit or Credit Card payment is available on The Joint Commission Extranet or by calling (630) 792-5115, Option 1.

Check      Check Number: \_\_\_\_\_

Wire      Reference Number: \_\_\_\_\_