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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Weaver
Commissioner

Iain N. Watt
Interim Director

29 HAZEN DRIVE, CONCORD, NH 03301
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April 22, 2024

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend existing contracts with the Contractors listed below to increase access to integrated prevention and primary health care services for women, infants, and youth, by exercising a contract renewal option by increasing the total price limitation by $3,552,006 from $8,158,520 to $11,710,526 and by extending the completion dates from June 30, 2024 to June 30, 2025, effective July 1, 2024, upon Governor and Council approval. 14% Federal Funds. 86% General Funds.

The original contracts were approved by Governor and Council on June 15, 2022, item #32.

Contractor Name	Vendor Code	Current Amount	Increase (Decrease)	Revised Amount
Amoskeag Health, Manchester, NH	157274-B001	$1,529,850	$617,240	$2,147,090
Concord Hospital, Inc., Concord, NH	177653-B011	$658,569	$291,612	$950,181
Coos County Family Health Services, Inc., Berlin, NH	155327-B001	$731,721	$324,005	$1,055,726
Greater Seacoast Community Health, Somersworth, NH	166629-B001	$1,232,685	$545,831	$1,778,516
HealthFirst Family Care Center, Inc., Franklin, NH	158221-B001	$597,648	$264,637	$862,285
Lamprey Health Care, Inc., Newmarket, NH	177677-R001	$1,112,527	$492,336	$1,604,863
Manchester Health Department, Manchester, NH	177433-B009	$412,006	$182,329	$594,335
Mid-State Health Center, Plymouth NH	158055-B001	$640,823	$283,755	$924,578

Weeks Medical Center, Lancaster NH	177171-R001	$617,806	$273,563	$891,369
White Mountain Community Health Center, Conway NH	174170-R001	$624,885	$276,698	$901,583
	Totals	**$8,158,520**	**$3,552,006**	**$11,710,526**

Funds are available in the following accounts for State Fiscal Year 2025, with the authority to adjust budget line items within the price limitation through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Contractors to continue providing the Maternal and Child Health (MCH) target population of women, infants, children, and adolescents access to integrated prevention and primary health care services. The Contractors will partner with the Department to address the maternal and youth health priorities as identified in the State's Maternal and Child Health Program's five (5) year Statewide Needs Assessment completed in 2020.

The Contractors will continue to provide increased access to healthcare for New Hampshire children, and adolescents (from birth to 21 years of age), pregnant women, and MCH target populations. Integrated prevention and primary health care services are provided to women and youth who may experience barriers to accessing health care due to issues such as lack of insurance, inability to pay, limited language proficiency, and geographic isolation. The Contractors integrate and coordinate access to medical, behavioral, and social services to reduce barriers to care and provide an array of services such as care coordination, translation services, outreach, eligibility assistance, transportation, and health education.

The Department will continue to monitor services through the following performance measures:

- Percentage of infants who were ever breastfed.
- Percentage of adolescents 12 to 21 years of age who had at least one (1) comprehensive well-care visit/comprehensive physical exam during the measurement year.
- Percentage of postpartum women screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive screen, a follow-up plan is documented on the date of the positive screen.
- Percentage of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months.
- Percentage of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.
- Percentage of patients 12 through 21 years of age screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.

- Percentage of patients 3 through 17 years of age who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.
- Percentage of pregnant women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user.
- Percentage of patients 12 through 17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.
- Percentage of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services.
- Percentage of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) Year of the four (4) years available.

Should the Governor and Executive Council not authorize this request, New Hampshire children and adolescents (birth to 21 years of age), pregnant women, and individuals who are uninsured or underinsured may have diminished access to needed health services.

Source of Federal Funds: Assistance Listing Number 93.994, FAIN B04MC47432.

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

Respectfully submitted,

Lori A. Weaver
Commissioner

Fiscal Detail Sheet
Maternal and Child Health Care in the Integrated Primary Care Setting
RFP-2022-DPHS-19-PRIMA Amendment #1

05-95-90-902010-51900000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF FAMILY HEALTH AND NUTRITION, MATERNAL CHILD HEALTH
FAIN# B0452939 ALN 93.994 AWARD DATE: 11/6/2023
GRANT FUNDER: HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

1. Amoskeag Health, Vendor#157274-B001 — 25% Federal Funds and 75% General Funds

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2022	102-500731	Contracts for Program Services	90080112	$161,194	$0	$161,194
SFY 2023	102-500731	Contracts for Proaram Services	90080112	$684,328	$0	$684,328
SFY 2024	102-500731	Contracts for Program Services	90004009	$357,004	$0	$357,004
SFY 2024	102-500731	Contracts for Program Services	90004019	$327,324	$0	$327,324
SFY 2025	102-500731	Contracts for Program Services	90004009	$0	$95,844	$95,844
SFY 2025	102-500731	Contracts for Program Services	90004019	$0	$521,396	$521,396
			Subtotal:	$1,529,850	$617,240	$2,147,090

2. Concord Hospital, Inc., Vendor# 177653-B011 — 12% Federal Funds and 88% General Funds

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount	Increase (Decrease) Amount	Revised Modified Budget
SFY 2022	102-500731	Contracts for Proaram Services	90080112	$26,343	$0	$26,343
SFY 2023	102-500731	Contracts for Program Services	90080112	$316,113	$0	$316,113
SFY 2024	102-500731	Contracts for Program Services	90080112	$316,113	$0	$316,113
SFY 2025	102-500731	Contracts for Program Services	90004009	$0	$45,281	$45,281
SFY 2025	102-500731	Contracts for Program Services	90004019	$0	$246,331	$246,331
			Subtota	$658,569	$291,612	$950,181

3. Coos County Family Health Services, Inc., Vendor# 155327-B001 — 12% Federal Funds and 88% General

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount	Increase (Decrease) Amount	Revised Modified Budget
SFY 2022	102-500731	Contracts for Proaram Services	90080112	$29,269	$0	$29,269
SFY 2023	102-500731	Contracts for Program Services	90080112	$351,226	$0	$351,226
SFY 2024	102-500731	Contracts for Program Services	90080112	$351,226	$0	$351,226
SFY 2025	102-500731	Contracts for Program Services	90004009	$0	$50,311	$50,311
SFY 2025	102-500731	Contracts for Program Services	90004019	$0	$273,694	$273,694
			Subtotal:	$731,721	$324,005	$1,055,726

4. Greater Seacoast Community Health, Vendor# 166629-B001 — 12% Federal Funds and 88% General Funds

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount	Increase (Decrease) Amount	Revised Modified Budget
SFY 2022	102-500731	Contracts for Program Services	90080112	$49,307	$0	$49,307
SFY 2023	102-500731	Contracts for Program Services	90080112	$591,689	$0	$591,689

SFY 2024	102-500731	Contracts for Program Services	90080112	$591,689	$0	$591,689
SFY 2025	102-500731	Contracts for Program Services	90004009	$0	$84,756	$84,756
SFY 2025	102-500731	Contracts for Program Services	90004019	$0	$461,075	$461,075
			Subtotal:	$1,232,685	$545,831	$1,778,516

5. HealthFirst Family Care Center,-Vendor#1588221-B001 — 12% Federal Funds and 88% General Funds

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount	Increase (Decrease) Amount	Revised Modified Budget
SFY 2022	102-500731	Contracts for Proaram Services	90080112	$23,906	$0	$23,906
SFY 2023	102-500731	Contracts for Program Services	90080112	$286,871	$0	$286,871
SFY 2024	102-500731	Contracts for Proaram Services	90080112	$286,871	$0	$286,871
SFY 2025	102-500731	Contracts for Proaram Services	90004009	$0	$41,093	$41,093
SFY 2025	102-500731	Contracts for Proaram Services	90004019	$0	$223,544	$223,544
			Subtotal:	$597,648	$264,637	$862,285

6 Lamprey Health Care Inc., Vendor# 177677-R001 — 12% Federal Funds and 88% General Funds

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount	Increase (Decrease) Amount	Revised Modified Budget
SFY 2022	102-500731	Contracts for Proaram Services	90080112	$44,501	$0	$44,501
SFY 2023	102-500731	Contracts for Program Services	90080112	$534,013	$0	$534,013
SFY 2024	102-500731	Contracts for Proaram Services	90080112	$534,013	$0	$534,013
SFY 2025	102-500731	Contracts for Proaram Services	90004009	$0	$76,449	$76,449
SFY 2025	102-500731	Contracts for Proaram Services	90004019	$0	$415,887	$415,887
			Subtotal:	$1,112,527	$492,336	$1,604,863

7. Manchester Health Dept., Vendor#177433-B009 — 12% Federal Funds and 88% General Funds

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount	Increase (Decrease) Amount	Revised Modified Budget
SFY 2022	102-500731	Contracts for Proqram Services	90080112	$16,480	$0	$16,480
SFY 2023	102-500731	Contracts for Proqram Services	90080112	$197,763	$0	$197,763
SFY 2024	102-500731	Contracts for Proaram Services	90080112	$197,763	$0	$197,763
SFY 2025	102-500731	Contracts for Proaram Services	90004009	$0	$28,312	$28,312
SFY 2025	102-500731	Contracts for Proaram Services	90004019	$0	$154,017	$154,017
			Subtotal:	$412,006	$182,329	$594,335

8. Mid-State Health Center, Vendor# 158055-B001 — 12% Federal Funds and 88% General Funds

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount	Increase (Decrease) Amount	Revised Modified Budget
SFY 2022	102-500731	Contracts for Prooram Services	90080112	$25,633	$0	$25,633
SFY 2023	102-500731	Contracts for Prnoram Services	90080112	$307,595	$0	$307,595
SFY 2024	102-500731	Contracts for Proaram Services	90080112	$307,595	$0	$307,595
SFY 2025	102-500731	Contracts for Proaram Services	90004009	$0	$44,061	$44,061
SFY 2025	102-500731	Contracts for Proaram Services	90004019	$0	$239,694	$239,694
			Subtotal:	$640,823	$283,755	$924,578

9. Weeks Medical Center,Vendor # 177171-R001 12% Federal Funds and 88% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount	Increase (Decrease) Amount	Revised Modified Budget
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,712	$0	$24,712
SFY 2023	102-500731	Contracts for Program Services	90080112	$296,547	$0	$296,547
SFY 2024	102-500731	Contracts for Proaram Services	90080112	$296,547	$0	$296,547
SFY 2025	102-500731	Contracts for Proaram Services	90004009	$0	$42,479	$42,479
SFY 2025	102-500731	Contracts for Proaram Services	90004019	$0	$231,084	$231,084
			Subtotal:	$617,806	$273,563	$891,369

10. White Mountain Community Health Center, Vendor# 174170-R001 12% Federal Funds and 88% General Funds

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount	Increase (Decrease) Amount	Revised Modified Budget
SFY 2022	102-500731	Contracts for Proaram Services	90080112	$24,995	$0	$24,995
SFY 2023	102-500731	Contracts for Program Services	90080112	$299,945	$0	$299,945
SFY 2024	102-500731	Contracts for Prooram Services	90080112	$299,945	$0	$299,945
SFY 2025	102-500731	Contracts for Prooram Services	90004009	$0	$42,965	$42,965
SFY 2025	102-500731	Contracts for Prooram Services	90004019	$0	$233,733	$233,733
			Subtotal:	$624,885	$276,698	$901,583
			TOTAL:	**$8,158,520**	**$3,552,006**	**$11,710,526**

State of New Hampshire
Department of Health and Human Services
Amendment #1

This Amendment to the Maternal and Child Health Care in the Integrated Primary Care Setting contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Amoskeag Health ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 15, 2022 (Item #32), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2025

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $2,147,090

3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:

   Robert W. Moore, Director

4. Modify Exhibit B, Scope of Services, Section 1.3.2., to read:

   1.3.2. Prenatal care either on site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data related to prenatal performance measures.

5. Modify Exhibit B, Scope of Services, Section 1.7.2., to read:

   1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data relating to prenatal performance measures to the Department.

6. Modify Exhibit B, Scope of Services, Section 1.10.1. through Section 1.10.2., to read:

   1.10.1. Initiative One (1) – Screening and Referrals for SDOH; and

   1.10.2. Initiative Two (2) – Contractor's choice, which must focus on enabling services.

7. Modify Exhibit B, Scope of Services, Section 1.12.1. through Section 1.12.2., to read:

   1.12.1. QI Project One (1): Increasing Adolescent Well Visits; and

   1.12.2. QI Project Two (2): Increasing post-partum clinical depression screening of women within the first 12 weeks after delivering.

8. Modify Exhibit B, Scope of Services, Section 1.18., to read:

   1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator, or staff person essential to providing services and/or any personnel changes to these positions. The Contractor shall ensure notification:

      1.18.1. Is provided to the Department no later than thirty (30) business days from the date of hire or personnel change; and

      1.18.2. Includes a copy of the new staff individual's resume as well as an updated

staffing list.

9. Modify Exhibit B, Scope of Services, by adding Section 1.28., to read:

   1.28. The Contractor shall provide de-identifiable patient level data on the integrated and primary health care services provided, as specified in Subsection 1.3., and Section 1.26. Reporting.

10. Modify Exhibit C, Payment Terms, Section 1.1. through Section 1.2., to read:

    1.1. 14% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.994, FAIN B04MC45230, and as awarded on October 27, 2022, ALN 93.994, FAIN B04MC47432.

    1.2. 86% General funds.

11. Modify Exhibit C, Payment Terms, Section 3., to read:

    3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget Sheet through Exhibit C-4, Budget Sheet, Amendment #1.

12. Modify Exhibit C, Payment Terms, Section 4.3., to read:

    4.3. Identifies and requests payment for allowable costs incurred in the previous month. Allowable costs are costs incurred that specifically supports only New Hampshire Infants, Children and Adolescents from birth to 21 years of age, Pregnant Women, and Women of Childbearing age.

13. Modify Add Exhibit C, Payment Terms, by adding Section 4.7., to read:

    4.7. Includes budget line items that are used exclusively for serving the Maternal and Child Health population and invoicing must clearly state how the incurred expenses benefited this specific patient population.

14. Modify Attachment 3, Reporting Calendar, by replacing it in its entirety with Attachment 3, Amendment #1, Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

15. Modify Attachment 6, Performance Measures, by replacing it in its entirety with Attachment 6, Amendment #1 – SFY 2025 Performance Measures, which is attached hereto and incorporated by reference herein.

16. Modify Attachment 7, Performance Measure Outcome Report (PMOR), by replacing it in its entirety with Attachment 7, Amendment #1, Performance Measure Outcome Report (PMOR), which is attached hereto and incorporated by reference herein.

17. Add Attachment 8, Amendment #1, DTT – MCH in the Integrated Primary Care Setting Template, which is attached hereto and incorporated by reference herein.

18. Add Exhibit C-4, Budget Sheet, Amendment #1, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2024, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

5/1/2024
Date

DocuSigned by:
Iain Watt
D778B863E9704C7...
Name: Iain Watt
Title: Interim Director - DPHS

Amoskeag Health

4/17/2024
Date

DocuSigned by:
052AF939065E454...
Name: Kris McCracken
Title: President/CEO

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

OFFICE OF THE ATTORNEY GENERAL

5/13/2024

DocuSigned by:
Robyn Guarino
748734844941460...

Date

Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Exhibit C-4, Budget Sheet, Amendment #1

New Hampshire Department of Health and Human Services	
Contractor Name:	Amoskeag Health
Budget Request for:	Primary Care Services
Budget Period	July 1, 2024 - June 30, 2025
Indirect Cost Rate (if applicable)	0.1
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$446,224
2. Fringe Benefits	$114,903
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$561,127
Total Indirect Costs	$56,113
TOTAL	$617,240

Contractor Initial: DS

Date: 4/17/2024

Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets. • UDS Data
SFY 2024	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

DS

4/17/2024

Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2025	
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2024	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets
January 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2024 - December 31, 2024) • Complete January 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2026	
July 31, 2025	**SFY25 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2024 - June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

DS

4/17/2024

Attachment #6, Amendment #1 – SFY 2025 Performance Measures

1. Definitions

1.1. **Measurement Year** – Consists of 365 days and is defined as either:

1.1.1. A Calendar Year (January 1st through December 31st), or

1.1.2. A State Fiscal Year (July 1st through June 30th).

1.2. **Medical Visit** –Defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. The UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the expectation is that the Contractor will adhere to the most up to date UDS guidance.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. Percent of infants who were ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for approximately six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Testing

This measure will be broken down into two (2) age-based measures, based on current NH Legislation RSA 130-A:5-a, which requires children be tested for lead at one (1) year of age, and at two (2) years of age.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between 12 and 23 months of age (NH MCHS).

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4/17/2024

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between 12 and 23 months of age.

2.2.1.2. Denominator: All children who turned 24 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between 24 and 36 months of age (NH MCHS).

2.2.2.1. Numerator: All children who received at least one (1) capillary or venous blood lead test between 24 and 36 months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients 12 through 21 years of age screened for clinical depression using an age-appropriate standardized depression screening tool on the date of the encounter or within 14 days prior to the date of the encounter **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients 12 through 21 years of age who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 through 21 years of age by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit in the first 12 weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

2.5.1. Percent of patients three (3) through 17 years of age who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.1.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.1.2. Denominator: Number of patients who were one (1) year after their second (2nd) birthday (i.e., three (3) years of age) through adolescents who were up to one (1) year past their 16th birthday (i.e., 17 years of age) at some point during the measurement year, who had at least one (1) medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.1.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers **PLUS** queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) – Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adolescent Measure

2.7.1. SBIRT – Percent of patients 12 through 17 years of age who were screened for substance use using a formal valid screening tool during

any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use using a formal valid screening tool during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients 12 through 17 years of age during the measurement year with at least one (1) medical visit during the measurement year and with at least two (2) medical visits ever.

2.7.1.4. Definitions:

2.7.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.1.4.2. Brief Intervention: Includes guidance or counseling.

2.7.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.7.2. Percent of pregnant women who were screened using a formal valid screening tool for substance use during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of women in the denominator who were screened for substance use using a formal and valid screening tool during each trimester they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8. **Developmental Screening Measure**

Percent of children who reached 30 months of age by the end of the reporting period, and were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age (NH MCHS).

Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age.

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and had at least one (1) medical visit during the measurement year.

DS

4/17/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS

4/17/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

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Please copy above pages/sections as needed to complete for all not met measures.

DS

4/17/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

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Please copy above pages/sections as needed to complete for all not met measures.

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4/17/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS

4/17/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

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Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

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DS

4/17/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS

4/17/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS

4/17/2024

Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

Organization Name

		7/1/21-6/30/22	1/1/22-12/31/22	7/1/22-6/30/23	1/1/23-12/31/23	7/1/23-6/30/24	1/1/24-12/31/24	7/1/24-6/30/25
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

4B. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5A. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6A. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6B Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7A. Percent of patients aged 18 years and older who were screened for	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7C Percent of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

DS

4/17/2024

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 AMOSKEAG HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 07, 1992. 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: **175115**

Certificate Number: **0006661501**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th day of April A.D. 2024.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

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

1. I am a duly elected Clerk/Secretary/Officer of Amoskeag Health (formerly Manchester Community Health Center).
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on February 6, 2024, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Kris McCracken, President/CEO (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Amoskeag Health (formerly Manchester Community Health Center) to enter into
(Name of Corporation/ LLC)

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

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

Dated: 1/12/2024

Signature of Elected Officer

Name: David Crespo
Title: Amoskeag Health Board Secretary

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/12/2024

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	CONTACT NAME: Danielle West	
Optisure Risk Partners, LLC d/b/a Aspen Insurance Agency 40 Stark Street Manchester NH 03101	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: danielle.west@king-insurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Selective Insurance Co of Southeast	39926
INSURED AMOSKEAG HEALTH 145 HOLLIS ST MANCHESTER NH 03101-1235	INSURER B: Comp-SIGMA Ltd	
	INSURER C: The Hanover Atlantic Insurance Co LTD	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL23122143687 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			S 2438257	11/01/2023	11/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 300,000 $ 10,000 $ $ 3,000,000 $ 3,000,000 $
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			S 2438257	11/01/2023	11/01/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Auto Elite Pac	$ 1,000,000 $ $ $ $
A	X UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED RETENTION $			S 2438257	11/01/2023	11/01/2024	EACH OCCURRENCE AGGREGATE $	$ 4,000,000 $ 4,000,000 $
B	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		HCHS20230000588	01/01/2024	01/01/2025	☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
C	Professional Liability and Excess Liability			L3VD305375 09	07/01/2023	07/01/2024	Each Incident Aggregate	1,000,000 3,000,000

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

State of New Hampshire-Dept of Health & Human Services, Bureau of Family Centered Services, Specialty Services for Children with Medical Complexity and Community Based Care Coordination for Children with Medical Complexity.

CERTIFICATE HOLDER

State of New Hampshire-Dept of Health & Human Ser Dean B. Fancy
129 Pleasant Street
Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date	Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
	AIDO	AIDO								$9.00
	Employment Practices Liab Ins	EPLI								$10.00
	Data Compromise	DATAC								$93.00
	Experience Mod (1/1/22-2/1/22)									
	Experience Mod Factor 1	EXP01								-$12,600.00

AMOSKEAG HEALTH

MISSION STATEMENT

Mailing Address: 145 Hollis Street, Manchester, NH 03101
Office Locations:
145 Hollis Street, Manchester, NH
1245 Elm Street, Manchester, NH
184 Tarrytown Road, Manchester, NH
88 McGregor Street, Manchester, NH

Telephone: 603-626-9500
Website: https://www.amoskeaghealth.org/

MISSION

To improve the health and well-being of our patients and the communities we serve by providing exceptional care and services that are accessible to all.

VISION

We envision a healthy and vibrant community with strong families and tight social fabric that ensures everyone has the tools they need to thrive and succeed.

CORE VALUES

We believe in:

- Promoting wellness and empowering patients through education
- Fostering an environment of respect, integrity and caring where all people are treated equally with dignity and courtesy
- Providing exceptional, evidence-based and patient-centered care
- Removing barriers so that our patients achieve and maintain their best possible health.

BerryDunn

AMOSKEAG HEALTH

FINANCIAL STATEMENTS

and

REPORTS IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS* AND THE UNIFORM GUIDANCE

June 30, 2023 and 2022

With Independent Auditor's Report

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Amoskeag Health

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Amoskeag Health (the Organization), which comprise the balance sheets as of June 30, 2023 and 2022, and the related statements of operations and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2023 and 2022, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, on July 1, 2022, the Organization adopted the provisions of Financial Accounting Standards Board Accounting Standards Codification Topic 842, *Leases*. Our opinion is not modified with respect to that matter.

Emphasis of Matter

As discussed in Note 11 to the financial statements, the Organization has incurred a significant operating loss during the year ended June 30, 2023 and has declining working capital and limited days cash on hand. Management's evaluation of the events and conditions and management's plans to mitigate these matters are also described in Note 11. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's 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 U.S. generally accepted auditing standards 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 U.S. generally accepted auditing standards 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 financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization'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.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated December 6, 2023 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
December 6, 2023

AMOSKEAG HEALTH

Balance Sheets

June 30, 2023 and 2022

ASSETS

	2023	2022
Current assets		
Cash and cash equivalents	$ 1,291,683	$ 3,198,957
Patient accounts receivable	1,857,818	1,422,968
Grants and other receivables	1,120,900	1,856,067
Other current assets	145,734	154,142
Total current assets	4,416,135	6,632,134
Operating lease right-of-use assets	1,454,454	-
Property and equipment, net	3,597,132	3,863,277
Other assets	103,941	56,288
Total assets	$ 9,571,662	$ 10,551,699

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 580,054	$ 528,569
Accrued payroll and related expenses	1,663,737	1,352,346
Current portion of operating lease liabilities	178,529	-
Current portion of long-term debt	1,467,285	53,464
Total current liabilities	3,889,605	1,934,379
Operating lease liabilities, less current portion	1,314,978	-
Long-term debt, less current portion	-	1,456,492
Total liabilities	5,204,583	3,390,871
Net assets		
Without donor restrictions	3,574,104	5,973,864
With donor restrictions	792,975	1,186,964
Total net assets	4,367,079	7,160,828
Total liabilities and net assets	$ 9,571,662	$ 10,551,699

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

AMOSKEAG HEALTH

Statements of Operations and Changes in Net Assets

Years Ended June 30, 2023 and 2022

	2023	2022
Operating revenue		
Net patient service revenue	$ 11,024,301	$ 12,336,088
Grants, contracts and support	11,892,431	10,010,217
Other operating revenue	184,790	251,582
Net assets released from restriction for operations	1,048,634	1,281,713
Total operating revenue	24,150,156	23,879,600
Operating expenses		
Salaries and wages	15,520,631	14,533,999
Employee benefits	3,738,558	3,187,333
Program supplies	723,059	653,598
Contracted services	3,769,551	3,661,540
Occupancy	999,369	891,952
Other	1,331,746	993,893
Depreciation and amortization	457,433	484,603
Interest	48,724	49,240
Total operating expenses	26,589,071	24,456,158
Deficiency of revenue over expenses	(2,438,915)	(576,558)
Grants received for capital acquisition and in service	39,155	-
Decrease in net assets without donor restrictions	(2,399,760)	(576,558)
Net assets with donor restrictions		
Contributions	654,645	1,683,955
Net assets released from restriction for operations	(1,048,634)	(1,281,713)
(Decrease) increase in net assets with donor restrictions	(393,989)	402,242
Change in net assets	(2,793,749)	(174,316)
Net assets, beginning of year	7,160,828	7,335,144
Net assets, end of year	$ 4,367,079	$ 7,160,828

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

AMOSKEAG HEALTH

Statements of Functional Expenses

Years Ended June 30, 2023 and 2022

	2023							
	Healthcare Services					Administrative and Support Services		
	Medical	Behavioral Health	Pharmacy	Special Medical Programs	Total Healthcare Services	Administration	Marketing and Fundraising	Total
Salaries and wages	$ 8,939,465	$ 3,006,416	$ 52,985	$ 1,573,145	$ 13,572,011	$ 1,710,956	$ 237,664	$ 15,520,631
Employee benefits	1,872,918	876,513	13,123	329,101	3,091,655	588,747	58,156	3,738,558
Program supplies	453,220	44,226	211,199	4,089	712,734	7,700	2,625	723,059
Contracted services	1,472,342	858,030	337,239	270,562	2,938,173	814,684	16,694	3,769,551
Occupancy	662,462	93,053	2,735	98,758	857,008	127,356	15,005	999,369
Other	487,377	224,001	24,109	80,761	816,248	476,049	39,449	1,331,746
Depreciation and amortization	178,648	47,234	6,284	18,651	250,817	202,918	3,698	457,433
Interest	16,084	5,060	749	2,222	24,115	24,174	435	48,724
Total	$ 14,082,516	$ 5,154,533	$ 648,423	$ 2,377,289	$ 22,262,761	$ 3,952,584	$ 373,726	$ 26,589,071

	2022							
	Healthcare Services					Administrative and Support Services		
	Medical	Behavioral Health	Pharmacy	Special Medical Programs	Total Healthcare Services	Administration	Marketing and Fundraising	Total
Salaries and wages	$ 9,072,604	$ 2,579,104	$ 50,576	$ 1,223,516	$ 12,925,800	$ 1,400,936	$ 207,263	$ 14,533,999
Employee benefits	1,657,441	699,960	14,732	256,439	2,628,572	506,353	52,408	3,187,333
Program supplies	376,035	56,205	206,071	7,071	645,382	7,744	472	653,598
Contracted services	1,241,663	859,815	323,609	646,038	3,071,125	580,175	10,240	3,661,540
Occupancy	293,987	100,165	12,981	31,807	438,940	446,195	6,817	891,952
Other	402,032	161,643	9,981	48,295	621,951	343,045	28,897	993,893
Depreciation and amortization	177,477	60,402	6,418	15,822	260,119	220,609	3,875	484,603
Interest	15,484	5,630	733	1,797	23,644	25,211	385	49,240
Total	$ 13,236,723	$ 4,522,924	$ 625,101	$ 2,230,785	$ 20,615,533	$ 3,530,268	$ 310,357	$ 24,456,158

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

AMOSKEAG HEALTH

Statements of Cash Flows

Years Ended June 30, 2023 and 2022

	2023	2022
Cash flows from operating activities		
Change in net assets	$ (2,793,749)	$ (174,316)
Adjustments to reconcile change in net assets to net cash used by operating activities		
Depreciation and amortization	457,433	484,603
Amortization of operating lease right-of-use assets	210,821	-
Grants received for capital acquisition	(39,155)	-
Contributions received for capital acquisition	(5,000)	(305,000)
(Increase) decrease in the following assets		
Patient accounts receivable	(434,850)	(120,590)
Grants and other receivables	735,167	(975,767)
Other current assets	8,408	146,038
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	51,485	(225,844)
Accrued payroll and related expenses	311,391	(370,776)
Operating lease liabilities	(171,768)	-
Net cash used by operating activities	(1,669,817)	(1,541,652)
Cash flows from investing activities		
Purchase of investments	(47,653)	(56,288)
Capital expenditures	(185,529)	(189,752)
Net cash used by investing activities	(233,182)	(246,040)
Cash flows from financing activities		
Grants received for capital acquisition	39,155	-
Contributions received for capital acquisition	5,000	305,000
Payments on long-term debt	(48,430)	(50,308)
Net cash (used) provided by financing activities	(4,275)	254,692
Net decrease in cash and cash equivalents	(1,907,274)	(1,533,000)
Cash and cash equivalents, beginning of year	3,198,957	4,731,957
Cash and cash equivalents, end of year	$ 1,291,683	$ 3,198,957
Supplemental disclosures of cash flow information		
Cash paid for interest	$ 48,724	$ 49,240

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

Organization

Amoskeag Health (the Organization) is a not-for-profit corporation organized in Manchester, New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) providing high-quality, comprehensive, and family-oriented primary health care and support services, which meet the needs of a diverse community, regardless of age, ethnicity or income.

1. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements according to the following net asset classifications:

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

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

Use of Estimates

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

Income Taxes

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

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits, money market funds and petty cash.

The Organization maintains cash balances at several financial institutions. The balances at each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. At various times throughout the year, the Organization's cash balances may exceed FDIC insurance. The Organization has not experienced any losses in such accounts and management believes it is not exposed to any significant risk.

Revenue Recognition and Patient Accounts Receivable

Net patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including commercial insurers and governmental programs). Generally, the Organization bills the patients and third-party payers several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligations as follows:

- Medical, behavioral health, optometry, podiatry and ancillary services are measured from the commencement of an in-person or virtual encounter with a patient to the completion of the encounter. Ancillary services provided the same day are considered to be part of the performance obligation and are not deemed to be separate performance obligations.
- Contract pharmacy services are measured when the prescription is dispensed to the patient as reported by the pharmacy administrator.

The majority of the Organization's performance obligations are satisfied at a point in time.

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payer. In assessing collectability, the Organization has elected the portfolio approach. The portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers (patients). The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payer or group of payers will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. Significant payer concentrations are presented in Note 3.

A summary of payment arrangements follows:

Medicare

The Organization is primarily reimbursed for services provided to patients based on the lesser of actual charges or prospectively set rates for all FQHC services provided to a Medicare beneficiary on the same day. Certain other services provided to patients are reimbursed based on predetermined payment rates for each Current Procedural Terminology (CPT) code, which may be less than the Organization's public fee schedule.

Medicaid

The Organization is primarily reimbursed for medical, behavioral health, certain dental and ancillary services provided to patients based on prospectively set rates for all FQHC services furnished to a Medicaid beneficiary on the same day. Certain other services provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Organization's public fee schedule. The rate was legislatively increased from an average rate of $211.54 to $288.05 effective October 1, 2023.

Other Payers

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. Under these arrangements, the Organization is reimbursed for services based on contractually obligated payment rates for each CPT code, which may be less than the Organization's public fee schedule.

Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount program. The Organization estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Organization sliding fee discount policy amounted to $2,188,583 and $2,844,226 for the years ended June 30, 2023 and 2022, respectively. The Organization is able to provide these services with a component of funds received through federal grants.

For uninsured patients who do not qualify under the Organization's sliding fee discount program, the Organization bills the patient based on the Organization's standard rates for services provided. Patient balances are typically due within 30 days of billing; however, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

340B Contract Pharmacy Program Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization contracts with other local pharmacies under this program. The contract pharmacies dispense drugs to eligible patients of the Organization and bill commercial insurances on behalf of the Organization. Reimbursement received by the contract pharmacies is remitted to the Organization, less dispensing and administrative fees. The dispensing and administrative fees are costs of the program and not deemed to be implicit price concessions which would reduce the transaction price. The Organization recognizes revenue in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription after the amount has been determined by the pharmacy benefits manager.

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

Grants and Other Receivables

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amount are considered collectible.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue. The Organization has been awarded cost reimbursable grants with project periods extending beyond June 30, 2023 in the aggregate amount of $6,101,849 that have not been recognized at June 30, 2023 because qualifying expenditures have not yet been incurred.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (HHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended June 30, 2023 and 2022, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 61% and 72%, respectively, of grants, contracts and support revenue.

Right-of-Use Assets and Lease Liabilities

Effective July 1, 2022, the Organization adopted Financial Accounting Standards Board Accounting Standards Codification (ASC) Topic 842, *Leases* (Topic 842). The Organization determines if an arrangement is a lease or contains a lease at inception of a contract. A contract is determined to be or contain a lease if the contract conveys the right to control the use of identified property, plant or equipment (an identified asset) in exchange for consideration. The Organization determines these assets are leased because the Organization has the right to obtain substantially all of the economic benefit from and the right to direct the use of the identified asset.

Assets in which the supplier or lessor has the practical ability and right to substitute alternative assets for the identified asset and would benefit economically from the exercise of its right to substitute the asset are not considered to be or contain a lease because the Organization determines it does not have the right to control and direct the use of the identified asset. The Organization's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

In evaluating its contracts, the Organization separately identifies lease and non-lease components, such as maintenance costs, in calculating the right-of-use (ROU) asset and lease liability for its facility lease.

Leases result in the recognition of ROU assets and lease liabilities on the balance sheet. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Organization determines lease classification as operating or finance at the lease commencement date. The Organization did not have any finance leases as of June 30, 2023.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent and lease incentives. Topic 842 requires the use of the implicit rate in the lease when readily determinable. As the leases do not provide an implicit rate, the Organization elected the practical expedient to use the risk-free rate when the rate of the lease is not implicit in the lease agreement.

The lease term may include options to extend or to terminate the lease that the Organization is reasonably certain to exercise. The Organization has elected not to record leases with an initial term of 12 months or less on the balance sheet. Lease expense on such leases is recognized on a straight-line basis over the lease term.

Lease expense on operating leases is recognized over the expected lease term on a straight-line basis, while expense on finance leases is recognized using the effective interest rate method which amortizes the ROU asset to expense over the lease term and interest costs are expensed on the lease obligation throughout the lease term.

Upon adoption of Topic 842, the Organization elected the package of practical expedients permitted under the transition guidance within the new standard which includes the following: relief from determination of lease contracts included in existing or expiring leases at the point of adoption, relief from having to reevaluate the classification of leases in effect at the point of adoption and relief from reevaluation of existing leases that have initial direct costs associated with the execution of the lease contract.

The adoption of Topic 842 resulted in the recognition of the following assets and liabilities on July 1, 2022:

Operating lease right-of-use assets	$ 1,665,275
Current portion of operating lease liabilities	$ 172,735
Operating lease liabilities, less current portion	1,492,540
Operating lease liabilities	$ 1,665,275

Results for the period prior to July 1, 2022 continue to be reported in accordance with the Organization's historical accounting treatment for leases.

Property and Equipment

Property and equipment are carried at cost. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. The Organization's capitalization policy is applicable for acquisitions greater than $1,000.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit 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 statements of operations and changes in net assets as net assets released from restriction.

The Organization reports gifts of property and equipment as support without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include depreciation, interest, and office and occupancy costs, which are allocated on a square-footage basis, as well as the shared systems technology fees for the Organization's medical records and billing system, which are allocated based on the percentage of patients served by each function.

Deficiency of Revenue Over Expenses

The statements of operations reflect the deficiency of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the deficiency of revenue over expenses include contributions of long-lived assets (including assets acquired using grants and contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through December 6, 2023, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a $1,000,000 line of credit (Note 5).

Financial assets available for general expenditure within one year were as follows:

	2023	2022
Cash and cash equivalents	$ 1,291,683	$ 3,198,957
Patient accounts receivable	1,857,818	1,422,968
Grants and other receivables	1,120,900	1,856,067
Financial assets available	4,270,401	6,477,992
Less net assets with donor restrictions	792,975	1,186,964
Financial assets available	$ 3,477,426	$ 5,291,028

The Organization had average days (based on normal expenditures) cash and cash equivalents on hand of 18 and 49 at June 30, 2023 and 2022, respectively.

3. Patient Accounts Receivable and Net Patient Service Revenue

Patient Accounts Receivable

Patient accounts receivable and due from third-party payers are stated at the amount management expects to collect from outstanding balances and consisted of the following:

	July 1, 2021	June 30, 2022	June 30, 2023
Direct patient services	$ 1,206,770	$ 1,302,100	$ 1,795,769
Contract 340B pharmacy program	95,608	120,868	62,049
Total patient accounts receivable	$ 1,302,378	$ 1,422,968	$ 1,857,818

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The accounts receivable from patients and third-party payers, net of allowances, were as follows at June 30:

	2023	2022
Governmental plans		
Medicare	20 %	13 %
Medicaid	54 %	44 %
Commercial payers	20 %	19 %
Patient	6 %	24 %
Total	100 %	100 %

Net Patient Service Revenue

Net patient service revenue by payer is as follows for the years ended June 30:

	2023	2022
Gross charges	$ 18,699,505	$ 20,301,722
Less: Contractual adjustments and implicit price concessions	(7,132,770)	(7,313,357)
Sliding fee discount policy adjustments	(1,620,962)	(2,241,893)
Total net direct patient service revenue	9,945,773	10,746,472
Contract 340B program revenue	1,078,528	1,589,616
Total net patient service revenue	$ 11,024,301	$ 12,336,088

Revenue from Medicaid accounted for approximately 59% and 61% of the Organization's net patient service revenue for the years ended June 30, 2023 and 2022, respectively. No other individual payer represented more than 10% of the Organization's net patient service revenue.

4. Property and Equipment

Property and equipment consisted of the following as of June 30:

	2023	2022
Land	$ 81,000	$ 81,000
Building and leasehold improvements	5,428,684	5,420,954
Furniture and equipment	2,831,166	2,689,274
Total cost	8,340,850	8,191,228
Less accumulated depreciation	4,779,625	4,327,951
	3,561,225	3,863,277
Projects in process	35,907	-
Property and equipment, net	$ 3,597,132	$ 3,863,277

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government retains a residual ownership interest in the assets, requiring prior approval and restrictions on disposition.

5. Line of Credit

The Organization has a $1,000,000 line of credit demand note with a local banking institution with interest at Bloomberg Short-Term Bank Yield Index rate plus 2.75% (7.97% at June 30, 2023). The line of credit is collateralized by all assets. There was no balance outstanding at June 30, 2023 and 2022.

The Organization has a 30-day paydown requirement on the line of credit, which was met for the year ended June 30, 2023.

6. Operating Leases

The Organization has entered into the following lease arrangements:

Long-term Operating Leases

The Organization has operating leases for clinic facilities with maturities ranging from December 2023 through March 2034. Certain leases contain renewal options and escalation clauses which range from 2% to 6.73%. Termination of the leases are generally prohibited unless there is a violation under the lease agreement.

Short-Term Leases

The Organization has certain leases that are for a period of 12 months of less or contain renewals for periods of 12 months or less.

Lease Cost

Lease cost, which approximates lease payments, for the year ended June 30, 2023 was as follows:

Operating leases	$ 255,964
Short-term leases	278,944
Total	$ 534,908

Other Information

Weighted-average remaining lease term:	
Operating leases	9 years
Weighted-average discount rate:	
Operating leases	2.88%

Future Minimum Lease Payments and Reconciliation to the Balance Sheet

Future minimum payments due under the facility lease agreements for the years ending June 30, are as follows:

2024	$ 218,624
2025	216,166
2026	160,335
2027	166,940
2028	148,062
Thereafter	804,198
Total future undiscounted lease payments	1,714,325
Less present value discount	220,818
Total operating lease liabilities	1,493,507
Current portion of operating lease liabilities	178,529
Operating lease liabilities, net of current portion	$ 1,314,978

7. Long-Term Debt

Long-term debt consisted of the following as of June 30:

	2023	2022
Note payable, with a local bank (see terms below)	$ 1,467,285	$ 1,509,956
Less current maturities	1,467,285	53,464
Long-term debt, less current maturities	$ -	$ 1,456,492

The Organization has a promissory note with Citizens Bank, N. A. (Citizens), collateralized by real estate, for $1,670,000 with New Hampshire Health and Education Facilities Authority participating in the lending for $450,000 of the note payable. Monthly payments of $8,011, including interest fixed at 3.05%, are based on a 25-year amortization schedule and are to be paid through April 2026, at which time a balloon payment will be due for the remaining balance.

Scheduled principal repayments of long-term debt for the next five years follows as of June 30:

2024	$ 50,852
2025	52,602
2026	1,363,831
Total	$ 1,467,285

The Organization is required to meet an annual minimum working capital and debt service coverage debt covenants as defined in the loan agreement with Citizens. In the event of default, Citizens has the option to terminate the agreement and immediately request payment of the outstanding debt without notice of any kind to the Organization. The Organization was not in compliance with the debt service coverage ratio at June 30, 2023, accordingly the full amount of the note is reported as a currently liability in the accompanying balance sheet as of June 30, 2023.

8. Net Assets

Net assets were as follows as of June 30:

	2023	2022
Net assets without donor restrictions		
Undesignated	$ 3,068,175	$ 5,467,935
Designated for working capital	505,929	505,929
Total	$ 3,574,104	$ 5,973,864

	2023	2022
Net assets with donor restrictions for specific purpose		
Temporary in nature		
Healthcare and related program services	$ 259,485	$ 624,570
Building improvements	310,000	305,000
Child health services	122,132	156,036
	691,617	1,085,606
Permanent in nature		
Available to borrow for working capital as needed	101,358	101,358
Total	$ 792,975	$ 1,186,964

9. Benefit Plans

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b) that covers substantially all employees. The Organization contributed $305,200 and $329,371 during the years ended June 30, 2023 and 2022, respectively.

The Organization provides health insurance to its employees through a captive self-insurance plan. The Organization estimates and records a liability for claims incurred but not reported for employee health provided through the captive self-insured plan. The liability is estimated based on prior claims experience and the expected time period from the date such claims are incurred to the date the related claims are submitted and paid.

10. Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of June 30, 2023, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

11. Financial Improvement Plan

The Organization incurred a significant operating loss during the year ended June 30, 2023 and has declining working capital and limited days of cash and cash equivalents on hand. These factors raise substantial doubt regarding the Organization's ability to continue as a going concern through one year from December 6, 2023, which is the financial statements were available to be issued.

Management has identified several areas where costs can be reduced or income can be expanded and believes will alleviate the substantial doubt regarding the Organization's ability to continue as a going concern, including:

- During 2023 the Organization underwent a conversion of it's electronic health medical record. During the transition, the revenue cycle team had limited resources to implement the new system as well as keep existing collection efforts current. As a result, write-offs exceeded average write-offs by approximately $780,000, which is not expected to recur in 2024.
- The State of New Hampshire is rebasing the Medicaid payment rate effective October 1, 2023. The annualized impact of the change in rates is approximately $2,500,000.
- The Organization recognized there will be reductions in grant revenue in 2024 due to the end of COVID-19 funding. The Organization has also identified staffing cuts and reductions in cost of contracted services to offset the reduced grant revenue.

SUPPLEMENTARY INFORMATION

AMOSKEAG HEALTH

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2023

Federal Grantor/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures	Amount Passed Through to Subrecipients
U.S. Department of Health and Human Services				
Direct				
Health Center Program Cluster				
Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ 255,629	$ -
COVID-19 Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		1,258,343	-
Total AL 93.224			1,513,972	-
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		3,505,536	-
COVID-19 Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		199,458	-
Total AL 93.527			3,704,994	-
Total Health Center Program Cluster			5,218,966	-
Affordable Care Act (ACA) Grants for Capital Development in Health Centers	93.526		57,547	-
Passthroug				
State of New Hampshire Department of Health and Human Services				
Affordable Care Act (ACA) Personal Responsibility Education Program	93.092	157274-B001/90018440	28,306	-
Family Planning Services	93.217	1069352	71,414	-
Family Planning Services	93.217	n/a	17,084	-
Total AL 93.217			88,498	-
The Mental Health Center of Greater Manchester				
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	n/a	211,670	-
YWCA New Hampshire				
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	H79FG000828	4,261	-
Total AL 93.243			215,931	-
Bi-State Primary Care Association, Inc.				
COVID-19 Immunization Cooperative Agreements	93.268	n/a	197,408	-
State of New Hampshire Department of Health and Human Services				
Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	93.354	NU90TP922144	476,838	-
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	NH75OT000031/ N90CA1858	16,067	-
University System of New Hampshire				
Every Student Succeeds Act/Preschool Development Grants	93.434	17737-0001/202020243	442,769	160,960
State of New Hampshire Department of Health and Human Services				
Temporary Assistance for Needy Families	93.558	B001/90080206	25,705	-
Child Abuse and Neglect Discretionary Activities	93.670	645-504004/42105745	245,120	66,173

The accompanying notes are an integral part of this schedule.

AMOSKEAG HEALTH

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2023

Federal Grantor/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures	Amount Passed Through to Subrecipients
Catholic Medical Center				
Medical Assistance Program	97.778	NH20164	426	-
Bi-State Primary Care Association, Inc.				
Opioid STR	93.788	n/a	171,566	-
State of New Hampshire Department of Health and Human Services				
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	93.898	102-500731/90080081	3,592	-
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	93.898	NU58DP006298	80,162	-
Total AL 93.898			83,754	-
Maternal and Child Health Services Block Grant to the States	93.994	1062420	81,199	-
Maternal and Child Health Services Block Grant to the States	93.994	561-500911/ 93001000	295,054	-
Maternal and Child Health Services Block Grant to the States	93.994	562-500912/ 93001000	133,750	-
Total AL 93.994			510,003	-
Total U.S. Department of Health and Human Services			7,778,904	227,133
U.S. Department of Housing and Urban Development				
Passthroug				
City of Manchester, New Hampshire				
Community Development Block Grants/Entitlement Grants	14.218	210721A	45,000	-
U.S. Department of Justice				
Passthroug				
State of New Hampshire Department of Justice				
Comprehensive Opioid Abuse Site-Based Program	16.838	n/a	212,541	97,360
U.S. Department of Treasury				
Passthroug				
Bi-State Primary Care Association, Inc.				
COVID-19 Coronavirus State And Local Fiscal Recovery Funds	21.027	n/a	216,021	-
City of Manchester, New Hampshire				
COVID-19 Coronavirus State And Local Fiscal Recovery Funds	21.027	#212422 ARPA	121,273	31,905
City of Manchester, New Hampshire Police Department				
COVID-19 Coronavirus State And Local Fiscal Recovery Funds	21.027	#410222 ARPA	345,276	167,486
Total AL 21.027			682,570	199,391
Total Expenditures of Federal Awards, All Programs			$ 8,719,015	$ 523,884

The accompanying notes are an integral part of this schedule.

AMOSKEAG HEALTH

Notes to Schedule of Expenditures of Federal Awards

Year Ended June 30, 2023

1. Summary of Significant Accounting Policies

Expenditures reported in the Schedule of Expenditures of Federal Awards (Schedule) are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), wherein certain types of expenditures are not allowable or are limited as to reimbursement.

2. De Minimis Indirect Cost Rate

Amoskeag Health (the Organization) has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

3. Basis of Presentation

The Schedule includes the federal grant activity of the Organization. The information in this Schedule is presented in accordance with the requirements of the Uniform Guidance. Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

BerryDunn

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
Amoskeag Health

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Amoskeag Health (the Organization), which comprise the balance sheet as of June 30, 2023, and the related statements of operations and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 6, 2023.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization'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.

Board of Directors
Amoskeag Health

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

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 Organization'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 Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
December 6, 2023

BerryDunn

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR THE MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors
Amoskeag Health

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited Amoskeag Health's (the Organization) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget *Compliance Supplement* that could have a direct and material effect on its major federal program for the year ended June 30, 2023. The Organization's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2023.

Basis for Opinion on the Major Federal Program

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

We are required to be independent of the Organization 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 the major federal program. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

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 Organization's federal programs.

Auditor's 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 Organization'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 U.S. generally accepted auditing standards, *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 Organization's compliance with the requirements of the major federal program as a whole.

In performing an audit in accordance with U.S. generally accepted auditing standards, *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 Organization'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 Organization'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 Organization'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.

Report on Internal Control over Compliance

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

Board of Directors
Amoskeag Health

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's 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. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

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.

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.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
December 6, 2023

AMOSKEAG HEALTH

Schedule of Findings and Questioned Costs

Year Ended June 30, 2023

1. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:			Unmodified	
Internal control over financial reporting:				
Material weakness(es) identified?	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Noncompliance material to financial statements noted?	☐	Yes	☑	No

Federal Awards

Internal control over major programs:				
Material weakness(es) identified?	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Type of auditor's report issued on compliance for major programs:			Unmodified	
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	☐	Yes	☑	No

Identification of major programs:

Assistance Listing Number	Name of Federal Program or Cluster
	Health Center Program Cluster

Dollar threshold used to distinguish between Type A and Type B programs:			$750,000	
Auditee qualified as low-risk auditee?	☑	Yes	☐	No

2. Financial Statement Findings

None

3. Federal Award Findings and Questioned Costs

None

Name	Board Role
Angela Peters	Director
Angella Chen-Shadeed	Director
David Crespo	Secretary
Dawn McKinney	Director
Debra (Debbie) Manning	Chair
Gail Tudor	Director
Jill Bille	Director
Madhab Gurung	Director
Obhed Giri	Vice Chair
Oreste "Rusty" Mosca	Director
Richard Elwell	Treasurer
Thomas Lavoie	Director
Vanessa Maradiaga	Director

Danielle Ali

10+ years Experienced RN

[redacted]

Experienced Nurse with over twelve years of experience in a multitude of areas and settings including Critical Care, Labor and Delivery, ER and Psych.

Work Experience

ER Nurse

Lowell General Hospital - Lowell, MA
February 2023 to Present

Emergency department RN taking care of a range of patients and acuity levels. Patient populations include but not limited to Critical Care, Trauma, STEMI, Stroke activation, Moderate Sedation, Pediatrics, and Psych.

Behavioral Health Charge RN

Haverhill Pavilion Behavioral Health - Haverhill, MA
July 2022 to December 2022

At Haverhill Pavilion I work as a Charge Nurse on a 26 bed unit. My job includes rounding on patients with treatment team, initiating and updating all patient treatment plans, managing acute situations such as Restraints (physical, chemical and mechanical) and acute medical send outs, writing notes on 8-12 patients, talking with doctors as needed, overseeing bed placement and census including admission, discharges and room transfers. I also create the assignment every morning along with the safety huddle and oversee all other nurses and BHAs on unit.

Labor and Delivery Registered Nurse

Elliot Hospital - Manchester, NH
November 2021 to July 2022

Busy 10-bed Labor and Delivery unit providing care to perinatal patients including
Antepartum, Preterm Labor, Pre-eclampsia, Labor patients, IOLs, C-Section patients and critical Postpartum Patients. Hospital delivers all gestational ages.

Registered Nurse

Catholic Medical Center - Manchester, NH
January 2019 to November 2021

Experience with Ante, Labor, and Postpartum Care. Labor trained for three years, cross trained to special care nursery.

- Left in order to pursue a position on a dedicated labor and delivery floor, that takes on more critical labor and delivery patients and delivers a younger gestational age.

CVOR Registered Nurse

Catholic Medical Center - Manchester, NH
July 2017 to December 2019

RN managing care of CT surgery patients pre-op, RN circulator during CT surgery cases including on/off pump CABG, valve replacements, TAVR, Lung surgeries, and bypass warming of hypothermic patients.
· Left in order to obtain a more flexible schedule with 12 hours shifts in anticipation of first child. Husband also started as an ER nurse working nights at
CMC.

Registered Nurse ICU,

Catholic Medical Center - Manchester, NH
June 2015 to July 2017

Cared for 1:1, 1:2 and 2:1 critical patients, including vented patients, patients on vasopressors, IABP, CCRT, Impella, ECMO and post CABG/Valve replacement patients fresh out of OR. Experience with opening chests at bedside, coding patients and rapid management of septic patients.
· Left to pursue job in CVOR, per request of CT Surgeons

Registered Nurse Noninvasive Cardiology,

Catholic Medical Center - Manchester, NH
October 2012 to July 2017

Performed stress tests and TEE procedures under conscious sedation or in conjunction with Anesthesia Department.
· Left in order to pursue job in CVOR. Was unable to have OT hours in this department per hospital.

ICU Registered Nurse

Dartmouth Hitchcock Medical Center - Lebanon, NH
March 2016 to October 2016

Cared for 1:1, 1:2 and 2:1 critical patients. Floated through all ICUs per demand, including Cardiac ICU, Trauma ICU, Neuro ICU, Medical ICU and the PICU. Experience with a variety of patient types including rapid response to DART Trauma patients.
· Left in order to meet schedule requirements to be trained for CT surgery patient, freshly Post-op.

Cath Lab and EP Lab Registered Nurse

Concord Hospital - Concord, NH
May 2013 to May 2015

Floated between Cath Lab and EP lab as needed. In Cath Lab, cared for both routine
Cardiac Catherization patients as well as STEMIs. Also performed Cardioversions and Cardiac CTs. In EP lab, assisted with pacemaker and ablation procedures.
· Left due to difficulty meeting call response time after moving from Hooksett to
Manchester for financial reasons.

Registered Nurse

Elliot Hospital - CICU
December 2011 to June 2014

Took care of 3-5 intermediate patient assignments. Worked as charge and resource nurse.
· Left because was unable to keep up with requirements due to increased call at my
Cath lab job at Concord Hospital.

Registered Nurse

Vascular, Vein and Aesthetic Institute - Salem, NH
May 2011 to November 2011

Aided in liposuction, varicose vein removal and a variety of other aesthetic procedures.
· Left to pursue hospital job, once I got accepted for a position.

—

Education

BSN in Nursing
MCPHS University - Manchester, NH
September 2009 to December 2010

BSN in Biochemistry
Saint Anselm College - Manchester, NH
September 2003 to May 2007

Skills

- Hospital Experience
- Paper Charting
- Critical Care Experience
- Epic
- Behavioral health
- Restraints
- EMR Systems
- Sunrise
- ICU Experience
- Charge experience
- Psychiatric care

Certifications and Licenses

RN

BLS Certification

ACLS Certification
June 2023 to June 2025

TNCC Certification
October 2023 to October 2027

RESUME

Surname : **BOGDAN**
First name: **Elena-Floricica**
[redacted]

EDUCATION

- NURSING HIGH-SCHOOL,Brasov-graduated in 1985 as **Licensed Practical Nurse**
- NURSING COLLEGE ,Brasov-graduated in1991 as **Registered Nurse .**
- " SPIRU HARET " UNIVERSITY- Faculty of Psychology, Brasov-graduated in1999.
- CNA course at MAPLE LEAF Health Care Center Manchester - graduated in September 1999.
- PHLEBOTOMY course at NHTC COLLEGE Manchester - graduated in May 2001.

In August 1985 I was employed by Emergency Hospital – Orthopedic Section , Brasov as ***Licensed Practical Nurse*** . In November 1992 I became ***Registered Nurse*** .Starting with April 1994 I worked as ***Principal Registered Nurse***(in same facility) until June 1999 when I end my activity .

From June 1999 I become american resident . Between August and September 1999 I took CNA classes and starting with September I was employed by Maple Leaf Health Care Center. From September 1999 until present I was employed full-time position by St. Teresa's Manor. I quit my job for my pregnancy.

Judi Gleason

[redacted]

[redacted]

[redacted]

called & left message

SUMMARY

I have been working in a pediatric office since October of 2006 and I would now like to be an RN in a more hands on setting. I have been responsible for all aspects of a pediatric office, and feel I am qualified to change positions.

WORK HISTORY

Oct. 2006 – June 2016 *RN, Concord Pediatrics, Concord, NH*

- Nurse Visits
- Injections
- Phone Triage
- Immunizations
- Assist Providers with Procedures
- Record Keeping
- Lab Testing (urinalysis, pregnancy, rapid strep, etc.)
- Prior Authorizations
- Prescription Refills
- Appointment Scheduling
- Vital Sign Monitoring
- Suture and Staple removal
- Wound Care and Dressing Changes
- Nebulizer Treatments

March 1999 – August 2006 *RN, Dartmouth Hitchcock Clinic*

- Injections
- Phone Triage
- Immunizations
- Assist Providers with Procedures
- Record Keeping
- Lab Testing
- Appointment Scheduling
- Vital Sign Monitoring
- Call Patients with Results of Testing and/or Medication Changes per Primary Care Orders

EDUCATION

1990 - 1993 NHTI – Graduated as an RN

1985 – 1987 Mount Ida College – Associated Degree in Science

1981 - 1985 Brewster Academy – Graduated General Studies

→ DJH sched for 1st

?yes and ~~DJH did~~ interview

→ need ap completed

→ DJH interview alone 8/24 mtg

8/13

Kristin R. Fossum

[redacted]

OBJECTIVE: To provide quality social services and educational tools to empower children and families

EDUCATION:

New Hampshire Community Technical College
15 Early Childhood Education Credits

University of New Hampshire, Durham, NH
Bachelor of Science: Child and Family Studies- May 2001

University of New Hampshire, Durham, NH
Bachelor of Science: Nursing- May 1999

- Clinical Experience in mental health, community health, med/surg, labor and delivery and oncology nursing
- Obtained registered nurse license in August 1999

worked as nurse? medical setting? children vs parents

WORK EXPERIENCE:

KinderCare Learning Center, Merrimack, NH
Pre-Kindergarten Teacher March 2005-Present

- Responsible for implementing and supplementing curriculum to encourage and challenge multi-age children
- Responsible for daily classroom management and parent communication
- Oversee the Kelsey's Learning Adventures and ABC Music and Me programs as the program leader

VNA Child Care Center, Manchester, NH
Lead Kindergarten Teacher January 2001-December 2005
Associate Kindergarten Teacher September 2001-December 2001

- Educated children of varying cognitive levels and physical abilities by planning and implementing curriculum.
- Positively motivated children with varying behavioral and emotional challenges to become enthusiastic members of the classroom environment.
- Encouraged creativity and arts exploration through various classroom activities.
- Served as classroom representative for IEP and various testing result meetings.

- Increased awareness of health and social support networks by referring families in need to nurse/family resource coordinator.

Families First of The Greater Seacoast, Portsmouth, NH
Family and Child Studies Student Intern September 2000- May 2001

- Enhanced parental knowledge of child growth and development by aiding in the organization of a Babytime parenting group.
- Responsible for the child care for the Single Parents Support Group.
- Provided post partum support and infant development education through home-visiting for three months to one area mother.
- Shadowed prenatal post partum home visitor for entire course of study.

MANCHESTER COMMUNITY HEALTH CENTER

Lizette Velasquez

PERSONAL INFORMATION

Position(s) applied for: Interpreten	Date of Application:	
Last Name Velasquez	First Name Lizette	Middle Int.
Mailing Address [redacted]		
City [redacted]	State [redacted]	Zip [redacted]
Telephone Number [redacted]	Social Security Number [redacted]	

How did you learn about us? ☐ Advertisement ☐ Friend

Have you ever been employed here previously? ☐ Yes If yes, when _____

EDUCATION

School	Address	Graduation	Degree	Major
High School Name of High School Francisco Rodriquez Lopez	Puerto Rico	☒ Yes ☐ No		
Technical/Business/Professional School		☐ Yes ☐ No Years completed 1 2 3 4		
College/University Cornell University cooperative extension	Certificate Nutrition and Health 120 East 34st 7th Floor	☐ Yes ☐ No Years completed 1 2 3 4		
Graduate School		☐ Yes ☐ No Years completed 1 2 3 4		
Honors, Awards, Etc.:				

EXPERIENCE

List most recent employer first.

Company/Employer: Cornell University cooperative Extension 120 East 34 street 8th Floor	Employment Dates: 04/1998 to 01/2003 month/year month/year	Job Title: Community Educator Final Wage/Salary $_____ ☐ weekly ☐ monthly ☐ annually
Address Manhattan N.Y. 10016	Reason for Leaving Move to manchester	Duties
City State N.Y. Zip 10016	Name of Supervisor	Telephone Number
Company/Employer: Abacus Communication 540 Commercial Street	Employment Dates: 08/18/03 to _____ month/year month/year	Job Title: Telephone services Representative Final Wage/Salary $_____ BiWeekly ☐ weekly ☐ monthly ☐ annually
Address Manchester N.H.	Reason for Leaving still working at abacus	Duties
City State N.H. Zip 03103	Name of Supervisor	Telephone Number
Company/Employer:	Employment Dates: _____ to _____ month/year month/year	Job Title: Final Wage/Salary $_____ ☐ weekly ☐ monthly ☐ annually
Address	Reason for Leaving	Duties
City State Zip	Name of Supervisor	Telephone Number

Myriam Labbé

[redacted]

[redacted]

Education

SOUTHERN NEW HAMPSHIRE UNIVERSITY, MANCHESTER, NH, 2010

Bachelor's of Art in Creative Writing; Minor in History

Experience

CUSTOMER SERVICE REPRESENTATIVE, FOXX LIFE SCIENCES SEPTEMBER 2018-February 2020

- Greeted clients as they came in
- Used Quickbooks for entry of products into the database; corrected any errors
- Answered phones and general inquiries; directed calls; maintained call log
- Answered email inquiries; helped customers with returns
- Input purchase orders through Quickbooks; printed pick lists
- Kept count of office supplies
- Data entry of new products into Microsoft Dynamics
- Created quotes and sample requests for products
- Maintained logs of backordered or discontinued product and sent to vendors upon request

CUSTOMER SERVICE (CALL CENTER) AND RECEPTIONIST FOR HEALTH DIALOGUE AND PRENAX INC VIA THE NAGLER GROUP, MAY 2018 - AUGUST 2018

- Utilized proprietary software to call clients and track calls
- Adhered to HIPAA standards
- Used customer service skills to maintain relationships with clients
- Answered phones and general inquiries; directed calls
- Received, stamped, sorted and organized mail
- Researched customer and subscription information
- Used Outlook, Word and Excel to send email, receive email, create labels for mailing and general spread sheet use
- Organized and mailed checks and purchase orders for clients
- Used copy machine, mailing machine and fax machine to send information, organize information and mail letters

DATA ENTRY AND TRANSCRIPTION, MANCHESTER CATHOLIC DIOCESE VIA EXPRESS EMPLOYMENT, JANUARY 2018 – APRIL 2018

- Used Little Green Light (LGL) to keep track of patron donations
- Mentored on different processes
- Used transcription software and Microsoft Word to accurately transcribe law cases
- Adhered to client secrecy laws as per the court
- Mailed letters to patrons to thank them

RECEPTIONIST, SERENITY PLACE, FEBRUARY 2017 - JANUARY 2018

- Greeted clients
- Used various software: Microsoft Outlook, Microsoft Word and Microsoft Excel, and New Hampshire WITS
- Rewrote several packets for programs, including Outpatient Group Counselling and Treatment Consent forms
- Answered phones and general inquiries; directed calls
- Organize client files
- Scheduled appointments for clinicians and clients
- Adhere to HIPAA policies

- Verify insurance and demographics information
- Collected co-pays

CASHIER, MARKET BASKET, MAY 2015 - FEBRUARY 2017

- Greeted and engaged customers as they came through line
- Ensured proper handling for coupons. checks, charge accounts, miscellaneous tenders, debit/credit, reusable bags, and other media
- Remained knowledgeable in products and merchandise locations to help customers
- Collaborated with coworkers and managers to ensure tasks are covered
- Provided exceptional customer service; remained calm and professional in all situations

GREETER (TEMPORARY), VERIZON WIRELESS VIA MOUNTAIN LTD. AUGUST 2014 - JANUARY 2015

- Greeted customers, informed them of deals
- Used Verizon proprietary software on iPad to delegate customers to sales rep or technical rep
- Assisted customers in finding accessories for cellphones and tablets; including but not limited to: Bluetooth headsets and speakers, cases, screen protectors, charging devices
- Kept store clean: sanitized electronic devices
- Enforced applicable safety within the facility
- Collaborated with coworkers and managers to determine overall plans for the day

INDEPENDENT CONTRACTOR, ELANCE.COM, DECEMBER 2013 - JANUARY 2015

- Created proposals and place bids for jobs listed
- Followed guidelines for jobs
- Wrote landing pages, blog posts, informational articles and press releases according to client needs
- Proofread websites and articles for grammatical and spelling errors
- Ghostwrote e-books for clients

CREATIVE CONTENT WRITER, SEARCHPRO SYSTEMS, NASHUA, NH, MAY 2012 - MAY 2013

- Wrote short articles and blogs
- Created landing pages for websites, informational articles and press releases
- Learned WordPress to create websites
- Utilized Google Adsearch and other tools for improving website rankings

CASHIER - RITE AID PHARMACY, MANCHESTER, NH DECEMBER 2007 - MARCH 2013

- Acted as the point person for general inquiries and provided customer service
- Trained and directing, associate performance
- Remained knowledgeable of the One-Hour Photo department and film processing
- Assisted the Pharmacy department when there was a high volume of customers
- Merchandised the seasonal aisle and non-seasonal, basic, and seasonal end-caps; ensured all merchandise was set up according to plan-o-grams received from the corporate office
- Adhered to all regulatory and compliance legislation and policies
- Performed general maintenance of the store, assuring a safe and pleasing environment for both customers and associates
- Ensured proper handling for coupons, checks, rebates, debit/credit, reusable bags, and other media
- Used multi-phone line system to direct calls to the pharmacy and front desk

Organizations, Publications and Awards

Spring 2009: *The Manatee:* published short story in SNHU literary magazine
2008-2009: *Manchester Magazine*: column covering local events
2006-2012: *National Novel Writing Month.* Won contest 2006-2009; 2012.
2013: Entered novel, *Banished,* in *Amazon Breakthrough Novel Award* contest
2015-2018: Membership in National Association of Independent Writers and Editors (NAIWE)
View writing samples at myriamlabbe.com and watchthatmoneygrow.com

Skills

Microsoft Office: Word, Excel, Dynamics and Powerpoint (Microsoft Office 2010, Office 365, Office 2007)
Google: Google Docs, Google Sheets
Operating Systems: Microsoft Windows 7; Microsoft Windows 10; Apple OSX
Tools and Software: Dropbox; Little Green Light (LGL), Wordpress; Quickbooks; Telegram; Slack
Languages: Familiarity with written and spoken French
Social Media: Facebook, LinkedIn, Twitter, Pinterest

Nihada Ramic

[redacted]

PROFILE

Accomplished, hard-working highly analytical and technically skilled professional with proven ability to maintain precise records, known for accuracy and attention to detail, seeking to obtain a permanent position with a well reputable company to expand knowledge and grow professionally. Excellent organizational and problem-solving skills; motivated, passionate and very enthusiastic when taking on new challenges.

OPERATIONS AND TECHNICAL EXPERIENCE

PERFECT FIT INDUSTRIES LLC.

Logistics Coordinator/Administrative Assistant/Group Leader **2013 -- 2016**

- Efficient, organized and detail-oriented
- Computer literate and proficient in Microsoft Office as well as company programs.
- Enthusiastic and eager to learn
- Resourceful, dependable and effective in multitasking
- Discreet and ethical
- Strong analytical and problem solving skills
- Proven leadership skills resulting in quality production and maintaining a positive work environment
- Able to maintain records, and perform other administrative duties
- Outstanding oral and written communication skills

Tasks Included: Scheduling and managing shipments; collaborating with third parties and ensuring company meets all necessary vendor guidelines as well as preparing corresponding billing documents.

CONNECTICUT MULTISPECIALTY GROUP

Accounting Assistant (Medical Billing) **2005 – 2009**

- Able to monitor and administer numerous customer accounts
- Investigate and resolve billing and account discrepancies
- Manage and resolve customer inquiries
- Ability to prioritize tasks and ensure projects are completed in a timely manner
- Strong data entry skills

EDUCATION

SAINT JOSEPH COLLEGE, WEST HARTFORD, CT

Bachelor of Arts in International Studies (Magna Cum Laude) **May 2010**
Concentration: Economy, History and Polity

CITY UNIVERSITY, LONDON, UNITED KINGDOM

Study Abroad **May-July 2009**

TOOLS / SKILLS: Microsoft Office Suite: MS Word, MS PowerPoint, MS Excel and Other Programs
LANGUAGE: Proficient in Bosnian, German, and working knowledge of Spanish

Nihada Ramic
[redacted]

REFERENCES:

WORK REFERENCES:

EDUCATION REFERENCES:

PERSONAL REFERENCES:

[redacted]

Sandra Bryant

Objective

Provide nutrition and breastfeeding education to the public as an active member of a health care team via quality counseling skills.

Work experience

[2002-present] Southern NH Services WIC Program
Manchester, NH

Breastfeeding Coordinator/ Lactation Consultant/Nutritionist

- Oversee Breastfeeding Peer Counselor support program
- Offer monthly breastfeeding support groups for prenatal women.
- Network with local hospital/community breastfeeding advocates to facilitate breastfeeding support services
- Organize annual World Breastfeeding Day events
- Offer quality nutritional and breastfeeding education services.

[2002-present] Manchester Community Health Center
Manchester, NH

Nutritionist

* Offer counseling and support services of diabetic, hyperlipidemia, prenatals and weight loss patients.
* Provide individual follow up care as needed.
* Referrals to community service programs.

[1998-1999] PCHC WIC Program
Providence, RI

Program Nutritionist/Lactation Consultant

- Provide continuity of care via breastfeeding counseling support services for nursing women.
- Supervision of Program Assistant staff.
- Asses nutritional needs of mothers, infants and children of all cultures.

[1993-1998] Taunton/Attleboro WIC Program
Taunton, MA

WIC Nutritionist/Breastfeeding Coordinator

- Conduct nutrition assessment and certification of WIC Clients.
- \production of monthly newsletter.
- Coordinator of monthly breastfeeding support groups.

Education [1988-1992] University of Rhode Island Kingston, RI

- B.A., Food Science and Nutrition

Accreditations LDN- Licensed Dietitian Nutritionist 1994

IBCLC- International Board Certified Lactation Consultant 1995.

Appendix E

Program Staff List

New Hampshire Department of Health and Human Services

COMPLETE ONE PROGRAM STAFF LIST FOR EACH STATE FISCAL YEAR

Proposal Agency Name: Amoskeag Health
Program: Primary Care Services
Budget Period: July 1, 2024 - June 30, 2025

A	B	C	D	E	F	G	H
Position Title	Current Individual In Position	Projected Hrly Rate as of 1st Day of Budget Period	Hours per Week dedicated to this program	Admin Funded by this program for Budget Period	Total Salary for Budget Period	% of Salary Funded by this program	Site*
Example:							
Program Coordinator	Sandra Smith	$21.00	40	$13,680	$43,680	31%	
Administrative Salaries							
						#DIV/0!	
						#DIV/0!	
Total Admin. Salaries				$0	$0	#DIV/0!	
Direct Service Salaries							
Prenatal Patient Care Coordinator	Danielle Ali	39.00	40	$81,120	$81,120	100%	Tarrytown
Team Nurse	Elena Bogdan	39.87	40	$82,930	$82,930	100%	Hollis
Triage Nurse	Judith Gleason	36.26	30	$56,566	$56,566	100%	Elm Street
Team Nurse	Kristin Fossum	37.07	40	$77,106	$77,106	100%	Elm Street
Patient Care Coordinator	Myriam Labbe	18.88	40	$39,270	$39,270	100%	Hollis
Interpreter	Nihada Ramic	18.33	3.5	$3,343	$19,063	18%	Hollis
Nutritionist	Sandy Bryant	33.61	32	$55,927	$55,927	100%	Hollis
Interpreter	Lizette Velasquez	24.02	40	$49,962	$49,962	100%	Hollis
Total Direct Salaries				$446,224	$461,944	97%	
Total Salaries by Program				$446,224	$461,944	97%	

Please note, any forms downloaded from the DHHS website will NOT calculate. Forms will be sent electronically via e-mail to all programs submitting a Letter of Intent by the due date.
*Please list which site(s) each staff member works at, if your agency has multiple sites.

32 mac

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

May 25, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into contracts with the Contractors listed below in an amount not to exceed $8,158,520 to increase access to integrated prevention and primary health care services for Women, Infants, Children and Adolescents, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through June 30, 2024. 10% Federal Funds. 90% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Amoskeag Health	157274-B001	Manchester	$1,529,850
Concord Hospital, Inc.	177653-B011	Concord	$658,569
Coos County Family Health Services, Inc.	155327-B001	Berlin	$731,721
Greater Seacoast Community Health	166629-B001	Somersworth	$1,232,685
HealthFirst Family Care Center, Inc.	158221-B001	Franklin	$597,648
Lamprey Health Care, Inc.	177677-R001	Newmarket	$1,112,527
Manchester Health Department	177433-B009	Manchester	$412,006
Mid-State Health Center	158055-B001	Plymouth	$640,823
Weeks Medical Center	177171-R001	Lancaster	$617,806
White Mountain Community Health Center	174170-R001	Conway	$624,885
		Total:	**$8,158,520**

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, and are anticipated to be available in State Fiscal Year 2024, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Department to increase access to integrated prevention and primary health care for the Maternal and Child Health (MCH) target population of women, infants, children and adolescents, and to address the maternal and youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

Approximately 194,940 individuals will be served from June 1, 2022 to June 30, 2024.

The Contractors will provide increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, and pregnant women and women of childbearing age, and must not exclude individuals who are uninsured; underinsured; and/or considered low-income. Integrated prevention and primary health care services are provided to individuals who may experience barriers to accessing health care due to issues such as lack of insurance, inability to pay, limited language proficiency and geographic isolation. The Contractors will integrate and coordinate access to medical, behavioral and social services by reducing barriers to care through an array of services such as care coordination, translation services, outreach, eligibility assistance, transportation, and health education.

The Department will monitor services through the following performance measures:

- Percent of infants who were ever breastfed.
- Percent of adolescents 12 to 21 years of age who had at least one (1) comprehensive well-care visit/comprehensive physical exam during the measurement year.
- Percent of postpartum women screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive screen, a follow-up plan is documented on the date of the positive screen.

The Department selected the Contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from January 14, 2022 through February 25, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Executive Council not authorize this request, the Department may be unable to ensure increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, pregnant women and women of childbearing age, and individuals who are uninsured; underinsured; considered low-income.

Source of Federal Funds: CFDA #93.994, FAIN B04MC45230

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

Respectfully submitted,

DocuSigned by:
Ann H. Landry
24BAB37E0BEB488...

Lori A. Shibinette
Commissioner

Maternal and Child Health in the Integrated Primary Care Setting
RFP-2022-DPHS-19-PRIMA
Fiscal Detail Sheet

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH

1. Amoskeag Health, Vendor # 157274-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$161,194
SFY 2023	102-500731	Contracts for Program Services	90080112	$684,328
SFY 2024	102-500731	Contracts for Program Services	90080112	$684,328
			Subtotal:	*$1,529,850*

2. Concord Hospital, Inc., Vendor # 177653-B011 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$26,343
SFY 2023	102-500731	Contracts for Program Services	90080112	$316,113
SFY 2024	102-500731	Contracts for Program Services	90080112	$316,113
			Subtotal:	*$658,569*

3. Coos County Family Health Services, Inc., Vendor # 155327-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$29,269
SFY 2023	102-500731	Contracts for Program Services	90080112	$351,226
SFY 2024	102-500731	Contracts for Program Services	90080112	$351,226
			Subtotal:	*$731,721*

4. Greater Seacoast Community Health, Vendor # 166629-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$49,307
SFY 2023	102-500731	Contracts for Program Services	90080112	$591,689
SFY 2024	102-500731	Contracts for Program Services	90080112	$591,689
			Subtotal:	*$1,232,685*

5. Health First Family Care Center, Vendor # 158221-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$23,906
SFY 2023	102-500731	Contracts for Program Services	90080112	$286,871
SFY 2024	102-500731	Contracts for Program Services	90080112	$286,871
			Subtotal:	*$597,648*

6. Lamprey Health Care, Inc., Vendor # 177677-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$44,501
SFY 2023	102-500731	Contracts for Program Services	90080112	$534,013
SFY 2024	102-500731	Contracts for Program Services	90080112	$534,013
			Subtotal:	*$1,112,527*

7. Manchester Health Dept. Vendor #177433-B009 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$16,480
SFY 2023	102-500731	Contracts for Program Services	90080112	$197,763
SFY 2024	102-500731	Contracts for Program Services	90080112	$197,763
			Subtotal:	*$412,006*

8. Mid-State Health Center, Vendor # 158055-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$25,633
SFY 2023	102-500731	Contracts for Program Services	90080112	$307,595
SFY 2024	102-500731	Contracts for Program Services	90080112	$307,595
			Subtotal:	*$640,823*

9. Weeks Medical Center, Vendor # 177171-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,712
SFY 2023	102-500731	Contracts for Program Services	90080112	$296,547
SFY 2024	102-500731	Contracts for Program Services	90080112	$296,547
			Subtotal:	*$617,806*

10. White Mountain Community Health Center, Vendor # 174170-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,995
SFY 2023	102-500731	Contracts for Program Services	90080112	$299,945
SFY 2024	102-500731	Contracts for Program Services	90080112	$299,945
			Subtotal:	*$624,885*
			TOTAL:	**$8,158,520**

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFP-2022-DPHS-19-PRIMA
Project Title Maternal and Child Health Care in the Integrated Primary Care Setting

	Maximum Points Available	Amoskeag Health	City of Manchester Health Department	Concord Hospital Family Health Center	Coos County Family Health Services	Greater Seacoast Community Health	HealthFirst Family Care Center Inc	Lamprey Healthcare	Mid-State Health	Weeks Medical Center	White Mountain Community Health Center
Technical											
Primary Care Services (Q1)	30	28	24	25	23	29	25	25	28	25	28
Social Determinants of Health (Q2)	20	20	18	13	18	20	18	15	18	15	18
Enabling Service Initiatives (Q3)	20	20	18	14	18	19	18	13	19	18	16
Quality Improvement Projects (Q4)	20	20	20	12	17	18	18	17	15	18	16
Staffing (Q5)	5	3	3	3	3	5	4	2	4	3	3
and Training Plan (Q6)	5	4	3	3	3	5	4	5	4	4	2
Technical Score*	**100**	**95**	**86**	**70**	**82**	**96**	**87**	**77**	**88**	**83**	**83**
TOTAL SCORE	**100**	**95**	**86**	**70**	**82**	**96**	**87**	**77**	**88**	**83**	**83**

**Minimum Passing Technical Score = 70 of 100 possible points.*

	Reviewer Name	Title
1	Rhonda Siegel	Administrator
2	Shari Campbell	Program Specialist III
3	Erica Tenney	Program Coordinator
4	Lisa Storez	Public Health Nurse Consultant
5	Ellen Stickney	Public Health Nurse Coordinator

Subject:_Maternal and Child Health Care in the Integrated Primary Care Setting (RFP-2022-DPHS-19-PRIMA-01)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. **IDENTIFICATION.**

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Amoskeag Health		1.4 Contractor Address 145 Hollis St. Manchester, NH 03101	
1.5 Contractor Phone Number (603) 626-5210	1.6 Account Number 05-95-90-902010-5190	1.7 Completion Date June 30, 2024	1.8 Price Limitation $1,529,850
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: [signature] Date: 5/17/2022		1.12 Name and Title of Contractor Signatory Kris McCracken President/CEO	
1.13 State Agency Signature DocuSigned by: [signature] Iain Watt Date: 5/25/2022		1.14 Name and Title of State Agency Signatory Iain Watt Deputy Director - DPHS	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: [signature] Robyn Guarino		On: 5/25/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials [initials]
Date 5/17/2022

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

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8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

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

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

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

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

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

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

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of the

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Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation")*.

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

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New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting
EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall increase access to integrated healthcare for the Maternal and Child Health (MCH) target population of Women, Infants, Children and Adolescents from birth to 21 years of age, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

1.2. The Contractor shall provide and increase access to healthcare for New Hampshire Infants, Children and Adolescents from birth to 21 years of age, and Pregnant Women and Women of Childbearing age, and must not exclude individuals who are:

1.2.1. Uninsured.

1.2.2. Underinsured.

1.2.3. Considered low-income defined as less than 185% of the U.S. Department of Health and Human Services (US DHHS) Poverty Guidelines.

1.2.4. Lacking housing, including individuals whose primary residence during the night is a supervised public or private facility, such as a shelter, that provides temporary living accommodations.

1.2.5. Residing in transitional housing.

1.2.6. Unable to maintain their housing situation.

1.2.7. Forced to stay with a series of friends and/or extended family members, hence are considered homeless.

1.2.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

1.3. The Contractor shall provide integrated preventative and primary health care services to the populations in Subsection 1.2 above, which must include:

1.3.1. Behavioral health care;

1.3.2. Prenatal care either on site or by referral;

1.3.3. Care management; and

1.3.4. Enabling services.

1.4. The Contractor shall provide eligibility determination services that include, but are not limited to:

1.4.1. Notifying the Department in writing if/when access to primary care services for new patients is limited or closed for more than thirty (30)

consecutive business days or any sixty (60) non-consecutive business days.

1.4.2. Assisting individuals with completing a Medicaid/Expanded Medicaid and/or other health insurance applications.

1.4.3. Maximizing billing to private and commercial insurances for all reimbursable services rendered.

1.4.4. Posting a public notice in a conspicuous location specifying that no individual will be denied services due to inability to pay.

1.4.5. Developing and implementing a sliding fee scale for services in accordance with the Federal Poverty Guidelines and providing the sliding fee scale to the Department upon request.

1.5. The Contractor shall ensure primary care services are provided by a New Hampshire licensed:

1.5.1. Medical Doctor (MD);

1.5.2. Doctor of Osteopathic Medicine (DO);

1.5.3. Advanced Practice Registered Nurse (APRN); and/or

1.5.4. Physician Assistant (PA) to eligible individuals in the service area.

1.6. The Contractor shall provide services in an office-based setting which may include, but is not limited to:

1.6.1. Federally Qualified Health Centers (FQHCs) and/or Rural Health Clinics.

1.6.2. School Based Health Clinics.

1.6.3. Mobile Care Delivery Services.

1.7. The Contractor shall ensure services include, but are not limited to:

1.7.1. Reproductive health services.

1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral.

1.7.3. Preventive primary care services for women, infants, children and adolescents, including screenings and health education in accordance with established, documented state or national guidelines and evidence based practices.

1.7.4. Integrated behavioral health services.

1.7.5. Assessment of need and follow-up/referral as indicated for:

1.7.5.1. Tobacco cessation, including referral to programs such as QuitWorks-NH (http://www.QuitWorksNH.org);

1.7.5.2. Social services that address Social Determinants of Health (SDOH);

1.7.5.3. Chronic Disease management, including disease specific referral and self-management education such as referral to Diabetes Self-Management Education (DSME) as recommended by American Diabetes Association (ADA);

1.7.5.4. Nutrition services, including Women, Infants and Children (WIC) Food and Nutrition Service, as appropriate;

1.7.5.5. Screening, Brief Intervention and Referral to Treatment (SBIRT) services; and

1.7.5.6. Referrals to any specialists as needed that are not offered on site, including home visiting services and oral health.

1.8. The Contractor shall provide and facilitate enabling services to all individuals served with special emphasis given to the MCH population of women and infants, children and adolescents from birth to 21 years of age. Enabling services must include at a minimum:

1.8.1. Case management;

1.8.2. Benefit counseling and/or eligibility assistance;

1.8.3. Health education and supportive counseling; and

1.8.4. Language interpretation, outreach, transportation and education of patients and the community regarding the availability and appropriate use of health services.

1.9. The Contractor shall ensure management services for individuals enrolled for primary care services include, but are not limited to:

1.9.1. Integrated and coordinated services that ensure patients receive necessary care, including behavioral health and oral care when and where it is needed and wanted, and in a culturally and linguistically appropriate manner; and

1.9.2. Direct access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, by referral or subcontract.

1.10. The Contractor shall develop, define, facilitate and implement a minimum of two (2) enabling services initiatives and enabling services initiative work plans that focus on the Title V MCH Block Grant population of women, infants, children and adolescents, as follows:

1.10.1. Initiative One (1) – Screening and Referrals for SDOH, in accordance with Attachment #1; and

1.10.2. Initiative Two (2) – Increase Lactation Support to Postpartum Women, in accordance with Attachment #2.

1.11. The Contractor shall monitor, update and implement each enabling services initiative work plan in accordance with Attachment #3 – Reporting Requirements Calendar.

1.12. The Contractor shall develop, define, facilitate and implement a minimum of two (2) quality improvement (QI) projects, which must consist of systematic and continuous actions that lead to measurable improvements in health care services and the health status of all individuals served, including:

1.12.1. QI Project One (1): Adolescent Well Visit, in accordance with Attachment #4; and

1.12.2. QI Project Two (2): M-CHAT Screening, in accodance with Attachment #5.

1.13. The Contractor shall monitor, update and implement the work plans for each QI project in accordance with Attachment #3 – Reporting Requirements Calendar.

1.14. The Contractor shall attend in-person and/or virtual meetings and trainings facilitated by the Department, which include, but are not limited to:

1.14.1. MCH Agency Directors' Meetings scheduled by the Department on an as-needed basis.

1.14.2. MCH Primary Care Coordinators' Meetings up to two (2) times per year, which may require attendance by selected Vendor(s) quality improvement and clinical staff.

1.15. The Contractor shall ensure all services in this Exhibit B, Scope of Services, are provided by qualified health and allied health professionals.

1.16. The Contractor shall provide supporting documentation to the Department that verifies staff hours funded under the Agreement that may include, but is not limited to, timecards.

1.17. The Contractor shall ensure all health and allied health professionals possess and maintain the appropriate and current New Hampshire licenses whether directly employed, contracted or subcontracted.

1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator or staff person essential to providing services. The Contractor shall ensure notification:

1.18.1. Is provided to the Department no later than thirty business (30) days from the date of hire; and

1.18.2. Includes a copy of the newly hired individual's resume.

1.19. The Contractor shall notify the Department in writing when:

1.19.1. Any critical position is vacant for more than thirty (30) business days;

1.19.2. There is not adequate staffing to perform all required services for any period lasting more than thirty (30) consecutive business days or any sixty (60) non-consecutive business days.

1.20. The Contractor shall ensure that all employees and subcontractors providing direct services to clients under this Agreement have undergone a criminal background check and have no convictions for crimes that represent evidence of behavior that could endanger clients served under this Agreement.

1.21. The Contractor shall permit an individual, or team or individuals, authorized by the Department to schedule and conduct periodic virtual and/or on-site reviews of documentation related to contracted services, including:

1.21.1. Administration;

1.21.2. Data collection and submission;

1.21.3. Clinical and financial management; and

1.21.4. Delivery of education services.

1.22. The Contractor shall ensure the information needed by the Department to conduct virtual and/or on-site reviews is available, which may include, but is not limited to:

1.22.1. Client records.

1.22.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

1.23. The Contractor shall adhere to any corrective action plans issued by the Department should virtual and/or on-site reviews yield results that services provided are not in compliance with the Agreement. Any corrective action plans shall not prevent the Department from taking action under paragraph 8, Event of Default/Remedies and paragraph 9, Termination, of the General Provisions, Form P-37, of the Agreement.

1.24. The Contractor shall actively and regularly collaborate with the Department to enhance contract management and improve results.

1.25. The Contractor may be required to collect and share other key data and metrics with the Department, including client-level demographic, performance, and service data, in a format specified by the Department.

1.26. Reporting

1.26.1. The Contractor shall collect and submit the data and reports as specified in Attachment #3 – Reporting Requirements Calendar to the Department. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include but is not limited to:

1.26.1.1. Uniform Data System (UDS) outcomes.

1.26.1.2. Performance Measure outcomes.

1.26.1.3. Work plan for each Enabling Service Initiative.

1.26.1.4. Work Plan for each QI Project.

1.27. Performance Measures

1.27.1. The Contractor shall report data on the Performance Measures in Appendix F at regular intervals as specified in Appendix G – Reporting Requirements Calendar, utilizing Appendix K – DTT-PC2022 Template.

1.27.2. The Contractor shall meet or exceed their proposed goals and objectives for the required Performance Measures in Attachment #6. Should the Contractor not meet or exceed their goals, the Contractor shall submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment #7 – Performance Measure Outcome Report Template, at reporting intervals as specified in Appendix G – Reporting Requirements Calendar.

1.27.3. The Department may identify other performance measures in the resulting Agreement.

2. Exhibits Incorporated

2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

3.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

3.4. Operation of Facilities: Compliance with Laws and Regulations

3.4.1. In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental

license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

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

4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate, provided

however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 10% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration, CFDA #93.994, FAIN B04MC45230.
   1.2. 90% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget through Exhibit C-3, Budget.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
   4.3. Identifies and requests payment for allowable costs incurred in the previous month.
   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.govor mailed to:

        Financial Manager
        Department of Health and Human Services
        129 Pleasant Street
        Concord, NH 03301

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

Exhibit C-1, Budget

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *Amoskeag Health*

Budget Request for: *Primary Care Services*

Budget Period *6/1/22 – 6/30/22*

Indirect Cost Rate (if applicable) 10.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$130,503
2. Fringe Benefits	$15,269
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Subcontracts/Agreements - Transportation	$768
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$146,540
Total Indirect Costs	$14,654
TOTAL	**$161,194**

DS

Contractor Initials_____

5/17/2022

Date_____

BT-1.0

Exhibit C-2, Budget

RFP-2022-DPHS-19-PRIMA-01

New Hampshire Department of Health and Human Services *Complete one budget form for each budget period.* **Contractor Name:** *Amoskeag Health* **Budget Request for:** *Primary Care Services* **Budget Period** *July 1, 2022 - June 30, 2023* **Indirect Cost Rate (if applicable)** 10.00%	
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$554,123
2. Fringe Benefits	$64,832
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Subcontracts/Agreements - Transportation	$3,161
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$622,116
Total Indirect Costs	$62,212
TOTAL	**$684,328**

DS

Contractor Initials_____

Date 5/17/2022

Exhibit C-3, Budget

New Hampshire Department of Health and Human Services *Complete one budget form for each budget period.* Contractor Name: *Amoskeag Health* Budget Request for: *Primary Care Services* Budget Period *July 1, 2023 - June 30, 2024* Indirect Cost Rate (If applicable) 10.00%	
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$554,294
2. Fringe Benefits	$64,852
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Subcontracts/Agreements - Transportation	$2,970
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$622,116
Total Indirect Costs	$62,212
TOTAL	**$684,328**

DS

Contractor Initials_____

Date 5/17/2022

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
   - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
   - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
     - 1.2.1. The dangers of drug abuse in the workplace;
     - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
     - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
     - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
   - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
     - 1.4.1. Abide by the terms of the statement; and
     - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
   - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

Vendor Initials DS

Date 5/17/2022

has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Vendor Name:

DocuSigned by:

5/17/2022
Date

Name: Kris McCracken
Title: President/CEO

New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Vendor Name:

DocuSigned by:

5/17/2022
Date

Name: Kris McCracken
Title: President/CEO

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

5/17/2022
Date

DocuSigned by:
Name: Kris McCracken
Title: President/CEO

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

New Hampshire Department of Health and Human Services
Exhibit G

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

DocuSigned by:

5/17/2022
Date

Name: Kris McCracken
Title: President/CEO

New Hampshire Department of Health and Human Services
Exhibit H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

DocuSigned by:

5/17/2022
Date

Name: Kris McCracken
Title: President/CEO

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH
Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:
   I. For the proper management and administration of the Business Associate;
   II. As required by law, pursuant to the terms set forth in paragraph d. below; or
   III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) **Obligations and Activities of Business Associate.**

a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person used the protected health information or to whom the disclosure was made;
- Whether the protected health information was actually acquired or viewed
- The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.

d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) **Obligations of Covered Entity**

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) **Termination for Cause**

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) **Miscellaneous**

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services	Amoskeag Health
The State by:	Name of the Contractor
Iain Watt	
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Kris McCracken
Name of Authorized Representative	Name of Authorized Representative
Deputy Director - DPHS	President/CEO
Title of Authorized Representative	Title of Authorized Representative
5/25/2022	5/17/2022
Date	Date

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.
In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.
The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:
The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

DocuSigned by:

5/17/2022
Date

Name: Kris McCracken
Title: President/CEO

New Hampshire Department of Health and Human Services
Exhibit J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 9286649370000

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   X NO _____ YES

   If the answer to #2 above is NO, stop here

   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____ YES

   If the answer to #3 above is YES, stop here

   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

   Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.

2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.

3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

Attachment #1 – Screening and Refrrals for SDOH Work Plan

Enabling Services Work Plan #1			
Agency Name: Amoskeag Health Role of Person(s) Completing Work Plan: Dr. Gavin Muir & Kris McCracken			
Enabling Services Focus Area: Screening and Referrals for SDOH			
Project Goal: Assist patients in accessing healthcare by identifying and assisting with patient barriers related to social determinants of health			
Project Objective: 45%			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list foreach activity)	Evaluation Plans (list as needed for each activity).	Timeline for Activity (estimated timeline for the duration of each activity)
Complete implementation of Simple Interact Patient Engagement software and automate annual screening for SDOH related issues.	Project Manager, Patient Access Coordinator, Case Management leadership team.	Monthly audits of EMR to track numbers completed	July 1, 2022
Update the amount of current cell phone numbers on file	Patient Access Coordinator, Call Center Coordinator, Interpreter Staff, Diabetic Educator, Nutritionist	Monthly audits of EMR to track percentage of patients with cell phone on file	December 31, 2022
Improve the number of patients with a current email on file	Patient Access Coordinator, Call Center Coordinator, Interpreter Staff, Diabetic Educator, Nutritionist	Monthly audits of EMR to track percentage of patients with email on file	December 31, 2022
Revise new patient workflow to include initial SDOH screen	Patient Access Coordinator, Project Manager	Simple Interact Implementation Team to monitor progress	July 1, 2022
Revise established patient workflow and utilize EMR to generate lists of patients over 365 days since last screen	Project Manager, Healthcare Data Analyst	Simple Interact Implementation Team to monitor progress	July 1, 2022
Oversight by QI leadership team of progress, QI Ops team to assist with implementing changes if needed	CMO, CEO, Healthcare Data Analyst, QI Operations Team	Monthly audits of EMR to track progress	Q6 months during contract period per agreement

Attachment #1 – Screening and Refrrals for SDOH Work Plan

Enabling Service Work Plan Progress Report TemplateEnabling Service Initiative: Project Objective:	
July 2022 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** _____Yes ____No	
January 2023 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** _____Yes ____No	

Attachment #1 – Screening and Refrrals for SDOH Work Plan

July 2023 Project UpdateSFY23 Outcome (insert your organization's data/outcome results here for 7/1/22-6/30/23).	
Did you meet your Target/Objective?	____Yes ____No
July 2023 Project Update **SFY23 Narrative**: If met--Explain what happened during the year that contributedto the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2023 Project Update **SFY23 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit to the Department for review and/or approval.	

Attachment #1 – Screening and Refrrals for SDOH Work Plan

Work Plan Revisions submitted: ____Yes ____No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update **SFY24 Narrative**: If met--Explain what happened during the year that contributedto the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2024 Project Update **SFY24 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment #2 – Lactation Support Work Plan

Enabling Services Work Plan #2			
Agency Name: Amoskeag Health **Role of Person(s) Completing Work Plan:** Dr. Gavin Muir & Kris McCracken			
Enabling Services Focus Area: Increasing number of postpartum women who have lactation support			
Project Goal: Increase number of women who are breastfeeding by providing support post partum.			
Project Objective: 20% (new goal- no current data)			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list foreach activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Engage prenatal team to more aggressively promote the benefits of breastfeeding to our pregnant population	Nurse Specialty Services Coordinator, CMO, Prenatal Team	Monthly audit of EMR to assess progress on this measure	July 2022
Engage Nutritionist in developing outreach plan to follow up on individuals that have identified an interest in receiving lactation support	Interpreter Staff, Nurse Specialty Services Coordinator, Nutritionist	Monthly audit of EMR to assess progress on this measure	July 2022
Create an education campaign including all social media options, website, Patient Point and Simple Interact to increase knowledge of our patient population about the availability of lactation support services and the benefits of breast feeding	Communications & Marketing Specialist, Interpreter Staff, Staff Clinical Educator, Nurse Specialty Services Coordinator, CNO, CMO, Prenatal Team, Nutritionist, Project Manager (Simple Interact)	Monthly audit of EMR to assess progress on this measure	October 2022
Engage interpreter staff to explore/ discuss cultural norms in our various demographic groups regarding breast feeding and strategize on potential educational opportunities that are culturally informed	Interpreter Staff, Staff Clinical Educator, Nurse Specialty Services Coordinator, CNO, CMO, Prenatal Team, Nutritionist	Monthly audit of EMR to assess progress on this measure	July 2022

Attachment #2 – Lactation Support Work Plan

Enabling Services Work Plan #2	
Agency Name: Amoskeag Health Name and Role of Person(s) Completing Work Plan: Dr. Gavin Muir & Kris McCracken	
July 2022 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** _____Yes ____No	
January 2023 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** _____Yes ____No	

Attachment #2 – Lactation Support Work Plan

July 2023 Project UpdateSFY23 Outcome (insert your organization's data/outcome results here for 7/1/22-6/30/23).	
Did you meet your Target/Objective?	___Yes ___No
July 2023 Project Update **SFY23 Narrative:** If met--Explain what happened during the year that contributedto the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2023 Project Update **SFY23 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit to the Department for review and/or approval.	

Attachment #2 – Lactation Support Work Plan

Work Plan Revisions submitted: _____Yes ____No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	___Yes ___No
July 2024 Project Update **SFY24 Narrative**: If met--Explain what happened during the year that contributedto the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2024 Project Update **SFY24 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 23 (July 1, 2022-June 30, 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
SFY 24 **(July 1, 2023 – June 30, 2024)**	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #4, "Adolescent Well Visit" Work Plan

Quality Improvement Work Plan #1			
Agency Name: Amoskeag Health **Name and Role of Person(s) Completing Work Plan:** Dr. Gavin Muir & Kris McCracken			
MCH Performance Measure: Adolescent Well Visits			
Project Goal: To assure our adolescent patients have access to regular screening, necessary vaccinations, and any additional services they may need on at least an annual basis.			
Project Objective: 55%			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list foreach activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Complete implementation of Simple Interact Patient Engagement software and automate annual health maintenance visit reminders	Project Manager, Patient Care Coordinators, Interpreters	Monthly audits of EMR to track numbers completed	October 2022
Update the amount of current cell phone numbers on file	Patient Access Coordinator, Call Center Coordinator, Interpreter Staff, Patient Care Coordinators	Monthly audits of EMR to track percentage of patients with cell phone on file	July 2022
Improve the number of patients with a current email on file	Patient Access Coordinator, Call Center Coordinator, Interpreter Staff, Patient Care Coordinators	Monthly audits of EMR to track percentage of patients with email on file	July 2022
Incentivize key staff as a part of quarterly initiatives.	CMO, CNO, CFO and clinical team	Audits of CPS Registration and Scheduling system for scheduling level activity	January 2022

QI Work Plan Progress Report Performance Measure: Project Objective:	

Attachment #4, "Adolescent Well Visit" Work Plan

July 2022 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2023 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2023 Project Update	

SFY23 Outcome (insert your agency's data/outcome results here for 7/1/22-6/30/23)	
Did you meet your Target/Objective?	____Yes ____No

Attachment #4, "Adolescent Well Visit" Work Plan

July 2023 Project Update **SFY23 Narrative:** If met--Explain what happened during the year that contributedto the success If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** ____Yes ____No	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work plan Revisions submitted:** ____Yes ____No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update	

Attachment #4, "Adolescent Well Visit" Work Plan

SFY24 Narrative: If met–Explain what happened during the year that contributedto the success If NOT met—what barriers were experienced, what will be done differentlyto meet the target over the next year	

Attachment #5 – M-Chat Screening

Quality Improvement Work Plan #2 **Agency Name:** Amoskeag Health **Name and Role of Person(s) Completing Work Plan:** Dr. Gavin Muir & Kris McCracken			
MCH Performance Measure: M-CHAT Screening			
Project Goal: Increase number of children screened for autism in early childhood.			
Project Objective: 75%			
-Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list foreach activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Complete implementation of Simple Interact Patient Engagement software and automate health maintenance visit reminders	Project Manager, Patient Care Coordinators, Interpreters	Monthly audits of EMR to track numbers completed	October 2022
Prep patient charts with reminder at appropriate ages to complete M-CHAT if not completed during pre-visit process with Simple Interact	Immunization Coordinators	Feedback from provider staff about preparedness of chart during department meetings.	May 2022
Utilize Simple Interact to complete M-CHAT in advance of visit	Project Manager, Patient Care Coordinators, Interpreters	Monthly Audits of EMR to track percentage of patients with M-CHAT completed	October 2022
Update the amount of current cell phone numbers on file	Patient Access Coordinator, Call Center Coordinator, Interpreter Staff, Patient Care Coordinators	Monthly audits of EMR to track percentage of patients with cell phone on file	July 2022
Improve the number of patients with a current email on file	Patient Access Coordinator, Call Center Coordinator, Interpreter Staff, Patient Care Coordinators	Monthly audits of EMR to track percentage of patients with email on file	July 2022

Attachment #5 – M-Chat Screening

QI Work Plan Progress ReportPerformance Measure: Project Objective:	
July 2022 Progress Report— • Are you on track with the workplan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective.If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
January 2023 Progress Report— • Are you on track with the workplan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective.If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2023 Project Update	

Attachment #5 – M-Chat Screening

SFY23 Outcome (insert your agency's data/outcome results here for 7/1/22-6/30/23)	
Did you meet your Target/Objective?	___Yes ___No
July 2023 Project Update **SFY23 Narrative**: If met--Explain what happened during the year that contributedto the success If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** _____Yes ____No	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work plan Revisions submitted:** _____Yes ____No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	___Yes ___No
July 2024 Project Update	

Attachment #5 – M-Chat Screening

SFY24 Narrative: If met--Explain what happened during the year that contributedto the success If NOT met—what barriers were experienced, what will be done differentlyto meet the target over the next year	

Attachment #6 – Performance Measures

1. Definitions

1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. Percent of infants who are ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Testing

This measure will be broken down in to two age based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months (NH MCHS).

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Attachment #6 – Performance Measures

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

2.2.1.2. Denominator: All children who turned twenty-four months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months (NH MCHS).

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents, twelve (12) through twenty-one (21) years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients ages twelve (12) and older screened for clinical depression using an age appropriate standardized depression screening tool on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

Attachment #6 – Performance Measures

2.4.1.3. Denominator: All patients twelve (12) years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose

and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Adult Measure

2.5.1. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period **AND** if the most recent BMI is outside of normal parameters, a follow-up plan is documented (NQF 0421, UDS).

2.5.1.1. Normal parameters: BMI ≥ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the measurement year or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

Child/Adolescent Measure

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting

year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year **AND** who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: Number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco at least one within the past twelve (12) months AND received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least two (2) medical visit during the measurement year, OR 1 preventative visit

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

Attachment #6 – Performance Measures

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) –Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adult Measure

2.7.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

Adolescent Measure

2.7.2. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: All patients aged 12-17 years during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.7.2.4. Definitions:

2.7.2.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.2.4.2. Brief Intervention: Includes guidance or counseling.

2.7.2.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

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Attachment #6 – Performance Measures

2.7.3. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.3.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services

2.7.3.2. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.3.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8 Developmental Screening Measure

Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months (NH MCHS)

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and who had at least (1) medical visit during the measurement year

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Attachment #7 – Performance Measure Outcome Report Template

Instructions for completing this Performance Measure Outcome Report (PMOR):
The Performance Measure Outcome Report (PMOR) is to be completed by your agency and emailed to shari.campbell@dhhs.nh.gov at the intervals specified on the Reporting Calendar.

Please complete the Narrative and Plan for Improvement sections for any of the following measures where your agency did not meet your agency target for the reporting period (July 1, 20XX – June 30, 20XX).

Performance measures:

- Breastfeeding
- Lead Screening for 1 Year Olds
- Lead Screening for 2 Year Olds
- Adolescent well care visit
- Depression screening and follow up plan if positive screening, 12 years and older
- Maternal Depression Screening
- Adults with documented BMI and follow-up plan if BMI outside of normal range
- Children 3-17 with documented BMI, nutrition counseling and physical activity counseling
- Adult tobacco screening and cessation counseling intervention for smokers
- Prenatal Tobacco screening each trimester and cessation counseling intervention for smokers
- SBIRT, Adults
- SBIRT, Adolescents
- SBIRT, Pregnant Women
- Developmental Screening-M-CHAT

* Note: Not met performance measures that have been addressed by your agency SFYXX Work Plan are excluded from this report. For example, the PMOR will omit Adolescent Visit measure for Primary Care Services

1. The Narrative section is to explain what happened during the year i.e. why measure was not met, what barriers/challenges your agency faced, describe any improvement activities that took place during the year to correct along the way, etc.

2. The Plan for Improvement section is to describe what steps your agency will take to achieve your agency target in SFYXX i.e. describe your strategy (PDSA), what will you plan to do differently etc.

3. Please email your completed PMOR **Shari Campbell at shari.campbell@dhhs.nh.gov by the dates indicated in the Reporting Calendar.** If you have any questions about completing this document, please contact Jannell Levine at Jannell.E.Levine@dhhs.nh.gov or 603-856-6449.

DS

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Attachment #7 – Performance Measure Outcome Report Template

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

DS

5/17/2022

Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

DS

5/17/2022

Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Please copy above pages/sections as needed to complete for all not met measures.

DS

5/17/2022

State of New Hampshire
Department of Health and Human Services
Amendment #1

This Amendment to the Maternal and Child Health Care in the Integrated Primary Care Setting contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Concord Hospital, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 15, 2022 (Item #32), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2025

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $950,181

3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:

   Robert W. Moore, Director

4. Modify Exhibit B, Scope of Services, Section 1.3.2., to read:

   1.3.2. Prenatal care either on site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data related to prenatal performance measures.

5. Modify Exhibit B, Scope of Services, Section 1.7.2., to read:

   1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data relating to prenatal performance measures to the Department.

6. Modify Exhibit B, Scope of Services, Section 1.10.1. through Section 1.10.2., to read:

   1.10.1. Initiative One (1) – Screening and Referrals for SDOH; and

   1.10.2. Initiative Two (2) – Contractor's choice, which must focus on enabling services.

7. Modify Exhibit B, Scope of Services, Section 1.12.1. through Section 1.12.2., to read:

   1.12.1. QI Project One (1): Increasing Adolescent Well Visits; and

   1.12.2. QI Project Two (2): Increasing post-partum clinical depression screening of women within the first 12 weeks after delivering.

8. Modify Exhibit B, Scope of Services, Section 1.18., to read:

   1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator, or staff person essential to providing services and/or any personnel changes to these positions. The Contractor shall ensure notification:

   1.18.1. Is provided to the Department no later than thirty (30) business days from the date of hire or personnel change; and

   1.18.2. Includes a copy of the new staff individual's resume as well as an updated

staffing list.

9. Modify Exhibit B, Scope of Services, by adding Section 1.28., to read:

   1.28. The Contractor shall provide de-identifiable patient level data on the integrated and primary health care services provided, as specified in Subsection 1.3., and Section 1.26. Reporting.

10. Modify Exhibit C, Payment Terms, Section 1.1. through Section 1.2., to read:

    1.1. 14% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.994, FAIN B04MC45230, and as awarded on October 27, 2022, ALN 93.994, FAIN B04MC47432.

    1.2. 86% General funds.

11. Modify Exhibit C, Payment Terms, Section 3., to read:

    3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget Sheet through Exhibit C-4, Budget Sheet, Amendment #1.

12. Modify Exhibit C, Payment Terms, Section 4.3., to read:

    4.3. Identifies and requests payment for allowable costs incurred in the previous month. Allowable costs are costs incurred that specifically supports only New Hampshire Infants, Children and Adolescents from birth to 21 years of age, Pregnant Women, and Women of Childbearing age.

13. Modify Add Exhibit C, Payment Terms, by adding Section 4.7., to read:

    4.7. Includes budget line items that are used exclusively for serving the Maternal and Child Health population and invoicing must clearly state how the incurred expenses benefited this specific patient population.

14. Modify Attachment 3, Reporting Calendar, by replacing it in its entirety with Attachment 3, Amendment #1, Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

15. Modify Attachment 6, Performance Measures, by replacing it in its entirety with Attachment 6, Amendment #1 – SFY 2025 Performance Measures, which is attached hereto and incorporated by reference herein.

16. Modify Attachment 7, Performance Measure Outcome Report (PMOR), by replacing it in its entirety with Attachment 7, Amendment #1, Performance Measure Outcome Report (PMOR), which is attached hereto and incorporated by reference herein.

17. Add Attachment 8, Amendment #1, DTT – MCH in the Integrated Primary Care Setting Template, which is attached hereto and incorporated by reference herein.

18. Add Exhibit C-4, Budget Sheet, Amendment #1, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2024, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

5/6/2024
Date

DocuSigned by:
Iain Watt
D778BB83F9704C7...
Name: Iain Watt
Title: Interim Director - DPHS

Concord Hospital, Inc.

5/6/2024
Date

DocuSigned by:
Robert Steigmeyer
8BB50BFF8EA848...
Name: Robert Steigmeyer
Title: President and CEO

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

OFFICE OF THE ATTORNEY GENERAL

5/13/2024

DocuSigned by:
Robyn Guarino
748734844941460...

Date

Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

C-4, Budget Sheet, Amendment #1

New Hampshire Department of Health and Human Services	
Contractor Name:	Concord Hospital Family Health Center
Budget Request for:	Maternal & Child Health Care in Integrated Primary Care Setting
Budget Period	July 1, 2024 - June 30, 2025
Indirect Cost Rate (if applicable)	10
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$200,834
2. Fringe Benefits	$64,267
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$265,101
Total Indirect Costs	$26,510
TOTAL	$291,611

Contractor Initial: RS (DS)

Date: 5/6/2024

Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets. • UDS Data
SFY 2024	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2025	
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2024	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets
January 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2024 - December 31, 2024) • Complete January 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2026	
July 31, 2025	**SFY25 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2024 - June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

1. Definitions

1.1. **Measurement Year** – Consists of 365 days and is defined as either:

1.1.1. A Calendar Year (January 1st through December 31st), or

1.1.2. A State Fiscal Year (July 1st through June 30th).

1.2. **Medical Visit** –Defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. The UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the expectation is that the Contractor will adhere to the most up to date UDS guidance.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. Percent of infants who were ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for approximately six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Testing

This measure will be broken down into two (2) age-based measures, based on current NH Legislation RSA 130-A:5-a, which requires children be tested for lead at one (1) year of age, and at two (2) years of age.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between 12 and 23 months of age (NH MCHS).

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2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between 12 and 23 months of age.

2.2.1.2. Denominator: All children who turned 24 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between 24 and 36 months of age (NH MCHS).

2.2.2.1. Numerator: All children who received at least one (1) capillary or venous blood lead test between 24 and 36 months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients 12 through 21 years of age screened for clinical depression using an age-appropriate standardized depression screening tool on the date of the encounter or within 14 days prior to the date of the encounter **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients 12 through 21 years of age who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 through 21 years of age by the end of the measurement year who had at least one (1) medical visit during the measurement year.

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2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit in the first 12 weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

2.5.1. Percent of patients three (3) through 17 years of age who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.1.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.1.2. Denominator: Number of patients who were one (1) year after their second (2nd) birthday (i.e., three (3) years of age) through adolescents who were up to one (1) year past their 16th birthday (i.e., 17 years of age) at some point during the measurement year, who had at least one (1) medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.1.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers **PLUS** queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) – Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adolescent Measure

2.7.1. SBIRT – Percent of patients 12 through 17 years of age who were screened for substance use using a formal valid screening tool during

any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use using a formal valid screening tool during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients 12 through 17 years of age during the measurement year with at least one (1) medical visit during the measurement year and with at least two (2) medical visits ever.

2.7.1.4. Definitions:

2.7.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.1.4.2. Brief Intervention: Includes guidance or counseling.

2.7.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.7.2. Percent of pregnant women who were screened using a formal valid screening tool for substance use during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of women in the denominator who were screened for substance use using a formal and valid screening tool during each trimester they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8. **Developmental Screening Measure**

Percent of children who reached 30 months of age by the end of the reporting period, and were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age (NH MCHS).

Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age.

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and had at least one (1) medical visit during the measurement year.

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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5/6/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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5/6/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS
RS

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS
RS

5/6/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS
RS

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Attachment 7 – Amendment 1

SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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5/6/2024

Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

Organization Name								
		7/1/21-6/30/22	1/1/22-12/31/22	7/1/22-6/30/23	1/1/23-12/31/23	7/1/23-6/30/24	1/1/24-12/31/24	7/1/24-6/30/25
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

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Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

4B. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5A. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6A. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6B Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7A. Percent of patients aged 18 years and older who were screened for	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

substance use; using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7C Percent of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

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5/6/2024

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 CONCORD HOSPITAL, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 29, 1985. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 74948

Certificate Number : 0005751457

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1st day of April A.D. 2022.

David M. Scanlan

Secretary of State

CERTIFICATE OF AUTHORITY

I, Lucy Hodder, Esq., hereby certify that:

1. I am a duly elected Secretary of Concord Hospital, Inc.

2. The following is a true copy of a vote taken at a meeting of the Board of Trustees, duly called and held on January 22, 2024, at which a quorum of the Trustees were present and voting.

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

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

DATED: 04/16/2024

Lucy Hodder, Esq.
Concord Hospital, Secretary of the Board

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/06/2024

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 MARSH USA, LLC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.certrequest@Marsh.com CN142100133-CORP-GAUWP-23-	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED Capital Region Health Care Corporation and Concord Hospital, Inc, 250 Pleasant Street Concord, NH 03301	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Concord Hospital Insurance Group, LLC **INSURER B :** Liberty Mutual Fire Insurance Company — 23035 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** NYC-011907176-01 **REVISION NUMBER:** 4

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X Healthcare Professional Liab (Claims Made) GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			CHIG-PRIMARY-2023 General And Professional Liability Share A Combined Limit Of $3M/$12M. Hospital Professional Liability	10/01/2023	10/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 3,000,000 $ $ $ $ 12,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	X UMBRELLA LIAB X OCCUR X EXCESS LIAB X CLAIMS-MADE DED RETENTION $			CHIG-UMBRELLA-2023	10/01/2023	10/01/2024	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		EW2-61N-252276-023 (NH) SIR $450,000	10/01/2023	10/01/2024	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

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

Evidence of Insurance.

Insured includes Concord Hospital, Inc.; Concord Hospital-Laconia and Concord Hospital-Franklin

CERTIFICATE HOLDER

State of NH
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

Concord Hospital Mission Statement

Concord Hospital is a charitable organization which exists to meet the health needs of individuals within the communities it serves.

It is the established policy of Concord Hospital to provide services on the sole basis of the medical necessity of such services as determined by the medical staff without reference to race, color, ethnicity, national origin, sexual orientation, marital status, religion, age, gender, disability, or inability to pay for such services.

Approved by Board of Trustees 10-21-02; Reaffirmed by Board 11-23-03, 11-15-04, 11-21-05; 11-20-06, 11-19-07, 11-17-08, 11-16-09, 10-18-10, 9-19-11, 9-24-12, 9-23-13, 9-22-14, 9-28-15, 9-26-16, 9-25-17, 9-24-18, 9-23-19, 9-28-20, 9-27-21, 9-26-22, 4-17-23

BAKER NEWMAN NOYES

Concord Hospital, Inc. and Subsidiaries

Audited Consolidated Financial Statements

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

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

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

Audited Consolidated Financial Statements

Years Ended September 30, 2022 and 2021

CONTENTS

BAKER NEWMAN NOYES

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

INDEPENDENT AUDITORS' REPORT

The Board of Trustees
Concord Hospital, Inc. and Subsidiaries

Opinion

We have audited the consolidated financial statements of Concord Hospital, Inc. and Subsidiaries (the System), which comprise the consolidated balance sheets as of September 30, 2022 and 2021, the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively, the financial statements).

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

The Board of Trustees
Concord Hospital, Inc. and Subsidiaries

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Baker Newman & Noyes LLC

Manchester, New Hampshire
December 9, 2022

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS

September 30, 2022 and 2021

ASSETS
(In thousands)

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

LIABILITIES AND NET ASSETS
(In thousands)

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

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF OPERATIONS

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

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

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS

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

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

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS

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

	2022	2021
Cash flows from operating activities:		
(Decrease) increase in net assets	$ (39,642)	$ 159,393
Adjustments to reconcile (decrease) increase in net assets to net cash (used) provided by operating activities:		
Contributions and pledges with donor restrictions	(5,057)	(5,128)
Depreciation and amortization	28,953	27,207
Net realized and unrealized losses (gains) on investments	63,991	(70,262)
Bond premium and issuance cost amortization	(968)	(430)
Equity in earnings of affiliates, net	(4,893)	(5,082)
Distributions to noncontrolling interest in consolidated subsidiary	270	91
Gain on disposal of property and equipment	(270)	–
Pension adjustment	5,502	(55,698)
Changes in operating assets and liabilities:		
Accounts receivable	(15,805)	(13,615)
Supplies, prepaid expenses and other current assets	(1,149)	(5,711)
Other assets	(4,022)	3,077
Due from affiliates	14	(902)
Accounts payable and accrued expenses	3,289	6,524
Accrued compensation and related expenses	5,125	8,494
Accrual for estimated third-party payor settlements	(33,795)	41,645
Accrued pension and other long-term liabilities	(19,403)	(48,992)
Reserve for insurance	(5,331)	3,440
Net cash (used) provided by operating activities	(23,191)	44,051
Cash flows from investing activities:		
Cash paid for business acquisitions, net	–	(24,167)
Purchases of property and equipment	(22,032)	(21,665)
Proceeds from sale of property and equipment	11,362	–
Purchases of investments	(23,369)	(96,717)
Proceeds from sales of investments	67,838	57,942
Equity distributions from affiliates	4,445	4,662
Net cash provided (used) by investing activities	38,244	(79,945)
Cash flows from financing activities:		
Payments on long-term debt	(3,020)	(11,341)
Proceeds from issuance of long-term debt	–	51,498
Bond issuance costs	(26)	(698)
Distributions to noncontrolling interest in consolidated subsidiary	(270)	(91)
Contributions and pledges with donor restrictions	5,171	4,906
Net cash provided by financing activities	1,855	44,274
Net increase in cash and cash equivalents	16,908	8,380
Cash and cash equivalents at beginning of year	37,722	29,342
Cash and cash equivalents at end of year	$ 54,630	$ 37,722

Supplemental disclosure of noncash transactions:
The System acquired certain assets and liabilities of Granite Shield Insurance Exchange and Subsidiary during 2021 for no consideration. See note 3.

See accompanying notes.

1. Description of Organization and Summary of Significant Accounting Policies

Organization

Concord Hospital, Inc. (the Hospital), located in Concord, New Hampshire, is a not-for-profit acute care hospital. The Hospital provides inpatient, outpatient, emergency care and physician services for residents within its geographic region. Admitting physicians are primarily practitioners in the local area. The Hospital is controlled by Capital Region Health Care Corporation (CRHC).

In 1985, the then Concord Hospital underwent a corporate reorganization in which it was renamed and became CRHC. At the same time, the Hospital was formed as a new entity. All assets and liabilities of the former hospital, now CRHC, with the exception of its endowments and restricted funds, were conveyed to the new entity. The endowments were held by CRHC for the benefit of the Hospital, which is the true party in interest. Effective October 1, 1999, CRHC transferred these funds to the Hospital.

In March 2009, the Hospital created The Concord Hospital Trust (the Trust), a separately incorporated, not-for-profit organization to serve as the Hospital's philanthropic arm. In establishing the Trust, the Hospital transferred philanthropic funds with donor restrictions, including board designated funds, endowments, indigent care funds and specific purpose funds, to the newly formed organization together with the stewardship responsibility to direct monies available to support the Hospital's charitable mission and reflect the specific intentions of the donors who made these gifts.

During 2021, the Hospital completed several acquisitions as described in Note 3.

Subsidiaries of the Hospital are as follows:

Capital Region Health Care Development Corporation (CRHCDC) is a not-for-profit real estate corporation that owns and operates medical office buildings and other properties.

Capital Region Health Ventures Corporation (CRHVC) is a not-for-profit corporation that engages in health care delivery partnerships and joint ventures. It operates ambulatory surgery and diagnostic facilities independently and in cooperation with other entities.

NH Cares ACO, LLC (NHC) is a single member limited liability company that engages in providing medical services to Medicare beneficiaries as an accountable care organization. NHC has a perpetual life and is subject to termination in certain events. During 2022, NHC was transferred to an unrelated entity for no consideration and the Hospital formed the Concord Hospital ACO, LLC (CH-ACO), which operates in a manner consistent with NHC and had minimal activity during fiscal year 2022.

Concord Hospital – Laconia (CH-Laconia) is a not-for-profit corporation formed to operate a licensed hospital providing inpatient, outpatient, emergency care and physician services for residents within its geographic region of Laconia, New Hampshire. The CH-Laconia facility includes 137 acute care beds and was designated a Rural Referral Center in 1986, and a Sole Community Hospital in 2009. Admitting physicians are primarily practitioners in the local area. CH-Laconia is controlled by the Hospital, and was acquired by the Hospital in 2021. See Note 3.

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

Concord Hospital – Franklin (CH-Franklin) is a not-for-profit corporation formed to operate a licensed hospital providing inpatient, outpatient, emergency care and physician services for residents within its geographic region of Franklin, New Hampshire. The CH-Franklin facility was designated a Critical Access Hospital effective July 1, 2004, and includes 25 acute care beds. CH-Franklin also operates a 10 bed designated psychiatric receiving facility. Admitting physicians are primarily practitioners in the local area. CH-Franklin is controlled by the Hospital, and was acquired by the Hospital in 2021. See Note 3.

Granite Shield Insurance Exchange and Subsidiaries (GSIE) was formed on December 20, 2010, in the State of Vermont as an industrial insured reciprocal insurance entity and unincorporated association. GSIE commenced underwriting activities on January 1, 2011. GSIE was formed to provide healthcare professional liability, general liability and medical stop loss insurance to its subscribers through GSI Services, LLC (GSI), the attorney-in-fact. GSI was formed in the State of Vermont as a limited liability company on December 14, 2010, and acts as an agent to enable the subscribers of GSIE to exchange insurance contracts. Through December 31, 2020, GSI was equally controlled by each of the subscribers of GSIE, all of which were health systems located in the State of New Hampshire, inclusive of the Hospital. Effective January 1, 2021, as further described in Note 3, the Hospital became the sole voting member of GSIE, resulting in all activity of GSIE for the period January 1, 2021 to September 30, 2021 and for the fiscal year ended September 30, 2022 being recorded within the accompanying consolidated financial statements. See also Note 3.

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

Concord Endoscopy Center, LLC (CEC) is a New Hampshire limited liability company that engages in providing gastrointestinal services, including the diagnosis and treatment of digestive and liver diseases. CEC has a perpetual life, is subject to termination in certain events, and was acquired by the Hospital in 2021 as further described in Note 3.

The Hospital, its subsidiaries and the Trust are collectively referred to as the System. The consolidated financial statements include the accounts of the Hospital, the Trust, CRHCDC, CRHVC, NHC, CH-ACO, CH-Laconia, CH-Franklin, GSIE and CEC. All significant intercompany balances and transactions have been eliminated in consolidation. The Hospital, the Trust, CH-Laconia and CH-Franklin constitute the Obligated Group at September 30, 2022 and 2021 to certain debt described in Note 7.

Principles of Consolidation

Noncontrolling interests in less-than-wholly-owned consolidated subsidiaries of the System are presented as a component of total net assets to distinguish between the interests of the System and the interests of the noncontrolling owners. Revenues, expenses and nonoperating income (loss) from these subsidiaries are included in the consolidated amounts presented on the consolidated statements of operations. (Deficiency) excess of revenues and nonoperating (loss) income over expenses attributable to the System separately presents the amounts attributable to the controlling interest.

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

Noncontrolling Interests

Noncontrolling interests represent the portion of equity in a subsidiary not attributable, directly or indirectly, to a parent. The System's accompanying consolidated financial statements include all assets, liabilities, revenues and expenses at their consolidated amounts, which include the amounts attributable to the System and the noncontrolling interest. The System recognizes as a separate component of net assets and earnings the portion of income or loss attributable to noncontrolling interests based on the portion of the entity not owned by the System.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Concentration of Credit Risk

Financial instruments which subject the System to credit risk consist primarily of cash equivalents, accounts receivable and investments. The risk with respect to cash equivalents is minimized by the System's policy of investing in financial instruments with short-term maturities issued by highly rated financial institutions. The System's accounts receivable are primarily due from third-party payors and amounts are presented net of expected explicit and implicit price concessions, including estimated implicit price concessions from uninsured patients. The System's investment portfolio consists of diversified investments, which are subject to market risk. The System's investment in one fund, the Vanguard Institutional Index Fund, exceeded 10% of total System investments as of September 30, 2022 and 2021.

Cash and Cash Equivalents

Cash and cash equivalents include money market funds with original maturities of three months or less, excluding assets whose use is limited or restricted. The System maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The System has not experienced any losses on such accounts.

Supplies

Supplies are carried at the lower of cost, determined on a weighted-average method, or net realizable value.

Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted include assets held by trustees for insurance reserves, escrows, construction funds, designated assets set aside by the Board of Trustees (over which the Board retains control and may, at its discretion, subsequently use for other purposes), and donor-restricted investments.

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

Investments and Investment (Loss) Income

Investments are carried at fair value in the accompanying consolidated balance sheets. Investment (loss) income (including realized gains and losses on investments, interest and dividends) and the net change in unrealized gains and losses on investments are included in the (deficiency) excess of revenues and nonoperating (loss) income over expenses in the accompanying consolidated statements of operations, unless the income or loss is restricted by donor or law.

Beneficial Interest in Perpetual Trusts

The System has an irrevocable right to receive income earned on certain trust assets established for its benefit. Distributions received by the System are without donor restrictions. The System's interest in the fair value of the trust assets is included in assets whose use is limited or restricted and as net assets with donor restrictions. Changes in the fair value of beneficial trust assets are reported as increases or decreases to net assets with donor restrictions.

Investment Policies

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

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

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

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

Management of these assets is designed to increase, with minimum risk, the inflation adjusted principal and income of the endowment funds over the long term. The System targets a diversified asset allocation that places emphasis on achieving its long-term return objectives within prudent risk constraints.

Spending Policy for Appropriation of Assets for Expenditure

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

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

Spending policies may be adopted by the System, from time to time, to provide a stream of funding for the support of key programs. The spending policies are structured in a manner to ensure that the purchasing power of the assets is maintained while providing the desired level of annual funding to the programs. The System has a current spending policy on various funds currently equivalent to 5% of twelve-quarter moving average of the funds' total market value.

Accounts Receivable

Patient accounts receivable for which the unconditional right to payment exists are receivables if the right to consideration is unconditional and only the passage of time is required before payment of that consideration is due. Accounts receivable at September 30, 2022 and 2021 reflect the fact that any estimated uncollectible amounts are generally considered implicit price concessions that are a direct reduction to accounts receivable rather than allowance for doubtful accounts. At September 30, 2022 and 2021, estimated implicit price concessions of $29,203 and $24,643, respectively, had been recorded as reductions to accounts receivable balances to enable the System to record revenues and accounts receivable at the estimated amounts expected to collected.

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

Property and Equipment

Property and equipment is stated at cost at time of purchase, or at fair value at time of donation for assets contributed, less any reductions in carrying value for impairment and less accumulated depreciation. The System's policy is to capitalize expenditures for major improvements and charge maintenance and repairs currently for expenditures which do not extend the lives of the related assets. Depreciation is computed using the straight-line method in a manner intended to amortize the cost of the related assets over their estimated useful lives. For the years ended September 30, 2022 and 2021, depreciation expense was $28,953 and $27,207, respectively.

The System has also capitalized certain costs associated with property and equipment not yet in service. Construction in progress includes amounts incurred related to major construction projects, other renovations, and other capital equipment purchased but not yet placed in service. During 2021, the System capitalized $200 of interest expense relating to various construction projects. There was no interest expense capitalized during 2022.

Gifts of long-lived assets such as land, buildings or equipment are reported as support without donor restrictions, and are excluded from the (deficiency) excess of revenues and nonoperating (loss) income over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets, are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

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

Intangible Assets

The System reviews its intangible and other long-lived assets annually to determine whether the carrying amount of such assets is impaired. Upon determination that an impairment has occurred, these assets are reduced to fair value. There were no impairments recorded for the years ended September 30, 2022 or 2021. See also Note 3.

Federal Grant Revenue and Expenditures

Revenues and expenses under federal grant programs are recognized as the grant expenditures are incurred.

Bond Issuance Costs/Original Issue Discount or Premium

Bond issuance costs incurred to obtain financing for construction and renovation projects and the original issue discount or premium are amortized to interest expense using the straight-line method, which approximates the effective interest method, over the life of the respective bonds. The original issue discount or premium and bond issuance costs are presented as a component of bonds payable.

Charity Care

The System provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates (Note 12). Because the System does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The System uses an industry standard approach in calculating the costs associated with providing charity care. Funds received from gifts and grants to subsidize charity services provided for the years ended September 30, 2022 and 2021 were approximately $133 and $132, respectively.

Net Assets With Donor Restrictions

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

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

Patient Service Revenue

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

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

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

The System receives payment for other Medicaid outpatient services on a reasonable cost basis which are settled with retroactive adjustments upon completion and audit of related cost finding reports. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenues in the year that such amounts become known. For the years ended September 30, 2022 and 2021, patient service revenue in the accompanying consolidated statements of operations increased by approximately $5,100 and $4,800, respectively, due to actual settlements and changes in assumptions underlying estimated future third-party settlements.

Revenues from the Medicare and Medicaid programs accounted for approximately 39% and 6% and 38% and 6% of the System's patient service revenue for the years ended September 30, 2022 and 2021, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation.

(Deficiency) Excess of Revenues and Nonoperating (Loss) Income Over Expenses

The System has deemed all activities as ongoing, major or central to the provision of health care services and, accordingly, they are reported as operating revenue and expenses, except for contributions and pledges without donor restrictions, the related philanthropy expenses and investment income which are recorded as nonoperating (loss) income.

The consolidated statements of operations also include (deficiency) excess of revenues and nonoperating (loss) income over expenses. Changes in net assets without donor restrictions which are excluded from (deficiency) excess of revenues and nonoperating (loss) income over expenses, consistent with industry practice, include the permanent transfers of assets to and from affiliates for other than goods and services, pension liability adjustments and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Estimated Workers' Compensation, Malpractice and Health Care Claims

The provision for estimated workers' compensation, malpractice and health care claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Functional Expense Allocation

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

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

Income Taxes

The Hospital, CH-Laconia, CH-Franklin, CRHCDC, CRHVC, and the Trust are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code, and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. NHC was organized as a single member limited liability company and has elected to be treated as a disregarded entity for federal and state income tax reporting purposes. Accordingly, all income or losses and applicable tax credits are reported on the member's income tax returns, with the exception of taxes due to the State of New Hampshire. Management evaluated the System's tax positions and concluded the System has maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment to or disclosure in the accompanying consolidated financial statements. GSIE, NHC, CH-ACO and CEC account for income taxes in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740, *Income Taxes*. FASB ASC 740 is an asset and liability method, which requires the recognition of deferred tax assets and liabilities for the expected future tax consequences of temporary differences between the tax and financial reporting basis of certain assets and liabilities. Resulting income tax expense and the temporary differences between the tax and financial reporting basis are not material.

Advertising Costs

The System expenses advertising costs as incurred, and such costs totaled approximately $168 for the years ended September 30, 2022 and 2021.

Recent Accounting Pronouncements

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

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

In August 2018, FASB issued ASU No. 2018-14, *Compensation – Retirement Benefits – Defined Benefit Plans – General (Topic 715)* (ASU 2018-14). Under ASU 2018-14, the disclosure requirements for employers that sponsor defined benefit pension and other postretirement plans are modified. ASU 2018-14 was effective for the System for the year ended September 30, 2022. The adoption of this ASU did not have a significant impact on the System's consolidated financial statements.

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

Risks and Uncertainties

On March 11, 2020, the World Health Organization declared the outbreak of coronavirus (COVID-19) a pandemic. The COVID-19 pandemic has significantly affected employees, patients, systems, communities and business operations, as well as the U.S. economy and financial markets. While some restrictions have been eased across the U.S. and the State of New Hampshire has lifted limitations on non-emergent procedures, some restrictions remain in place. Consolidated patient volumes and revenues experienced gradual improvement beginning in the latter part of April 2020, and continuing, but at times impacted through fiscal year 2022; however uncertainty still exists as the future is unpredictable. The System's pandemic response plan has multiple facets and continues to evolve as the pandemic unfolds. The System has taken precautionary steps to enhance its operational and financial flexibility, and react to the risks the COVID-19 pandemic presents in its operations.

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

The CARES Act also provides for a deferral of payments of the employer portion of payroll tax incurred during the pandemic, allowing half of such payroll taxes to be deferred until December 2021, and the remaining half until December 2022. At September 30, 2022 and 2021, the System had deferred $4,646 and $8,866, respectively, of payroll taxes. As of September 30, 2022 and 2021, $4,646 and $4,433, respectively, of deferred payroll taxes are recorded within accrued compensation and related expenses on the accompanying consolidated balance sheets. As of September 30, 2021, $4,433 of deferred payroll taxes were recorded within accrued pension and other long-term liabilities in the accompanying consolidated balance sheets.

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

During 2022, the System received approximately $8,800 of *American Rescue Plan Act* (ARPA) rural payments and approximately $1,200 of Provider Relief Funds (PRF) under the CARES Act. Distributions from ARPA and PRF are not subject to repayment provided the System is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for healthcare-related expenses or lost revenue attributable to COVID-19. Such payments are accounted for as government grants, and are recognized on a systematic and rational basis as other income once there is reasonable assurance that the applicable terms and conditions required to retain the funds will be met. Based on an analysis of the compliance and reporting requirements of ARPA and PRF, the System recognized approximately $8,800 related to ARPA funds and approximately $1,200 related to the PRF in 2022, and these payments are recorded within other revenue in the accompanying consolidated statements of operations for the year ended September 30, 2022.

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

Reclassifications

Certain 2021 amounts have been reclassified to permit comparison with the 2022 consolidated financial statements presentation format.

Subsequent Events

Management of the System evaluated events occurring between the end of the System's fiscal year and December 9, 2022, the date the consolidated financial statements were available to be issued.

2. Transactions With Affiliates

The System provides funds to CRHC and its affiliates which are used for a variety of purposes. The System records the transfer of funds to CRHC and the other affiliates as either receivables or directly against net assets, depending on the intended use and repayment requirements of the funds. Generally, funds transferred for start-up costs of new ventures or capital related expenditures are recorded as charges against net assets. For the years ended September 30, 2022 and 2021, transfers made from (to) CRHC were $140 and $(171), respectively, and transfers received from Capital Region Health Services Corporation (CRHSC) were $203 and $156, respectively.

Amounts due the System, primarily from joint ventures, totaled $1,632 and $1,646 at September 30, 2022 and 2021, respectively. Amounts have been classified as current or long-term depending on the intentions of the parties involved. Beginning in 1999, the Hospital began charging interest on a portion of the receivables ($533 and $615 at September 30, 2022 and 2021, respectively) with principal and interest (6.75% at September 30, 2022) payments due monthly. Interest income amounted to $52 and $29 for the years ended September 30, 2022 and 2021, respectively.

2. Transactions With Affiliates (Continued)

A brief description of CRHC's affiliated entities is as follows:

- CRHSC is a for-profit provider of health care services, including an eye surgery center and assisted living facility. Subsequent to year end, CRHSC became a subsidiary of the Hospital.
- Granite VNA (formerly Concord Regional Visiting Nurse Association, Inc. and Subsidiary) provides home health care services.
- Riverbend Community Mental Health, Inc. provides behavioral health services.

Contributions to affiliates and other community organizations from net assets with donor restrictions were $243 and $222 in 2022 and 2021, respectively.

3. Business Acquisitions and Intangible Assets

LRGHealthcare

On October 19, 2020, the Hospital entered into an asset purchase agreement (the Agreement) with LRGHealthcare (the Seller) to acquire certain assets and assume certain liabilities of Lakes Region General Hospital in Laconia, New Hampshire, and Franklin Regional Hospital in Franklin, New Hampshire. Upon execution of the Agreement, the Seller filed a voluntary case under Chapter 11 of the United States bankruptcy code. As a result, the Agreement was subject to bankruptcy proceedings, including a formal bid process and auction, as well as subsequent regulatory approvals. The Hospital's bid was accepted and approved by the State of New Hampshire during 2021. The transaction was completed effective May 1, 2021 for total consideration paid of $23,476.

The purchase price was allocated to tangible and identifiable intangible assets acquired based on their estimated fair values at the acquisition date, as summarized below:

Assets acquired:	
Accounts receivable	$12,145
Supplies	1,641
Property and equipment	22,833
Other assets	6,948
Total assets acquired	43,567

3. **Business Acquisitions and Intangible Assets (Continued)**

Liabilities assumed:	
Accrued insurance liabilities	$ 3,270
Accrued compensation and related expenses	4,945
Accrual for estimated third-party payor settlements	6,366
Accrued pension and other long-term liabilities	5,510
Total liabilities assumed	20,091
Fair value of assets acquired and liabilities assumed	$23,476
Total consideration paid	$23,476

The results of the acquired entities since the acquisition date are included in the accompanying consolidated financial statements. Direct costs (primarily legal) in 2021 related to the transaction were not material and were expensed as incurred within professional fees in the accompanying 2021 consolidated statement of operations.

Concord Endoscopy Center, LLC

On April 1, 2021, CRHVC completed the acquisition of a 40% interest in CEC, as further described in Note 1. CEC has operations in Concord, New Hampshire. CRHVC owned 30% of CEC prior to the acquisition date. As a result of this transaction, CRHVC holds a majority interest and control of CEC, and is therefore required to consolidate CEC as of the acquisition date. The total consideration paid of $3,485, net of cash acquired of $88, was comprised entirely of cash. The purchase price of the additional interest in CEC was allocated to the tangible and identifiable intangible assets acquired based on their estimated fair values at the acquisition date, as summarized below:

Assets acquired:	
Cash	$ 88
Accounts receivable	425
Supplies	6
Prepaid expenses and other current assets	79
Property and equipment	6
Patient list and other intangible assets	8,556
Total assets acquired	9,160
Liabilities assumed:	
Accounts payable and accrued expenses	(225)
Total liabilities assumed	(225)
Fair value of assets acquired and liabilities assumed	8,935
Less amount attributable to noncontrolling interest	(2,681)
Amount attributable to CRHVC	$6,254

3. **Business Acquisitions and Intangible Assets (Continued)**

The intangible assets from the CEC acquisition are included within other noncurrent assets in the accompanying consolidated balance sheets at cost less accumulated amortization. Amortizable intangible assets consist of the following at September 30:

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

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

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

2023	$ 856
2024	856
2025	856
2026	856
2027	856
Thereafter	2,992
	$ 7,272

The results of CEC since the acquisition date are included in the accompanying consolidated financial statements. Direct costs (primarily legal) in 2021 related to the transaction were not material and were expensed as incurred within professional fees in the accompanying 2021 consolidated statement of operations.

Granite Shield Insurance Exchange

As a result of the acquisition of certain LRGHealthcare assets and liabilities, as noted above, the Hospital gained effective control of GSIE as of December 31, 2020. GSIE's operations have been reported within the accompanying consolidated financial statements beginning as of the effective date. Prior to gaining control, the Hospital owned approximately a 79% interest in GSIE, but shared control equally with LRGHealthcare.

3. Business Acquisitions and Intangible Assets (Continued)

As of December 31, 2020, the following tangible assets acquired and liabilities assumed were recorded based on their estimated fair values at the date of the transaction as follows:

Assets acquired:	
Cash and cash equivalents	$ 2,794
Accounts receivable	2,360
Assets whose use is limited or restricted	20,071
Other assets	4,521
Total assets acquired	29,746
Liabilities assumed:	
Accounts payable and accrued expenses	$ 2,485
Unpaid losses and loss adjustment expenses	18,411
Total liabilities assumed	20,896
Fair value of assets acquired and liabilities assumed	$ 8,850
Investment in GSIE as of the acquisition date	$ 8,850

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

4. Investments and Assets Whose Use is Limited or Restricted

Short-term investments totaling $15,322 and $66,525 at September 30, 2022 and 2021, respectively, are comprised primarily of cash and cash equivalents. Assets whose use is limited or restricted are carried at fair value and consist of the following at September 30:

	2022	2021
Board designated funds:		
Cash and cash equivalents	$ 2,771	$ 4,845
Fixed income securities	21,839	26,316
Marketable equity and other securities	301,116	318,051
Inflation-protected securities	14,332	16,093
	340,058	365,305
Held by trustee for workers' compensation reserves:		
Fixed income securities	2,501	2,988

4. Investments and Assets Whose Use is Limited or Restricted (Continued)

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

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

Investment (loss) income, net realized gains and losses and net unrealized gains and losses on assets whose use is limited or restricted, cash and cash equivalents, and other investments are as follows at September 30:

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

In compliance with the System's spending policy, portions of investment income and related fees are recognized in other operating revenue on the accompanying consolidated statements of operations. Investment income reflected in other operating revenue was $2,300 and $1,764 in 2022 and 2021, respectively.

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

5. Retirement Plans

The System has a noncontributory defined benefit pension plan (the Concord Hospital Plan) covering all eligible employees of the System and subsidiaries, excluding employees of CH-Laconia and CH-Franklin. As a result of the acquisition of certain assets and liabilities of LRGHealthcare effective May 1, 2021 as discussed in Note 3, the System assumed and became the plan sponsor for LRGHealthcare's defined benefit plan, which covers all eligible employees of CH-Laconia and CH-Franklin (the CH-Laconia Plan). The Concord Hospital Plan and CH-Laconia Plan (collectively, the Plans) provide benefits based on an employee's years of service, age and compensation over those years. The System's funding policy for the plans is to contribute annually the amount needed to meet or exceed actuarially determined minimum funding requirements of the *Employee Retirement Income Security Act of 1974* (ERISA).

The System accounts for its defined benefit pension plans under ASC 715, *Compensation Retirement Benefits*. This Statement requires entities to recognize an asset or liability for the overfunded or underfunded status of their benefit plans in their financial statements.

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

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

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

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

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

5. Retirement Plans (Continued)

The table below presents details about the Plans, including the funded status, components of net periodic benefit cost, and certain assumptions used in determining the funded status and cost:

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

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

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

5. Retirement Plans (Continued)

Pension Plan Assets

The fair values of the Plans' assets as of September 30, 2022 and 2021, by asset category are as follows (see Note 15 for level definitions). In accordance with ASC 820, *Fair Value Measurements*, certain investments that are measured using the net value per share practical expedient have not been classified in the fair value hierarchy.

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

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

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

5. Retirement Plans (Continued)

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

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

The funds-of-funds in the Concord Hospital Plan are invested with various investment managers and have various restrictions on redemptions. One manager holding amounts totaling approximately $15 million at September 30, 2022 allows for semi-monthly redemptions, with 5 days' notice. One manager holding approximately $7 million at September 30, 2022 allows for monthly redemptions, with 15 days' notice. Six managers holding amounts totaling approximately $40 million at September 30, 2022 allow for quarterly redemptions, with notices ranging from 45 to 65 days. One manager holding amounts of approximately $8 million at September 30, 2022 allows for annual redemptions, with 90 days' notice. Two managers holding amounts of approximately $12 million at September 30, 2022 allow for redemptions on a semi-annual basis, with a notice of 60 days. The collective trust funds allow for daily, weekly or monthly redemptions, with notices ranging from 6 to 10 days. Certain funds also may include a fee estimated to be equal to the cost the fund incurs in converting investments to cash (ranging from 0.5% to 1.5%), limit the percent of the investment that can be redeemed each redemption period, or are subject to certain lock periods.

The System considers various factors in estimating the expected long-term rate of return on plan assets. Among the factors considered include the historical long-term returns on plan assets, the current and expected allocation of plan assets, input from the System's actuaries and investment consultants, and long-term inflation assumptions. The System's expected allocation of plan assets is based on a diversified portfolio consisting of domestic and international equity securities, fixed income securities, and real estate.

The System's investment policy for its pension plans is to balance risk and returns using a diversified portfolio consisting primarily of high quality equity and fixed income securities. To accomplish this goal, plan assets are actively managed by outside investment managers with the objective of optimizing long-term return while maintaining a high standard of portfolio quality and proper diversification. The System monitors the maturities of fixed income securities so that there is sufficient liquidity to meet current benefit payment obligations. The System's Investment Committee provides oversight of the plan investments and the performance of the investment managers.

5. Retirement Plans (Continued)

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

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

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

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

In selecting the long-term rate of return on plan assets, the System considered the average rate of earnings expected on the funds invested or to be invested to provide for the benefits of the plans. This included considering the plans' asset allocation and the expected returns likely to be earned over the life of the plans, as well as the historical returns on the types of assets held and the current economic environment.

The System funds the pension plans and no contributions are made by employees. The System funds the plans annually by making a contribution of at least the minimum amount required by applicable regulations and as recommended by the System's actuary. However, the System may also fund the plans in excess of the minimum required amount.

5. Retirement Plans (Continued)

Cash contributions in subsequent years will depend on a number of factors including performance of plan assets. However, the System expects to fund $16,000 in cash contributions to the Concord Hospital Plan for the 2023 plan year. There are no contributions expected to the CH-Laconia Plan in 2023.

Benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows:

Year Ended September 30	Concord Hospital Plan	CH-Laconia Plan
2023	$ 17,845	$ 7,118
2024	17,490	5,620
2025	18,418	4,666
2026	19,838	5,128
2027	21,491	5,018
2028 – 2032	120,191	22,801

6. Estimated Third-Party Payor Settlements

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

Medicare

Inpatient and outpatient services rendered to Medicare program beneficiaries are primarily paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical diagnosis and other factors. In addition to this, the System is also reimbursed for medical education and other items which require cost settlement and retrospective review by the fiscal intermediary. Accordingly, the System files an annual cost report with the Medicare program after the completion of each fiscal year to report activity applicable to the Medicare program and to determine any final settlements.

The physician practices are reimbursed on a fee schedule basis.

6. **Estimated Third-Party Payor Settlements (Continued)**

Medicaid Enhancement Tax and Disproportionate Share Payment

Under the State of New Hampshire's (the State) tax code, the State imposes a Medicaid Enhancement Tax (MET) equal to 5.40% of net patient service revenues in State fiscal years 2022 and 2021. The amount of tax incurred by the System for 2022 and 2021 was $32,035 and $26,631, respectively.

In the fall of 2010, in order to remain in compliance with stated federal regulations, the State of New Hampshire adopted a new approach related to Medicaid disproportionate share funding (DSH) retroactive to July 1, 2010. Unlike the former funding method, the State's approach led to a payment that was not directly based on, and did not equate to, the level of tax imposed. As a result, the legislation created some level of losses at certain New Hampshire hospitals, while other hospitals realized gains. DSH payments from the State are recorded within revenue without donor restrictions and other support and amounted to $29,744 in 2022 and $26,545 in 2021, net of reserves referenced below.

The Centers for Medicare and Medicaid Services (CMS) has completed audits of the State's program and the disproportionate share payments made by the State from 2011 to 2019, the first years that those payments reflected the amount of uncompensated care provided by New Hampshire hospitals. It is possible that subsequent years will also be audited by CMS. The System has recorded reserves to address its potential exposure based on the audit results to date or any future redistributions.

Medicaid

Inpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under fee schedules and cost reimbursement methodologies subject to various limitations or discounts. The System is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicaid program.

The physician practices are reimbursed on a fee schedule basis.

Other

The System has also entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the System under these agreements includes prospectively determined rates per discharge, discounts from established charges, fee schedules, and prospectively determined rates.

The accrual for estimated third-party payor settlements reflected on the accompanying consolidated balance sheets represents the estimated net amounts to be paid under reimbursement contracts with the Centers for Medicare and Medicaid Services (Medicare), the New Hampshire Department of Welfare (Medicaid) and any commercial payors with settlement provision. Settlements for the Hospital have been finalized through 2017 for Medicare and 2016 for Medicaid. Settlements for CH-Laconia have been finalized through 2019 for Medicare and 2018 for Medicaid. Settlements for CH-Franklin have been finalized through 2019 for Medicare and 2017 for Medicaid.

6. Estimated Third-Party Payor Settlements (Continued)

During fiscal year 2020, the System requested accelerated Medicare payments as provided for in the CARES Act, which allows for eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. One year from the date of receipt of the advance payments (beginning April 2021) 25% of the advances will be recouped in the first eleven months. An additional 25% of the advances will be recouped in the next six months, with the entire amount repayable in 29 months. Any outstanding balance after 29 months is repayable at a 4% interest rate. During the third quarter of fiscal 2020, the System received $57,885 from these accelerated Medicare payment requests. At September 30, 2022 and 2021, the current portion due within a year, totaling $248 and $41,036, respectively, is recorded under the caption "accrual for estimated third-party payors".

7. Long-Term Debt

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

	2022	2021
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue bonds, Concord Hospital Issue, Series 2021A; interest ranging from 3.0% to 5.0% per year and principal payable in annual installments ranging from $1,685 to $3,095 through October 2042, including unamortized original issue premium of $6,950 in 2022 and $7,590 in 2021	$ 48,610	$ 50,930
2020A note payable to a bank, due October 1, 2026, interest at 1.93% per annum, payable in monthly and annual principal payments ranging from $2,427 to $2,580 beginning October 2022. This note converted into tax-exempt revenue bonds effective July 6, 2021. As a result of the conversion, the interest rate was reduced to 1.57%	12,520	12,520
2020B note payable to a bank, due October 1, 2035 (lender has the option to extend the maturity date through October 1, 2043), interest at 2.26% per annum, payable in monthly and annual principal payments ranging from $991 to $2,942 beginning October 2023. Final balloon payment of $10,157 due October 1, 2035, if the maturity date is not extended by the lender. This note converted into tax-exempt revenue bonds effective July 6, 2022. As a result of the conversion, the interest rate was reduced to 1.84%	36,582	36,582
NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2017; interest of 5.0% per year and principal payable in annual installments. Installments ranging from $2,010 to $5,965 beginning October 2032, including unamortized original issue premium of $6,249 in 2022 and $6,575 in 2021	60,459	60,785

7. **Long-Term Debt (Continued)**

	2022	2021
3.38% to 5.0% NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013A; due in annual installments, including principal and interest ranging from $1,543 to $3,555 through 2043, including unamortized original issue premium of $121 in 2021. Series 2013A revenue bonds totaling $33,785 were refunded in 2020 through issuance of the 2020B note payable described below. The remaining amounts due were repaid in full during 2022	$ –	$ 1,461
	158,171	162,278
Less unamortized bond issuance costs	(1,415)	(1,508)
Less current portion	(4,147)	(5,447)
	$152,609	$155,323

In June 2021, $51,498 (including an original issue premium of $7,728) of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2021A, were issued to assist in funding capital and facility projects, and to refund the Series 2013B NHHEFA Hospital Revenue Bonds.

In March 2020, the Hospital entered into a $12,520 note payable agreement (2020A note) with a lender to advance refund $11,780 of the Series 2011 NHHEFA Hospital Revenue Bonds. As of September 30, 2021, $11,780 of the Series 2011 advance refunded bonds, which were considered extinguished for purposes of these consolidated financial statements, remained outstanding. No amounts of the Series 2011 advance refunded bonds remain outstanding as of September 30, 2022. In conjunction with the issuance of the 2020A note, in order to further reduce debt service obligations, the Hospital, NHHEFA and the lender entered into a forward purchase agreement. Under the forward purchase agreement, the Hospital has the option to request NHHEFA to issue tax-exempt revenue bonds on or after July 3, 2021 to refinance the 2020A note. The Hospital exercised this option on July 6, 2021, which resulted in the interest rate decreasing from 1.93% to 1.57%.

In March 2020, the Hospital entered into a $36,582 note payable agreement (2020B note) with a lender to advance refund the Series 2013A NHHEFA Hospital Revenue Bonds. As of September 30, 2022 and 2021, $33,785 of the Series 2013A advance refunded bonds, which are considered extinguished for purposes of these consolidated financial statements, remain outstanding. In conjunction with the issuance of the 2020B note, in order to further reduce debt service obligations, the Hospital, NHHEFA and the lender entered into a forward purchase agreement. Under the forward purchase agreement, the Hospital has the option to request NHHEFA to issue tax-exempt revenue bonds on or after July 3, 2022 to refinance the 2020B note. The Hospital exercised this option on July 6, 2022, which resulted in the interest rate decreasing from 2.26% to 1.84%.

In December 2017, $62,004 (including an original issue premium of $7,794) of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2017, were issued to pay for the construction of a new medical office building. In addition, the Series 2017 Bonds reimbursed the Hospital for capital expenditures incurred in association with the construction of a parking garage and the construction of a medical office building, as well as routine capital expenditures.

7. Long-Term Debt (Continued)

In February 2013, $48,631 (including an original issue premium of $3,631) of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013A, were issued to assist in the funding of a significant facility improvement project and to advance refund the Series 2001 NHHEFA Hospital Revenue Bonds. The facility improvement project included enhancements to the System's power plant, renovation of certain nursing units, expansion of the parking capacity at the main campus and various other routine capital expenditures and miscellaneous construction, renovation and improvements of the System's facilities. The bonds were paid in full during 2022.

In March 2011, $49,795 of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2011, were issued to assist in the funding of a significant facility improvement project and pay off the Series 1996 Revenue Bonds. The project included expansion and renovation of various Hospital departments, infrastructure upgrades, and acquisition of capital equipment. The bonds were paid in full during 2021.

Substantially all the property and equipment relating to the aforementioned construction and renovation projects, as well as subsequent property and equipment additions thereto, are pledged as collateral for all outstanding long-term debt. In addition, the gross receipts of the Hospital, CH-Laconia and CH-Franklin are also pledged as collateral for all outstanding long-term debt. CH-Laconia and CH-Franklin also pledge gross receipts as collateral for the outstanding Series 2021A Revenue Bonds. The most restrictive financial covenants require a 1.10 to 1.0 ratio of aggregate income available for debt service to total annual debt service and a day's cash on hand ratio of 75 days. The System was in compliance with its debt covenants at September 30, 2022 and 2021.

The obligations of the Hospital under the 2020A and B notes, Series 2021A, Series 2017, Series 2013A and B and Series 2011 Revenue Bond Indentures are guaranteed by the Hospital, CH-Laconia and CH-Franklin and are not guaranteed by any of the subsidiaries or affiliated entities.

Interest paid on long-term debt amounted to $5,531 and $4,465 (including capitalized interest of $200) for the years ended September 30, 2022 and 2021, respectively.

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

2023	$ 4,147
2024	6,144
2025	4,455
2026	5,181
2027	6,949
Thereafter	118,096
	$144,972

8. Commitments and Contingencies

Malpractice Loss Contingencies

Effective February 1, 2011, the System insures its medical malpractice risks through GSIE, a multiprovider captive insurance company. As discussed in Note 3, effective December 31, 2020, the System gained control of GSIE, which requires GSIE to be consolidated in the consolidated financial statements as of September 30, 2021. The results of GSIE since the acquisition date are included in the accompanying consolidated financial statements.

GSIE provides claims-made medical stop loss coverage to its subscriber health systems. Subsequent to December 31, 2020, the System is the sole remaining subscriber. GSIE purchases reinsurance from three reinsurers to limit potential exposure to the System. The reinsurance policies in place are subject to renewal on January 1, 2023, and, after the System's primary retained layer of $2 million per occurrence and $12 million aggregate, cover up to $25 million per occurrence and aggregate per annum. The failure of reinsurers to honor their obligations could result in additional losses to GSIE, and those losses could be significant to GSIE and the System.

The reserve for unpaid losses and loss adjustment expenses and the related reinsurance recoverables includes case basis estimates of reported losses, plus supplemental reserves for incurred but not reported losses (IBNR) calculated based upon loss projections utilizing historical and industry data. An independent consulting actuary is involved in establishing this reserve and the related reinsurance recoverables. Management of the System believes that GSIE's aggregate reserve for unpaid losses and loss adjustment expenses and related reinsurance recoverables at year-end represent its best estimate, based on the available data, of the amount necessary to cover the ultimate cost of losses; however, because of the nature of the insured risks and limited historical experience, actual loss experience may not conform to the assumptions used in determining the estimated amounts for such liability and corresponding asset at the consolidated balance sheet date. Accordingly, the ultimate liability and corresponding asset could be significantly in excess of or less than the amount indicated in these consolidated financial statements. As adjustments to these estimates become necessary, such adjustments are reflected in current year operations. Amounts recoverable from reinsurers have been reduced to their net realizable value.

At September 30, 2022, there were no known malpractice claims outstanding for the System, which, in the opinion of management will be settled for amounts in excess of insurance coverage, nor were there any unasserted claims or incidents which require loss accruals. The System has established reserves for unpaid claim amounts for Hospital and Physician Professional Liability and General Liability reported claims and for unreported claims for incidents that have been incurred but not reported. The amounts of the reserves total $20,253 and $22,303 at September 30, 2022 and 2021, respectively, and are reflected in the accompanying consolidated balance sheets within reserves for insurance. The possibility exists, as a normal risk of doing business, that malpractice claims in excess of insurance coverage may be asserted against the System.

8. Commitments and Contingencies (Continued)

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

Workers' Compensation

The System maintains workers' compensation insurance under a self-insurance plan. The plan offers, among other provisions, certain specific and aggregate stop-loss coverage to protect the System against excessive losses. The System has employed independent actuaries to estimate the ultimate costs, if any, of the settlement of such claims. Accrued workers' compensation losses of $3,888 and $3,043 at September 30, 2022 and 2021, respectively, are recorded within accounts payable and accrued expenses in the accompanying consolidated balance sheets and have been discounted at 3% (both years) and, in management's opinion, provide an adequate reserve for loss contingencies. A trustee held fund has been established as a reserve under the plan. Assets held in trust totaled $2,521 and $2,988 at September 30, 2022 and 2021, respectively, and are included in assets whose use is limited or restricted in the accompanying consolidated balance sheets.

Litigation

The System is involved in litigation and regulatory investigations arising in the ordinary course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the System's financial position, results of operations or cash flows.

Health Insurance

The System has a self-funded health insurance plan. The plan is administered by an insurance company which assists in determining the current funding requirements of participants under the terms of the plan and the liability for claims and assessments that would be payable at any given point in time. The System recognizes revenue for services provided to employees of the System during the year. The System is insured above a stop-loss amount of $550 on individual claims. Estimated unpaid claims, and those claims incurred but not reported at September 30, 2022 and 2021, have been recorded as a liability of $13,286 and $10,042, respectively, and are reflected in the accompanying consolidated balance sheets within accounts payable and accrued expenses.

8. Commitments and Contingencies (Continued)

Operating Leases

The System has various operating leases relative to its office and offsite locations. Future annual minimum lease payments under noncancellable lease agreements as of September 30, 2022 are as follows:

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

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

9. Net Assets With Donor Restrictions

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

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

10. Patient Service Revenue

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

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

11. Functional Expenses

The System provides general health care services to residents within its geographic location. Expenses related to providing these services are as follows for the years ended September 30:

	Health Services	General and Administrative	Fund-raising	Total
2022				
Salaries and wages	$320,669	$ 59,597	$ 580	$380,846
Employee benefits	77,767	14,455	141	92,363
Supplies and other	135,008	21,486	180	156,674
Purchased services	33,227	17,988	177	51,392
Professional fees	16,495	3	–	16,498
Depreciation and amortization	19,424	9,222	307	28,953
Medicaid enhancement tax	32,035	–	–	32,035
Interest	3,065	1,455	48	4,568
	$637,690	$124,206	$1,433	$763,329
2021				
Salaries and wages	$247,354	$ 49,320	$ 524	$297,198
Employee benefits	67,564	13,472	143	81,179
Supplies and other	119,973	23,868	131	143,972
Purchased services	30,435	14,920	146	45,501
Professional fees	10,579	81	–	10,660
Depreciation and amortization	18,275	8,644	288	27,207
Medicaid enhancement tax	26,631	–	–	26,631
Interest	2,572	1,222	41	3,835
	$523,383	$111,527	$1,273	$636,183

11. Functional Expenses (Continued)

The consolidated financial statements report certain expense categories that are attributable to more than one healthcare service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, such as depreciation and interest, are allocated to a function based on square footage. Supporting activities that are not directly identifiable with one or more healthcare programs are classified as general and administrative. If it is impossible or impractical to make a direct identification, allocation of the expenses were made according to management's estimates. Employee benefits are allocated in accordance with the ratio of salaries and wages of the functional classes. Specifically identifiable costs are assigned to the function which they are identified to.

12. Charity Care and Community Benefits (Unaudited)

The System maintains records to identify and monitor the level of charity care it provides. The System provides traditional charity care, as well as other forms of community benefits. The estimated cost of all such benefits provided is as follows for the years ended September 30:

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

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

13. Concentration of Credit Risk

The System grants credit without collateral to its patients, most of whom are local residents of southern New Hampshire and are insured under third-party payor agreements. The mix of gross receivables from patients and third-party payors as of September 30 is as follows:

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

14. Volunteer Services (Unaudited)

Total volunteer service hours received by the System were approximately 23,000 and 16,000 in 2022 and 2021, respectively. The volunteers provide various nonspecialized services to the System, none of which has been recognized as revenue or expense in the accompanying consolidated statements of operations.

15. Fair Value Measurements

Fair value of a financial instrument is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the System uses various methods including market, income and cost approaches. Based on these approaches, the System often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The System utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the System is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1 – Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Level 1 also includes U.S. Treasury and federal agency securities and federal agency mortgage-backed securities, which are traded by dealers or brokers in active markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

15. Fair Value Measurements (Continued)

Level 2 – Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.

Level 3 – Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

In determining the appropriate levels, the System performs a detailed analysis of the assets and liabilities. There have been no changes in the methodologies used at September 30, 2022 and 2021. In accordance with ASC 820, *Fair Value Measurements*, certain investments that are measured using the net value per share practical expedient have not been classified in the fair value hierarchy.

The following presents the balances of assets measured at fair value on a recurring basis at September 30:

	Level 1	Level 2	Level 3	Total
2022				
Cash and cash equivalents	$ 34,294	$ –	$ –	$ 34,294
Fixed income securities	35,203	10,645	–	45,848
Marketable equity and other securities	136,062	–	–	136,062
Inflation-protected securities and other	15,760	–	–	15,760
Trust funds administered by others	–	–	9,836	9,836
	$221,319	$10,645	$ 9,836	241,800
Funds measured at net asset value:				
Marketable equity and other securities				203,040
				$444,840
2021				
Cash and cash equivalents	$ 85,535	$ –	$ –	$ 85,535
Fixed income securities	56,003	16,575	–	72,578
Marketable equity and other securities	144,101	–	–	144,101
Inflation-protected securities and other	17,985	–	–	17,985
Trust funds administered by others	–	–	12,341	12,341
	$303,624	$16,575	$12,341	332,540
Funds measured at net asset value:				
Marketable equity and other securities				220,974
				$553,514

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

15. Fair Value Measurements (Continued)

The System's Level 3 investments consist of funds administered by others. The fair value measurement is based on significant unobservable inputs.

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. As such, it is reasonably possible that changes in the fair value of investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated balance sheets and statements of operations.

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

	Trust Funds Administered by Others
Balance at September 30, 2020	$10,965
Net realized and unrealized gains	1,376
Balance at September 30, 2021	12,341
Net realized and unrealized losses	(2,505)
Balance at September 30, 2022	$ 9,836

The table below sets forth additional disclosures for investment funds (other than mutual funds) valued based on net asset value to further understand the nature and risk of the investments by category:

	Fair Value	Unfunded Commit-ments	Redemption Frequency	Redemption Notice Period
September 30, 2022:				
Funds-of-funds	$18,489	$ –	Semi-monthly	5 days
Funds-of-funds	9,645	–	Monthly	15 days
Funds-of-funds	53,791	–	Quarterly	45 – 65 days**
Funds-of-funds	10,329	–	Annual	90 days
Funds-of-funds	8,250	–	Semi-annual	60 days*
Funds-of-funds	42,296	25,854	Illiquid	N/A
Collective trust funds	12,582	–	Daily	10 days
Collective trust funds	7,008	–	Weekly	10 days
Collective trust funds	40,650	–	Monthly	6 – 10 days

15. Fair Value Measurements (Continued)

	Fair Value	Unfunded Commit-ments	Redemption Frequency	Redemption Notice Period
September 30, 2021:				
Funds-of-funds	$22,685	$ –	Semi-monthly	5 days
Funds-of-funds	12,926	–	Monthly	15 days
Funds-of-funds	59,430	–	Quarterly	45 – 65 days**
Funds-of-funds	11,157	–	Annual	90 days
Funds-of-funds	9,837	–	Semi-annual	60 days*
Funds-of-funds	24,592	20,713	Illiquid	N/A
Collective trust funds	16,131	–	Daily	10 days
Collective trust funds	9,810	–	Weekly	10 days
Collective trust funds	54,406	–	Monthly	6 – 10 days

* Limited to 25% of the investment balance at each redemption.

** One investment has a one-year lock period and redemption of one investment is limited to 12.5% of the investment balance at each redemption.

Fixed Income Securities

The primary purpose of fixed income investments is to provide a highly predictable and dependable source of income, preserve capital, and reduce the volatility of the total portfolio and hedge against the risk of deflation or protracted economic contraction.

Marketable Equity and Other Securities

The primary purpose of marketable equity investments is to provide appreciation of principal and growth of income with the recognition that this requires the assumption of greater market volatility and risk of loss. The total marketable equity portion of the portfolio will be broadly diversified according to economic sector, industry, number of holdings and other characteristics including style and capitalization. The System may employ multiple equity investment managers, each of whom may have distinct investment styles. Accordingly, while each manager's portfolio may not be fully diversified, it is expected that the combined equity portfolio will be broadly diversified.

The System invests in other securities that are considered alternative investments that consist of limited partnership interests in investment funds, which, in turn, invest in diversified portfolios predominantly comprised of equity and fixed income securities, as well as options, futures contracts, and some other less liquid investments. Management has approved procedures pursuant to the methods in which the System values these investments at fair value, which ordinarily will be the amount equal to the pro-rata interest in the net assets of the limited partnership, as such value is supplied by, or on behalf of, each investment from time to time, usually monthly and/or quarterly by the investment manager. Collective trust funds are generally valued based on the proportionate share of total fund net assets.

15. Fair Value Measurements (Continued)

System management is responsible for the fair value measurements of investments reported in the consolidated financial statements. Such amounts are generally determined using audited financial statements of the funds and/or recently settled transactions and is estimated using the net asset value per share of the fund. Because of inherent uncertainty of valuation of certain alternative investments, the estimate of the fund manager or general partner may differ from actual values, and differences could be significant. Management believes that reported fair values of its alternative investments at the balance sheet dates are reasonable.

The System has committed to invest up to $63,183 with various investment managers, and had funded $27,329 of that commitment as of September 30, 2022. As these investments are made, the System reallocates resources from its current investments resulting in an asset allocation shift within the investment pool.

Inflation-Protected Securities

The primary purpose of inflation-protected securities is to provide protection against the negative effects of inflation.

Fair Value of Other Financial Instruments

Other financial instruments consist of accounts and pledges receivable, accounts payable and accrued expenses, estimated third-party payor settlements, and long-term debt and notes payable. The fair value of all financial instruments other than long-term debt and notes payable approximates their relative book values as these financial instruments have short-term maturities or are recorded at amounts that approximate fair value.

16. Financial Assets and Liquidity Resources

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs, consisted of the following at September 30, 2022:

Cash and cash equivalents	$ 54,630
Short-term investments	15,322
Accounts receivable	110,525
Funds held by trustee for insurance reserves, escrows and construction costs	50,118
	$230,595

To manage liquidity, the System maintains sufficient cash and cash equivalent balances to support daily operations throughout the year. Cash and cash equivalents and short-term investments include bank deposits, money market funds, and other similar vehicles that generate a return on cash and provide daily liquidity to the System. In addition, the System has board-designated assets without donor restrictions that can be utilized at the discretion of management to help fund both operational needs and/or capital projects. As of September 30, 2022, the balance of liquid investments in board-designated assets was $300,735.

CONCORD HOSPITAL
BOARD OF TRUSTEES
2024

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01/2024 hh

Harvard Medical School/Harvard School of Dental Medicine
Faculty Curriculum Vitae

Name: **Peter Alexander Brown, Ph.D.**

Office Address:

Mailing Address:

Work Phone:

Work Email:

License:

Education

2002	BA	Communication	University of New Hampshire
2008		Psychology	City University of New York, Hunter College
2010	MA	Counseling Psychology	Pacific University
2014	PhD	Counseling Psychology	West Virginia University

Postdoctoral Training

2013-2014	Intern	Primary Care-Mental Health Integration	Battle Creek VAMC
2014-2015	Fellow	Primary Care Behavioral Health	Edith Nourse Rogers Memorial VAMC
2014-2015	Fellow	Integrated Family Medicine	University of Massachusetts, Hahnemann Family Medicine Center
2014	Trainee	Integrated Primary Care Certificate Course	UMass Center for Integrated Primary Care
2017 (Accepted)	Scholar	Program for Educators in Health Professions	Harvard Macy Institute

Faculty Academic Appointments

05/11-06/12	Instructor	Dept. of Counseling, Rehabilitation Counseling, and Counseling Psychology	West Virginia University
09/15-Present	Instructor	Harvard Medical School	Harvard University

Appointments at Hospitals/Affiliated Institutions

09/15-Present	Health Psychologist	Primary Care Mental Health Integration	Malden Family Medicine Center (CHA)

Other Professional Positions

09/15-Present Clinical Psychologist in private practice

Major Administrative Leadership Positions

Local

2015-2016	PCMHI Site Implementation Therapist Liaison	Cambridge Health Alliance
2015-Present	Pain and Addictions Workgroup – Committee Member	Cambridge Health Alliance

Regional

2015-Present	Substance Use Disorder Prevention and Treatment Task Force	Massachusetts Hospital Association

Committee Service

Local

2014-2015	Sleep Medicine Enhancement Committee	Bedford VAMC
2016-Present	Pain and Addictions Support Service (PASS) – Team Member	Malden Family Medicine Center

Regional

2012-2013	Committee on Legislative Action for Healthcare Reform	State of WV

Honors and Prizes

2010	Outstanding Graduate, School of Professional Psychology	Pacific University Alumni Assoc.
2012	Credentialing Scholarship	National Psychologist Trainee Register
2016	Harvard Macy Scholarship	Cambridge Health Alliance Academic Council

Report of Local Teaching and Training

Teaching of Students in Courses

2011-2012	Counseling Theory & Techniques 1 Graduate students	West Virginia University 4-hr sessions per wk for 8 wks
2011-2012	Counseling Theory & Techniques 2 Graduate students	West Virginia University 4-hr sessions per wk for 8 wks
2011-2012	Diversity and Human Relations Undergraduate students	West Virginia University 3-hr sessions per wk for 12 wks
2011-2012	Introduction to the Helping Professions Undergraduate students	West Virginia University 3-hr sessions per wk for 12 wks

Formal Teaching of Residents, Clinical Fellows and Research Fellows (post-docs)

2013	Behavioral Management of Chronic Conditions	West Virginia University Dept. of Family Medicine (PGY 1-3)
2015-Present	Behavioral Health Monthly Seminar (coordinator)	Tufts University Family Medicine Residency (PGY 1-3)

Clinical Supervisory and Training Responsibilities

2013-2014	Practicum Student Supervisor, Primary Care Mental Health Integration (1 hr p/wk)	Battle Creek VAMC
2014-2015	Practicum Student Supervisor, Primary Care Mental Health Integration (1 hr p/wk)	Edith Nourse Rogers VAMC
2016-Present	Post-Doctoral Fellow Supervisor (3 hrs p/wk)	Cambridge Health Alliance/Harvard Medical School

Local Invited Presentations

2014	Cognitive Behavior Therapy for Insomnia / Grand Rounds Department of Psychiatry, Battle Creek VAMC
2015	Cognitive Behavior Therapy for Anxiety / CBT Training Series Harvard Medical School Department of Psychiatry, Cambridge Health Alliance
2015	Becoming Part of the Primary Care Team / PCMHI Quarterly Retreat Harvard Medical School Department of Psychiatry, Cambridge Health Alliance
2015	Cognitive Behavior Therapy for Chronic Pain Management / CBT Training Series Harvard Medical School Department of Psychiatry, Cambridge Health Alliance
2016	Motivational Interviewing in Primary Care, Training for Care Managers Cambridge Health Alliance Ambulatory Care
2016	Interdisciplinary Management of Chronic Pain (panelist) Harvard Medical School Center for Primary Care

Report of Regional, National and International Invited Teaching and Presentations

Invited Presentations and Courses

National

2013	Sexual Minority Patients and Microaggresion / Roundtable Discussion Society of Teachers of Family Medicine Annual Conference
2015-Present	Chronic Pain in Primary Care: Behavioral Interventions / Web-based lecture University of Massachusetts Center for Integrated Primary Care
2015	Cognitive Behavioral Therapy for Chronic Pain and Anxiety / Invited Speaker "Treating Anxiety" Conference; Harvard Medical School
2017 (Proposed)	Duty to protect: Evaluating the role of primary care-mental health integration in promoting safe opioid prescribing; International Conference on Opioids

Report of Education of Patients and Service to the Community

Activities

2009-2010	Sexual and Gender Minority Youth Resource Center / Workshop presenter Presented workshops designed to educate community agencies on issues related to bias, inclusive communication patterns, etc. for sexual and gender minority groups.

Report of Scholarship

Peer reviewed publications in print or other media

Iwasaki M, Brown A. Qualitative application of Schwartz et al.'s acculturation model: A sample of Japanese American women. Asian Am J Psychol 2014; 5: 325-334.

King DE, Xiang J, Brown A. Intake of key chronic disease nutrients among baby boomers. South Med J 2014; 107: 342-347.

Thesis

Brown PA. Behavioral activation for depression with comorbid psychotic disorder and traumatic brain injury: Single case study [master's thesis]. Portland, OR: Pacific University, 2010.

Brown PA. The roles of resilience and perceived discrimination in sexual minority identity integration [dissertation]. Morgantown, WV: West Virginia University, 2014.

Abstracts, Poster Presentations and Exhibits Presented at Professional Meetings

Iwasaki M, Brown A, Gold N, Page J, Spero R, Grinnan E. Experiences with microaggression among Japanese American women married with a White husband. Poster presented at: The American Psychological Association Annual Meeting; August 2012; Orlando, FL.

Haggerty T., Brown A., Foley KP. Rural physician wellness: A review of the literature. Poster presented at: Hal Wanger Family Medicine Annual Conference; September 2012; Morgantown, WV.

Brown A. Improving communications between sexual minorities and primary care: Microaggression as a barrier to treatment. Poster presented at: Hal Wanger Family Medicine Annual Conference; September 2012; Morgantown, WV.

Ngo TA, Brown A. It takes a village: The role of primary care-mental health integration in managing opioid risks in veterans with co-morbid PTSD and chronic pain. Poster presented at: American Psychological Association, Division 18 Annual Meeting; May 2015; West Hartford, CT.

Ashley Ponce, MSN, RN

Professional Experience

Concord Hospital Medical Group

Clinical Manager-Family Health Center (January 2024-current)

- Responsible for day to day clinical management and direct supervision of Registered Nurses and Medical Assistants.
- Recruits, retains and develops staff and manages performance.
- Participates in establishing and monitoring annual department productivity, quality, fiscal goals, and staffing.
- Manages departmental core processes.
- Responsible for customer relations and customer service initiatives.

Village MD

RN Care Manager (May 2022-December 2023)

- Provides evidence based telephonic case management services in an outpatient setting with a focus on transitional care for patients identified as high risk in ACO and other value-based contracts.
- Performs holistic health assessments including identifying social determinants of health, medical needs, triage, and symptom management, reconciling medications, identifying home support gaps, and providing resources to fill gaps to promote health and wellness in the community decreasing unnecessary utilization.
- Work collaboratively with a team of health care professionals including medical assistants, social workers, medical providers, and outside vendors to determine a patient centered plan of care.
- Provide ongoing patient-centered health coaching and education using motivational interviewing techniques to identify readiness for change, identify patient specific barriers.

Granite VNA (Formerly Concord Regional Visiting Nurses Association), Concord, NH (October 2011 – Present)

Senior Nurse Educator (August 2020 – July 2021)

- Collaborates in planning and teaching of annual competency training for all professional staff. Oversees orientation for paraprofessional and professional staff. Assists in planning and implementing quality improvement projects. Creates clinical policies, procedures, and guidelines for all departments.
- Provides consultation and nursing support to community benefit team and nursing oversight for infection prevention programs. Plan, create, and teach annual competency training to all professional staff using online and live platforms.

Professional Nurse Educator (July 2017 – August 2020)

- Planned and taught orientation classes for professional clinicians entering employment in the hospice and home care departments. Oversaw orientation training, including use of the electronic medical record, accurate documentation in hospice and home care and nursing procedures in the community setting.

Collaborated in execution of improvement projects and processes. Assisted in the preparation and delivery of competency training for professional staff.

Home Care Nurse Case Manager (October 2011 – July 2017)

- Worked in collaboration with members of the healthcare team to improve patient outcomes and provide nursing care for patients in their homes.

Cardiac Medicine Unit, Catholic Medical Center, Manchester, NH

RN: Clinical Nurse II (Jan 2008 – Oct 2011)

- Served as Nurse on telemetry care unit. Promoted upon completion of a clinical improvement project related to patient education. Worked as a charge nurse and nurse preceptor.

Dartmouth Hitchcock Medical Center, Lebanon, NH

RN: Intermediate Cardiac Care Unit (July 2007 – Jan 2008)

- Completed 3-month Nurse Residency program and served as a registered nurse.

Ridgewood Center, Bedford, NH
RN, LPN, LNA (Aug 2004 – Jan 2008)
- Served as LPN/RN (January 2005 - January 2008) and worked as an LNA (August 2004 - January 2005) Provided nursing care to patients living in long-term care and in skilled nursing units.

TEACHING EXPERIENCE

LNA Health Careers, Manchester, NH
LNA Course Instructor (March 2014 – September 2014) (August 2023-January 2024)
- Planned and taught theoretical concepts to students enrolled in a 110-hour nursing assistant training course. Developed assignments and oversaw students' performance in the clinical setting.

Harmony Healthcare, LPN program, Merrimack, NH
Adjunct Faculty (August 2021-December 2021)
- Served as clinical instructor in LPN program fundamentals of nursing both in the clinical and simulation setting.

School of Nursing, Massachusetts College of Pharmacy and Health Sciences, Manchester, NH
Adjunct Faculty (August 2019 – May 2021)
- Served as Clinical Instructor for fundamentals of nursing; provide oversight for medical surgical rotations and schedule faculty for nursing simulation exercises.

EDUCATION & CERTIFICATIONS

Master of Science in Nursing (Cont.): Curriculum focus: Nursing Education, Franklin Pierce University, Rindge, NH
Graduate Assistant: Created curriculum for pre-licensure nursing course. (2019 – 2020)
Inducted into the Sigma Theta Tau International Honor Society (May 2020)

Bachelor of Science in Nursing, Franklin Pierce University, Rindge, NH (2011)

Associate Degree in Nursing, New Hampshire Technical Institute, Concord, NH (2007)

Licensed Practical Nursing Certificate, New Hampshire Technical Institute, Concord, NH (2004)

LICENSES & MEMBERSHIPS

National League for Nursing Certified Academic Clinical Nurse Educator (CNE-cl) (Expires March, 2026)
Registered Nurse-New Hampshire compact license #058096-21
American Heart Association Basic Life Support for Health Care Provider

Affiliations:

Member: New Hampshire Nurses Association and American Nurses Association (2016 – Present)

Abigail Stone

EDUCATION

Fisher College, Boston, MA August 2013 - May 2015
Semester at Sea, Study Abroad, Fall 2014
Biochemical Engineering

The Salter School, Tewksbury, MA August 2016
Asso. Certified Medical Assistant (CMA)

American Red Cross, Concord, NH June 2017
Licensed Nursing Assistant (LNA)

CERTIFICATIONS

CPR/First Aid/AED Adult Only, American Red Cross
American Association of Medical Assistants (AAMA)
OSHA Certified
EHR Certified, National HealthCare Association

EHR trained in eClinicalWorks, Centricity, EPIC, AllScripts/Sunrise, Cerner

WORK EXPERIENCE

Practice Manager
Concord Hospital
Family Health Center, Concord, NH, May 2022 - Present

- Establishes positive working relationships with providers and acts as a conduit for departmental and organizational communication among staff and others.
- Responsible for customer relations and customer service initiatives.
- Manages departmental core processes, participates and supports departmental and organizational change.
- Ensures compliance with State, Local, Federal regulatory requirements. Meets all departmental, professional and technical requirements.
- Participates in establishing and monitoring annual department budget, accountable for development of action plans related to financial performance.
- Analyze financial performance on a daily, weekly, and monthly basis. Meet with department leadership to determine opportunities for improvement and associated action plans.
- Understand key performance indicators and ensure targeted benchmarks are achieved in relation to Meaningful Use, Provider Dashboards, Revenue Cycle Metrics, etc.
- Recruits, retains and develops staff and manages performance.
- Takes responsibility for individual performance goals.
- Works independently and within a team on special, nonrecurring and ongoing projects. Coordinates multiple aspects of projects, events, and other complex activities.

Clinical Office Coordinator Manager & Certified Medical Assistant
Catholic Medical Center
Wound & Ostomy Center, Manchester, NH, Transfer July 2020 – May 2022

- Oversee daily operations in the clinic, and resolve any staff or patient issues that arise.

- Act as liaison between patients and medical staff, provide administrative support to all medical staff.
- Develop appropriate guidelines for staff to prioritize work activities.
- Facilitate monthly staff meetings, quarterly collective meetings with various departments throughout the hospital.
- Accountable for office visit charges and billing management.
- Manages employee time off requests, provider vacations, CME requirements, etc.
- Training of all new employees, JCAHO and OSHA safety, fire safety and active shooter training. Create resource binders for staff to utilize for training.
- Responsibilities also included data input of patient demographics, verifying, patient insurance coverage, obtaining medical referrals, ordering and maintaining office inventory.
- Medical assistant duties include vital signs, medication reconciliation, assisting providers during procedures, wound dressing changes, and creation of referrals incoming and outgoing.

Certified Medical Assistant
Catholic Medical Center
The Surgical Care Group, Manchester, NH, Feb 2018 - July 2020 *Transfer*

- Perform rooming activities for provider, chart preparation, wound care, all vital signs.
- Perform as a surgical tech when needed for in office procedures
- Administrative duties such as medical records, answering incoming phone calls, triage, prescription refills, referrals, precertifications, entering orders, scanning documentation and sorting faxes.
- Point of care testing, quality control, universal protocol.
- Specialize in general ,vascular, bariatric and orthopedic surgery.
- Travel to satellite offices and perform all duties - check in, check out, rooming, scheduling, opening and closing clinic.

Certified Medical Assistant-II - Department Safety Officer
Elliot Hospital
Elliot Endocrinology Associates, Manchester, NH, Oct 2016 - Feb 2018

- Perform rooming activities for provider, chart preparation, medication review, social/family history, all vital signs.
- Assist providers with thyroid biopsies in outpatient settings.
- Triage phone calls, prescription refills, referrals, result notes, administer injections, insulin sample dispensing.
- Point of care testing, quality control, universal protocol.
- Cross trained as a PSR - schedule follow up appointments, scanning documents, rescheduling, checking in/checking out, insurance verifications, pre-registration.

Teri L. Brehio, MD

Education and Training

2001-2004 **NH Dartmouth Family Medicine Residency**

1997-2001 **University of Massachusetts Chan Medical School**
Doctor of Medicine

Dates **Worcester Polytechnic Institute**
Masters of Science in Bioengineering

Employment

2020 – Present **Concord Family Health Centers and the RICH program–** Concord and Hillsboro-Deering

Medical Director

- Oversee patient care activities including primary care, specialty care, dental clinic, elder care, home care and behavioral health
- Active residency faculty member, providing resident and medical student education
- Oversee coordination of various practice activities to improve patient care outcomes and workflows
- Recruitment of highly qualified providers and staff as needed
- Collaborate with Administrative Director in managing budget
- Implement policies/procedures/algorithms that impact medical practice of providers in all locations
- Accountable for annual performance reviews, as assigned

2011 – 2019 **NH Dartmouth Family Medicine Residency, Concord, NH**

Education Director

- Member of Residency Leadership Team
- Supervise faculty, including performance reviews
- Perform 6-month resident reviews
- Chair of the Curriculum Committee
- Co-lead the Academic Division Meetings

2004 – Present **NH Dartmouth Family Medicine Residency, Concord, NH**

Faculty attending physician

- Provide full spectrum outpatient primary care, including obstetrics
- Precept residents during outpatient clinical sessions
- Attending physician on the Obstetric service
- Curriculum Coordinator for the Intensive Care Unit rotation
  - Liaison for residency and ICU physician leader
  - Review and revise curriculum goals and objectives and evaluation forms based on resident and ICU staff feedback
  - Modify curriculum as needed to improve resident education
- Member of the Concord Hospital Medical Group Provider Relations Committee – monthly meetings to discuss provider satisfaction and retention

2005 –2008 **New England College**, Henniker, NH

Medical Director

- Review and approve Policies and Procedures for the Medical Center
- Supervise the Senior Resident providing care weekly

Presentations

2011 – Present Advanced Life Support in Obstetrics Instructor

Kenyon, T., **Brehio, T.,** Sanborn, J. Morse, J., Brown, A. "Running Lapse: Interactive Modules for Measuring Specific Patient Safety and Professionalism Milestones That Can be Elusive". Society of Teachers of Family Medicine Annual Conference, Toronto, Ontario, CA (2019)

Kenyon, T., Danca, M, **Brehio, T.**, Sanborn, J."Taking Our Own Advice: Enhancing Engagement with Next Accreditation through the Advising System". Family Medicine Education Consortium Annual Meeting, Danvers, MA (2015)

Brehio T., Kenyon T. Where's the Balance between Service and Education? Survey Says" Society of Teachers of Family Medicine Annual Conference, Baltmore, MD. (2013)

Brehio, T. "Finding Time: Incorporating the Electronic Health Record Effectively into Patient Visits". Northeast Regional Electronic Health Record Conference, Autumnlogic EHR conference (2010)

Publications

Brehio TL. The Age of Scientific Wellness: Why the Future of Medicine Is Personalized, Predictive, Data-Rich, and in Your Hands. Fam Med. 2024;56(1):60-61. (Book review) https://doi.org/10.22454/FamMed.2024.661799.

Hoffman AH, **Brehio TL**, Rosas S, Kohles SS, "The Effect of Bone Viscoelasticity on Protocols for Indentation Tests", Proceedings of the 1999 Bioengineering Conference, ASME, June 1999; Vol 42; 313-314.

Awards

April 2022 NH Magazine, Yankee Publishing/ New Hampshire Group, Manchester, NH
2021 *Named "Top Doc" for Family Medicine - voted on by peers*
2020
2019
2018

Licensure and Certification

2019	Global Ultrasound Institute training for Point-of-Care Ultrasound
2017	Contraceptive Implant (*Nexplanon®)* training
2004 - Present	Board Certified Family Physician – NH Board of Medicine
2002 - Present	Advanced Life Support in Obstetrics (ALSO)
	Neonatal Resuscitation Program (NRP)
2001 - Present	Advanced Cardiac Life Support (ACLS)

Professional memberships

2001-Present	NH Academy of Family Physicians
	American Academy of Family Physicians
2005 – Present	Society of Teachers of Family Medicine

Hobbies and Interests

NASCAR stock car racing, Disney vacations, indoor soccer, softball, golf, reading, tap and hip hop dancing, cruise vacations, spending time with family

DOMINIC FRANCIS GEFFKEN

PROFESSIONAL

July 2004-present — Director, Preventive Medicine
NH Dartmouth Family Medicine Residency
250 Pleasant Street, Concord, NH 03301

EDUCATION

July 1999- June 2004 — University of Massachusetts Medical School-Worcester
Family Medicine/Preventive Medicine Residency Program

1994-1999 — University of Vermont College of Medicine
M.D. awarded 1999

1982-1987 — University of Vermont
B.S. Biochemistry / B.A. English

CERTIFICATION

2006-2016 — Diplomate American Board of Preventive Medicine

2003-2010 — Diplomate American Board of Family Practice

Nov. 2002-present — Full License Commonwealth of Massachusetts, Board of Registration in Medicine

July 2004-present — Full License State of New Hampshire, Board of Registration in Medicine

CLINICAL EXPERIENCE

2004-present — Capital Region Family Health Center
Provide comprehensive health care in a Family Practice clinic as a faculty member of a Family Medicine and Preventive Medicine residency.

1999-2004 — Barre Family Health Center
Provide comprehensive health care in a Family Practice clinic during my Family Medicine and Preventive Medicine residencies.

2002-2004 — Worcester Polytechnic Institute (WPI) Student Health Center
Provide primary health care to college students.

2004 — Clark Student Health Center
Provide primary health care to college students.

RESEARCH

March 1998-January 1999 — Independent Research Project
Russell Tracy, Ph.D., Edwin Bovill, MD. University of Vermont, College of Medicine, Department of Pathology.
The association of exercise with the markers of inflammation in cardiovascular disease.

Summer 1995 — Independent Research Project

Melissa Perry, ScD. University of Vermont, College of Medicine, Department of Health Promotion. Characteristics of Vermont breast cancer mortality.

Spring Semester 1992 — Behavior Modification Project
John Burchard, Ph.D., University of Vermont, Department of Psychology. Implemented an in school behavior modification program to reduce the aggressive behavior in children.

PUBLICATIONS

Dysinger, W. S., King, V., Foster, T.S., **Geffken, D.F.** Incorporating population medicine into primary care residency training. Fam Med 2011; 43: 480-6.

Eubank, D., Orzano, J., **Geffken, D.**, Ricci, R. "Teaching team membership to family medicine residents: what does it take? Fam Syst Health 2011; 29: 29-43.

Majka DS, Chang RW, Vu TH, Palmas W, **Geffken DF**, Ouyang P, Ni H, Liu K. Physical Activity and High-Sensitivity C-Reactive Protein: The Multi-Ethnic Study of Atherosclerosis. American Journal of Preventive Medicine 2009; 36: 56-62

Gunn W, **Geffken DF**. Complexity and Collaboration. In: Kessler R, Stafford D, eds. Collaborative Medicine Case Studies: Evidence in Practice. New York: Springer; 2008.

Geffken DF, Cushman M, Burke GL, Polak JF, Sakkinen PA, Tracy, RP. The association of physical activity and markers of inflammation in a healthy elderly population. American Journal of Epidemiology 2001; 153: 242-250.

Geffken DF, Perry M, Callas P. Association of occupation and breast cancer mortality in the state of Vermont, 1989-1993. McGill Journal of Medicine 2000; 5: 75-79.

Tracy RP, Rubin DZ, Mann KG, Bovill EG, Rand M, **Geffken DF**, Tracy PB. Thrombolytic therapy and proteolysis of factor V. Journal of the American College of Cardiology 1997; 30: 716-724.

Geffken DF, Keating FG, Kennedy MH, Cornell ES, Bovill EG, Tracy RP. The measurement of fibrinogen in population based research. Studies on instrumentation and methodology. Archives of Pathology and Laboratory Medicine 1994; 118: 1106-1109.

HONORS/AWARDS

June 2006 — Family Practice Role Model Award
Award given by the residents in NH-Dartmouth Family Practice Residency to a faculty member.

July 2003-June 2004 — Chief Resident. Preventive Medicine Residency
Representative for the Preventive Medicine Residents in meetings with administration of the University of Massachusetts-Worcester Preventive Medicine Residency Program.

July 2001-June 2002 — Chief Resident. Barre Family Health Center
Representative for the residents of the Barre Family Health Center in meetings with administration of the University of Massachusetts-Worcester Family Practice Residency Program.

November 1995	Outstanding Research Award for Students Awarded for presentation of summer research: Characteristics of Vermont breast cancer mortality. The Combined Primary Care Annual Meeting, Burl., VT.

PROFESSIONAL MEMBERSHIP

2004	American College of Preventive Medicine Faculty Member
2003	North American Primary Care Research Group Faculty Member
1994-present	American Academy of Family Physicians Faculty Member
1987-present	Sigma Xi. The Scientific Research Society. Associate member

MEETINGS

American College of Preventive Medicine. Preventive Medicine 2006. February 22-26, 2006, Reno, NV. Co-presenter with Paul Batalden, MD, Stephen Liu, MD, MPH, Quality Improvement Seminar entitled "Health Care Quality Improvement Institute- Improving Quality Improvement: Building and Sharing Best Evidence for Clinical Decision-making."

American Heart Association. 39th Annual Conference on Cardiovascular Disease Epidemiology and Prevention, March 24-27,1999. Orlando, FL. Poster Presentation: The association of physical activity and markers of inflammation in a healthy elderly population.

GRANTS

1998

Office of the Dean, University of Vermont College of Medicine and Department of Pathology, University of Vermont College of Medicine. Financial support to conduct research on association between physical activity and markers of inflammation in a healthy elderly population. Project published in American Journal of Epidemiology.

1995

Medical Alumni Association and Office of the Dean, University of Vermont College of Medicine. Financial support to conduct research on association of occupation and breast cancer mortality in the state of Vermont. Published in McGill Journal of Medicine.

JOURNAL REVIEWER

2002	Circulation
2003-2006	Annals of Family Medicine

PROFESSIONAL DEVELOPMENT

Jan. 2003-Jan. 2004	Teaching of Tomorrow Workshops Participated in workshops that fostered further development of teaching skills used in mentoring medical trainees.

COMMUNITY INVOLVEMENT

2010	Concord Homeless Resource Center Working with community homeless resource center to evaluate and deliver primary care health services.
2003	Steering Committee East Quabbin Alliance (EQUAL). Community group involved in assessment of community health needs and development and implementation of potential solutions.
Sept. 2002-June 2004	Medical Writer for column entitled "Health Matters". Write a biweekly medical column explaining common or current. medical topics for a lay audience in local paper, The Barre Gazette
January 1997- June 1999	Free Clinic at Fletcher Allen Health Care Evaluated and treated people without medical insurance.
March 1998-June 1999	Free Clinic at The People's Health and Wellness Clinic Barre, VT. Evaluated and treated people without medical insurance.
1987-1995	Special Friends Program Howard Center for Human Services, Burlington, VT Spent time with an adolescent boy in a supportive, mentoring relationship.

Mikayla Panacopoulos, RN, BSN

Registered Nurse

Focused healthcare professional with 5 years of experience in outpatient care and management. Proven ability to evaluate the health needs of patients and deliver appropriate plan of care. Adept at suiting complex patient populations resulting in effective treatment. Successful team player able to motivate others to work independently. Areas of expertise include:

Telephone Triage	Medication administration	Delegation Skills
SBAR Documentation	Professionalism	Organizational Skills
Basic Life Support	Communication skills	Team Building

Professional Experience

Concord Family Health Center
Registered Nurse — 2018 - Present

Support outpatient care and management. Room patients, obtain vitals and administer medications and immunizations. Assess and establish levels of care via telephone triage. Collaborate with primary care physicians and other clinical staff to formulate dispositions. Provide patient population with education on health conditions and management of health conditions.

Women's Health Nurse Coordinator — 2022 - Present

Support OBGYN team at FHC. Schedule OB intakes for newly pregnant patients, arrange for ultrasounds and prenatal labs, perform NSTs when applicable, send referrals to MFM, triage pregnant patient's needs and determine disposition, work with cases workers or insurance to help schedule transportation when needed, create a list of high risk patients from our clinic monthly to be presented at OB planning meeting with other OBGYN practices/providers & assist with GYN procedures when applicable.

Key Contributions:

- Trained in other departmental roles to offer scheduling flexibility during staffing shortages
- Coordinate client enrollment in the Breast & Cervical Cancer program
- Assist & participate with setting up trainings/workshops for FHC residents
- Assist with and/or create workflows for OBGYN department

Pleasant View Center 2015-2016
Licensed Nursing Assistant

Recruited to assist residents on the Transitional Care unit with ADLs. Documented vitals, intake and output, meals, and daily weights. Participated in various in-services related to patient care.

Education and Technical Proficiencies

Bachelor of Science in Nursing (BSN): (2020)
Southern New Hampshire University

Associate Degree in Nursing (ADN): (2018)
New Hampshire Technical Institute

Licenses and Certifications:

- N.H. State Multi-State Registered Nurse License (active)
- Basic Life Support (active)
- Licensed Nursing Assistant (expired)

Technical Skills:

EMR (Cerner & Centricity), Revenue Cycle, Workday, GroupWise, Microsoft Word, Outlook, Excel & PowerPoint

Sarah Fortin, PMP

Information Technology Project Manager Specializing in Healthcare

PMP-certified project manager with over 15 years of healthcare experience. Information technology project manager, providing oversight in a matrixed environment to staff of all levels. Management of projects from planning through implementation, responsible for all aspects of project management including:

- Develop project documentation, including: Charter, project plan, budget, scope, and status reports.
- Lead large-scale technical and clinical transformation projects and programs.
- Plan and facilitate all activities throughout the project lifecycle.
- Ensure project deliverables are provided on time and on budget.
- Project implementation issue identification, management and resolution.
- Secure support of senior leadership team to ensure project success.

Professional Experience

Sept. 2021-Present **Administrative Director, Concord Hospital, Health Center & Residency Program**

- Administrative oversight of primary care practices in two locations with services including behavioral health, dental, OB/GYN, pediatrics and sports medicine.
- Administrative oversight of a 24 resident family medicine residency program and separate medical student program.
- Define strategic goals for the department, establish and track goals and objectives, while ensuring alignment with organizational priorities.
- Ensure department is meeting budget related to visit volumes and dollars.
- Management of

Apr. 2018 – Sept. 2021 **Project Manager, Concord Hospital, Project Management Office**

- Management of clinical transformation projects as well as technical upgrades and maintenance for the enterprise electronic health record (EHR) used throughout all clinical and financial departments.
- Work with senior leadership team to adapt to changing priorities within a healthcare setting.
- Implementation of process and technology to support clinical transformation, utilizing principles of change management.
- Management of project teams greater than 40 ITS resources in size and including collaboration of administration, physicians and clinical team members.
- Mentoring and leadership for analysts, engineering and clinical team members to ensure project success.
- Utilization, development and refinement of project management tools and templates.

Dec. 2009 – Apr. 2018 **App. Analyst/Project Manager, Concord Hospital, Physician Information Services**

- Implementation of Cerner (electronic health record) for ambulatory practices as part of system-wide Cerner implementation, including workflow and system design, build and acceptance.

- Build and lead project teams comprised of multi-disciplinary team members, including leadership, physicians, nursing staff, ITS and support staff.
- Creation and maintenance of custom content and interface development, maintenance and testing for outpatient practices.

Feb. 2009 – Dec. 2009 **Supervisor, Concord Hospital, Patient Financial Services Pre-Services**

- Leadership and support for a team of 10 employees.
- Improvement of workflows to ensure payment of diagnostic testing and inpatient stays.
- Workflow modifications, using innovative approaches to technology in the financial setting.

May 2007 – Feb. 2009 **Training Specialist, Concord Hospital, Patient Financial Services Revenue Cycle**

- Provided training for hospital and clinic staff across healthcare enterprise.
- Developed and implemented training, policies and procedures related to revenue cycle processes.

Sept. 2004 – May 2007 **Research Assistant, Dartmouth Psychiatric Research Center**

- Supported a multi-site research program serving older adults with serious mental illness.
- Interviewed and monitored research study participants.
- Developed and maintained documentation related to ensure funding and regulatory compliance.

Education

Bachelor of Arts in Psychology,
University of Arizona, Tucson, AZ
Graduated Magna Cum Laude (GPA 3.8 on a 4.0 scale)

Project Management Professional (PMP), Project Management Institute
Renewal Deadline: 4/26/2025

Sara L. Parker

OBJECTIVE:

Interested in a position that will allow me to apply my existing skills while continuing to learn. Heavy interest in working with a community of diverse needs and focusing on staff/student satisfaction while building bridges with external resources, partners, or affiliates.

EDUCATION:

John Stark High School
1996. Graduated with HS diploma

Southern NH University
2022 – Current

New England College, Henniker NH
1997-2000. Associates level degree in Business Administration. I have two semesters to complete B.A. I am planning to enroll in classes in the evening and over the internet. I am not your traditional student and view my education and the continuing of my education as an important ingredient in my overall success. I am interested in pursuing a Masters in Health Administration.

A&T Team Board Member
Hospital Association
2008-2013

Community Partner certified for Healthy Kids (NH State)
2002-2012

HICEAS Certified
2005-2010

Southern NH University
2021 - Current

CAREER SUMMARY:

Family Health Center Hillsboro Practice Manager, 2022-Current
Responsible for the daily management of the practice. This includes, but is not limited to operational, financial, clinical, performance improvement, program development, and customer relations and patient care outcomes. Responsibilities also include collaboration with other departments of the Hospital to assure development, promotion, and maintenance of quality programs and services.

ER Registration Supervisor, 2011- 2022
At the direction of the Patient Access Director, I collaborate with members of the Emergency Department, Primary Care Practices, Nursing, CEMA, Hospitalist, and Care Coordination to facilitate and maintain responsibility for organizational patient flow and capacity management while ensuring quality registration. This includes, but is not limited to operational, financial, clinical, performance improvement, program development, and customer relations and patient care outcomes. I have been the primary resource person for greater than 25 staff and provide direct support for staffing coverage needs and active codes during all shifts. Supports the Organization by fostering inter departmental communication/collaboration and patient advocacy while maintaining responsibility for organizational patient flow and capacity management.

Team Lead of Financial Counseling, 2002-2011
As Team Lead for Financial Counseling my role is to oversee the daily operations of the Dept and provide support for any areas of need. This role requires me to be dependable, work well under pressure, be an active listener, and maintain a positive attitude when under stress. I willingly accept these responsibilities and I work hard to meet the demands of this position and the evolution of our Department.

Assistant Director of Financial Aid, 1997-2002
Offer efficient and comprehensive service to all NEC students and their families seeking information and opportunities for financial aid. This encompasses all aspects of aid, scholarship, loans, work-study, honorary stipends, etc. To maximize opportunity for NEC to attract optimum number of candidates by presenting aid options and opportunities that may facilitate candidates' matriculation to NEC.

INTERESTS: Volunteering, Access to Healthcare, Hiking, snowshoeing, spending quality time with my family

REFERENCES (Will provide contact information upon request):

Shelby Swanick BSN, RN

Certifications & Licensure

REGISTERED NURSE (NEW HAMPSHIRE)

BASIC LIFE SUPPORT FOR HEALTHCARE PROVIDERS

- Heartcode (AHA), BLS- Expires July 2025

EXPANDING CLINICIANS' ROLES IN BREASTFEEDING SUPPORT

Focus on Maternal & Infant Care Prenatally and During the Hospital Stay

- Certification received 12/4/2019

REDUCING THE RISK OF SIDS IN EARLY EDUCATION AND CHILD CARE

- Certification received 11/30/2015

Education

BACHELOR OF SCIENCE IN NURSING | MAY 2019 | PLYMOUTH STATE UNIVERSITY

- Board member of Student Nurses Association

Experience

CLINICAL LEADER | CONCORD HOSPITAL; FAMILY HEALTH CENTER | AUGUST 2023-PRESENT

- Supervises clinical staff, including nurses and medical assistants.
- Coordinates educational and training programs for all clinical staff.
- Develops and implements clinical protocols and work flows and supervises compliance with regulations required by the Joint Commission, OSHA, CLIA and other regulatory bodies.
- Creates and implements with collaboration revenue enhancement processes to maximize quality care, efficiency and productivity.

REGISTERED NURSE| HILLSBORO HOUSE NURSING HOME | JULY 2019- PRESENT

- Completes thorough admissions and discharges, as well as care coordination at end of life.
- Executes exceptional leadership skills as a charge nurse on a thirty-bed unit, efficiently delegates tasks, and provides direction and support to LNA's to guarantee the distribution of excellent patient care.
- Appropriately utilizes on-call providers after hours to ensure patient safety and quality care.

CLINICAL PRACTICE REGISTERED NURSE | CONCORD HOSPITAL; FAMILY HEALTH CENTER | JULY 2019-AUGUST 2023

- Work closely with a diverse team of healthcare professionals to optimize care coordination, ensuring smooth transitions, seamless continuity of care and reduces hospital readmission rates.
- Performs exceptional leadership skills as a resource nurse, overseeing daily operations, effectively delegating tasks, and providing guidance and support to nursing staff to ensure the delivery of high-quality patient care. As well as working closely with all members of the Family Health Center's Leadership team.

- Demonstrates proficiency in navigating and utilizing Cerner, ensuring accurate and timely documentation of patient information, treatment plans, and assessments, while maintaining strict adherence to privacy and security protocols.
- Serves as a preceptor for nursing students as well as newly hired employees. Helped develop orientation guidelines and is responsible for holding students and staff accountable for meeting expectations.
- Works as a nurse-level mentor for first, second and third year resident doctors.
- Completes practice specific clinical skills, including but not limited to; telephone triage, psychosocial and physical assessments, assisting with procedures, medication and immunization administatation, point-of-care testing and interpretation of results.

REGISTERED NURSE| CH-FHC | INTERIM PRENATAL NURSE CARE COORDINATOR| JUNE 2020-JANUARY 2021

- Completes initial obstetric intakes, offering vast amounts of prenatal education to all patient populations.
- Works closely with FHC OBGYN providers and OB track Residents as well office social worker for high-risk patients.
- Completes all triage calls/questions for pre and postnatal patients.
- Offers a variety of thorough post-partum, lactation, and neonatal care education to the patient and all members of the patient's family, as needed.

**References available upon request*

ANDREW S. VALERAS DO, MPH

POSITIONS AND EMPLOYMENT

FACULTY PHYSICIAN - NEW HAMPSHIRE DARTMOUTH FAMILY MEDICINE RESIDENCY - CONCORD HOSPITAL – CONCORD, NEW HAMPSHIRE
September 2012 – present
- Hospital Affiliations: Concord Hospital

EDUCATION & TRAINING

DARTMOUTH-HITCHCOCK LEADERSHIP AND PREVENTIVE MEDICINE RESIDENCY – DHMC LEBANON, NEW HAMPSHIRE
July 2010 – June 2012
- Successful practicum project focused on improving urgent care at Concord Hospital Family Health Center in order to reduce avoidable ED visits 2010-2012
- Residency Advisory Committee – Resident representative 2010-2012
- "Hands to Honduras" medical mission physician 2010
- NH Medicaid Quality Indicator Website Developer 2011-2012
- LPMR CLAR and Developmental Journey Workgroup Committee Member 2011

Awards
- Academy for Healthcare Improvement's Duncan Neuhauser Award for Curricular Innovation – The DHLPMR Developmental Journey

THE DARTMOUTH INSTITUTE – LEBANON, NEW HAMPSHIRE
Masters in Public Health conferred June 2012
July 2010 – June 2012

NEW HAMPSHIRE DARTMOUTH FAMILY MEDICINE RESIDENCY - CONCORD HOSPITAL, CONCORD, NEW HAMPSHIRE
July 2007 – June 2010
- Chief Resident 2009-2010
- Graduate Medical Education Committee 2009-2010
- Curriculum Committee 2009-2010
- ED Utilization QI Workgroup Leader 2009-present
- ACGME RRC Program Information Form (PIF) NHDFMR Formulation Committee 2009

Awards
- Resident of the Year – NH Academy of Family Physicians 2009-2010

MIDWESTERN UNIVERSITY - ARIZONA COLLEGE OF OSTEOPATHIC MEDICINE, GLENDALE, ARIZONA
Doctor of Osteopathy conferred June 2007
August 2003 – June 2007
- Secretary of Undergraduate Academy of Osteopathy (UAAO) 2006-2007

- President of Homeless Outreach through Medicine and Education (HOME) 2006-2007

BOSTON COLLEGE – COLLEGE OF ARTS AND SCIENCES, CHESTNUT HILL, MASSACHUSETTS
Bachelor of Science conferred June 2001. Major: Biology, Minor: Philosophy
September 1997 – June 2001

- Mendel Society (pre-medical/pre-dental undergraduate society) 1999-2001
  - Treasurer 2000-2001
- Hellenic Society Member 1997-2001
- Ignacio Volunteer-Tijuana Mexico Immersion Program 2001
- Appalachia Volunteer 2000, 2001
- Silent Retreat Founder and Participant 2001
- Kairos Spiritual Retreat Participant 1999
  - Leader 2000, 2001
  - Leader Selection Committee 2000-2001
- Boston Partners in Education 5th Grade: Math/Science Tutor 2000

PREVIOUS PROFESSIONAL EXPERIENCE

MICROARRAY SPECIALIST - BIOTECHNOLOGY CENTER, CENTER FOR NEUROLOGIC DISEASES, BRIGHAM & WOMEN'S HOSPITAL, HARVARD MEDICAL SCHOOL, BOSTON, MASSACHUSETTS
September 2001 - July 2003

- Trained in all aspects of gene chip technology using all available platforms, including Affymetrix, Amersham, and GSI
- Performed RNA isolation techniques for various models and hybridization of RNA to microarrays.
- Safety Officer

LABORATORY TECHNICIAN - WELLESLEY BIOPHARMACEUTICALS, BOSTON, MASSACHUSETTS
September 2001 - July 2003

- Original employee of start-up company looking to provide alternative uses of nutraceuticals in the health field.
- Responsibilities included managing experiments, analyzing data, and overseeing overall direction of experimental leads.

LABORATORY TECHNICIAN - HARVARD INSTITUTES OF MEDICINE AT BRIGHAM & WOMEN'S HOSPITAL, BOSTON, MASSACHUSETTS
July 1999 – May 2001

- Created and implemented FDA 2000 database for the creation of drug library in high-throughput drug assays for treatment of ALS and other neurodegenerative diseases for Hope for ALS and Project ALS.

PUBLICATIONS

- Burke, A.M., Valeras, A.S. (2008). Fibromyalgia. In A. Lind (Ed.), *Battleground: Women and Gender*. Westport, CT: Greenwood Publishing Group.

- Sarang, S.S., Yoshida, T, Cadet, R., Valeras, A.S., Jensen, R.V., Gullans, S.R. (2002). Discovery of molecular mechanisms of neuroprotection using cell-based bioassays and oligonucleotide arrays. *Physiologic Genomics 11*: 45-52.

PRESENTATIONS

- Reducing Emergency Department Utilization Among "High Utilizers" Concord Hospital Board of Trustees Quality Improvement Subcommittee 2012
- "DHLPMR Developmental Journey" Poster presented at 2011 International Scientific Symposium on Improving Quality and Value in Health Care
- Valeras, A.S., Valeras, A.B. "Fibromyalgia: Beyond the Medical Model." Concord Hospital Grand Rounds, December 12, 2009.
- Valeras, A.S. "Case Presentation: Mesothelioma." Arrowhead Hospital and Medical Center Tumor Board. October 2005
- Valeras, A.S. "Identification of Therapeutic Classes of Drugs for Treatment of Neurodegenerative Disease using High Throughput Cell Based Screens." Drug Discovery Technology. Poster presented at 2000 IBC conference.

CERTIFICATIONS AND LICENSURE

- American Board of Family Physicians – Certified 2011 -present
- DEA Registered 2011 - present
- New Hampshire Unrestricted Medical License 2011- present
- ACLS
- NRP
- ALSO

PROFESSIONAL SOCIETY AFFILIATIONS

- American Academy of Family Physicians
- NH Academy of Family Physicians
  - NHDFMR Resident Representative 2009 – 2010
- Collaborative Family Healthcare Association
- NH Medical Society

Program Staff List

New Hampshire Department of Health and Human Services

COMPLETE ONE PROGRAM STAFF LIST FOR EACH STATE FISCAL YEAR

Proposal Agency Name: Concord Hospital Family Health Center
Program: Maternal & Child Health Care in Integrated Primary Care Setting
Budget Period: July 1, 2024 - June 30, 2025

A	B	C	D	E	F	G	H
Position Title	Current Individual in Position	Projected Hrly Rate as of 1st Day of Budget Period	Hours per Week dedicated to this program	Amnt Funded by this program for Budget Period	Total Salary for Budget Period	% of Salary Funded by this program	Site*
Example:							
Program Coordinator	Sandra Smith	$21.00	40	$13,680	$43,680	31%	
Administrative Salaries							
Practice Manager	Sara L Parker						CH Family Health Center - Hillsboro
Practice Manager	Abby Stone						CH Family Health Center
Director FHC/FMR	Sarah Fortin						CH Family Health Center
Behavioral Health Manager	Alex Brown						CH Family Health Center
Total Administrative Salaries	All Admin Positions	$ 30.59	4	$ 6,184	$ 232,808	3%	Concord & Hillsboro
Direct Service Salaries							
Clinical Manager Family Health Center	Ashley Ponce						CH Family Health Center
Practice Clinical Leader	Shelby Swanick						CH Family Health Center - Hillsboro
Clinical Leadership	All Clinical Leaders	$ 33.03	44	$ 13,595	$ 205,988	7%	Concord & Hillsboro
Total Practice Clinical Resources Nurse	Practice Clinical Resources Nurses	$ 38.80	48	$ 16,018	$ 242,693	7%	Concord & Hillsboro*
Total Practice Registered Nurse	Practice Registered Nurses	$ 32.70	114	$ 33,719	$ 510,887	7%	Concord & Hillsboro
FHC Nurse Care Coordinator	Mikayla Panagopoulos						CH Family Health Center
Total FHC Nurse Care Coordinator	FHC Nurse Care Coordinators	$ 37.95	42	$ 14,215	$ 215,385	7%	Concord & Hillsboro
Total Practice Patient Care Coordinator	Practice Patient Care Coordinator	$ 19.44	143	$ 25,522	$ 386,702	7%	Concord & Hillsboro
Total Certified Medical Assistant	Certified Medical Assistant	$ 21.46	356	$ 49,716	$ 753,270	7%	Concord & Hillsboro
Total Providers	Providers	$ 96.86	36	$ 32,272	$ 1,732,250	2%	Concord & Hillsboro
Faculty Supervisor	Andrew S Velyvis						CH Family Health Center
Program Director FHC	Dominic F Geffken						CH Family Health Center
Medical Director FPR	Teri L Brehio						CH Family Health Center
Total Provider Leadership	Provider Leadership	$ 118.47	0	$ 9,594	$ 726,802	1%	Concord & Hillsboro
Total Direct Salaries				$ 194,651	$ 4,773,979	4%	
Total Salaries by Program				$ 200,834	$ 5,006,787	4%	
Total Direct Salaries				$0	$0	#DIV/0!	
Total Salaries by Program				$6,184	$232,808	3%	

Please note, any forms downloaded from the DHHS website will NOT calculate. Forms will be sent electronically via e-mail to all programs submitting a Letter of Intent by the due date.
*Please list which site(s) each staff member works at, if your agency has multiple sites.

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

May 25, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into contracts with the Contractors listed below in an amount not to exceed $8,158,520 to increase access to integrated prevention and primary health care services for Women, Infants, Children and Adolescents, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through June 30, 2024. 10% Federal Funds. 90% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Amoskeag Health	157274-B001	Manchester	$1,529,850
Concord Hospital, Inc.	177653-B011	Concord	$658,569
Coos County Family Health Services, Inc.	155327-B001	Berlin	$731,721
Greater Seacoast Community Health	166629-B001	Somersworth	$1,232,685
HealthFirst Family Care Center, Inc.	158221-B001	Franklin	$597,648
Lamprey Health Care, Inc.	177677-R001	Newmarket	$1,112,527
Manchester Health Department	177433-B009	Manchester	$412,006
Mid-State Health Center	158055-B001	Plymouth	$640,823
Weeks Medical Center	177171-R001	Lancaster	$617,806
White Mountain Community Health Center	174170-R001	Conway	$624,885
		Total:	**$8,158,520**

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, and are anticipated to be available in State Fiscal Year 2024, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Department to increase access to integrated prevention and primary health care for the Maternal and Child Health (MCH) target population of women, infants, children and adolescents, and to address the maternal and youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

Approximately 194,940 individuals will be served from June 1, 2022 to June 30, 2024.

The Contractors will provide increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, and pregnant women and women of childbearing age, and must not exclude individuals who are uninsured; underinsured; and/or considered low-income. Integrated prevention and primary health care services are provided to individuals who may experience barriers to accessing health care due to issues such as lack of insurance, inability to pay, limited language proficiency and geographic isolation. The Contractors will integrate and coordinate access to medical, behavioral and social services by reducing barriers to care through an array of services such as care coordination, translation services, outreach, eligibility assistance, transportation, and health education.

The Department will monitor services through the following performance measures:

- Percent of infants who were ever breastfed.
- Percent of adolescents 12 to 21 years of age who had at least one (1) comprehensive well-care visit/comprehensive physical exam during the measurement year.
- Percent of postpartum women screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive screen, a follow-up plan is documented on the date of the positive screen.

The Department selected the Contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from January 14, 2022 through February 25, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Executive Council not authorize this request, the Department may be unable to ensure increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, pregnant women and women of childbearing age, and individuals who are uninsured; underinsured; considered low-income.

Source of Federal Funds: CFDA #93.994, FAIN B04MC45230

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

Respectfully submitted,

DocuSigned by:
Ann H. Landry
24BAB37ED8EB468...

Lori A. Shibinette
Commissioner

Maternal and Child Health in the Integrated Primary Care Setting
RFP-2022-DPHS-19-PRIMA
Fiscal Detail Sheet

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH

1. Amoskeag Health, Vendor # 157274-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$161,194
SFY 2023	102-500731	Contracts for Program Services	90080112	$684,328
SFY 2024	102-500731	Contracts for Program Services	90080112	$684,328
			Subtotal:	*$1,529,850*

2. Concord Hospital, Inc., Vendor # 177653-B011 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$26,343
SFY 2023	102-500731	Contracts for Program Services	90080112	$316,113
SFY 2024	102-500731	Contracts for Program Services	90080112	$316,113
			Subtotal:	*$658,569*

3. Coos County Family Health Services, Inc., Vendor # 155327-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$29,269
SFY 2023	102-500731	Contracts for Program Services	90080112	$351,226
SFY 2024	102-500731	Contracts for Program Services	90080112	$351,226
			Subtotal:	*$731,721*

4. Greater Seacoast Community Health, Vendor # 166629-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$49,307
SFY 2023	102-500731	Contracts for Program Services	90080112	$591,689
SFY 2024	102-500731	Contracts for Program Services	90080112	$591,689
			Subtotal:	*$1,232,685*

5. Health First Family Care Center, Vendor # 158221-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$23,906
SFY 2023	102-500731	Contracts for Program Services	90080112	$286,871
SFY 2024	102-500731	Contracts for Program Services	90080112	$286,871
			Subtotal:	*$597,648*

6. Lamprey Health Care, Inc., Vendor # 177677-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$44,501
SFY 2023	102-500731	Contracts for Program Services	90080112	$534,013
SFY 2024	102-500731	Contracts for Program Services	90080112	$534,013
			Subtotal:	*$1,112,527*

7. Manchester Health Dept. Vendor #177433-B009 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$16,480
SFY 2023	102-500731	Contracts for Program Services	90080112	$197,763
SFY 2024	102-500731	Contracts for Program Services	90080112	$197,763
			Subtotal:	*$412,006*

8. Mid-State Health Center, Vendor # 158055-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$25,633
SFY 2023	102-500731	Contracts for Program Services	90080112	$307,595
SFY 2024	102-500731	Contracts for Program Services	90080112	$307,595
			Subtotal:	*$640,823*

9. Weeks Medical Center, Vendor # 177171-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,712
SFY 2023	102-500731	Contracts for Program Services	90080112	$296,547
SFY 2024	102-500731	Contracts for Program Services	90080112	$296,547
			Subtotal:	*$617,806*

10. White Mountain Community Health Center, Vendor # 174170-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,995
SFY 2023	102-500731	Contracts for Program Services	90080112	$299,945
SFY 2024	102-500731	Contracts for Program Services	90080112	$299,945
			Subtotal:	*$624,885*
			TOTAL:	**$8,158,520**

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFP-2022-DPHS-19-PRIMA

Project Title Maternal and Child Health Care in the Integrated Primary Care Setting

	Maximum Points Available	Amoskeag Health	City of Manchester Health Department	Concord Hospital Family Health Center	Coos County Family Health Services	Greater Seacoast Community Health	HealthFirst Family Care Center Inc	Lamprey Healthcare	Mid-State Health	Weeks Medical Center	White Mountain Community Health Center
Technical											
Primary Care Services (Q1)	30	28	24	25	23	29	25	25	28	25	28
Social Determinants of Health (Q2)	20	20	18	13	18	20	18	15	18	15	18
Enabling Service Initiatives (Q3)	20	20	18	14	18	19	18	13	19	18	16
Quality Improvement Projects (Q4)	20	20	20	12	17	18	18	17	15	18	16
Staffing (Q5)	5	3	3	3	3	5	4	2	4	3	3
and Training Plan (Q6)	5	4	3	3	3	5	4	5	4	4	2
Technical Score*	100	95	86	70	82	96	87	77	88	83	83
TOTAL SCORE	100	95	86	70	82	96	87	77	88	83	83

**Minimum Passing Technical Score = 70 of 100 possible points.*

	Reviewer Name	Title
1	Rhonda Siegel	Administrator
2	Shari Campbell	Program Specialist III
3	Erica Tenney	Program Coordinator
4	Lisa Storez	Public Health Nurse Consultant
5	Ellen Stickney	Public Health Nurse Coordinator

FORM NUMBER P-37 (version 12/11/2019)

Subject: Maternal and Child Health Care in the Integrated Primary Care Setting (RFP-2022-DPHS-19-PRIMA-03)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Concord Hospital, Inc.		1.4 Contractor Address 250 Pleasant St. Concord, NH 03301	
1.5 Contractor Phone Number (603) 230-6057	1.6 Account Number 05-95-90-902010-5190	1.7 Completion Date June 30, 2024	1.8 Price Limitation $658,569
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Robert Steigmeyer Date: 5/20/2022		1.12 Name and Title of Contractor Signatory Robert Steigmeyer, President and CEO	
1.13 State Agency Signature DocuSigned by: Iain Watt Date: 5/23/2022		1.14 Name and Title of State Agency Signatory Iain Watt, Deputy Director - DPHS	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Tahhmina Rahhmatova		On: 5/31/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials DS RS
Date 5/20/2022

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials RS

Date 5/20/2022

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

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

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

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

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

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

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

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of the

Contractor Initials RS

Date 5/20/2022

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation")*.

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

Contractor Initials RS
DS

Date 5/20/2022

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting
EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall increase access to integrated healthcare for the Maternal and Child Health (MCH) target population of Women, Infants, Children and Adolescents from birth to 21 years of age, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

1.2. The Contractor shall provide and increase access to healthcare for New Hampshire Infants, Children and Adolescents from birth to 21 years of age, and Pregnant Women and Women of Childbearing age, and must not exclude individuals who are:

1.2.1. Uninsured.

1.2.2. Underinsured.

1.2.3. Considered low-income defined as less than 185% of the U.S. Department of Health and Human Services (US DHHS) Poverty Guidelines.

1.2.4. Lacking housing, including individuals whose primary residence during the night is a supervised public or private facility, such as a shelter, that provides temporary living accommodations.

1.2.5. Residing in transitional housing.

1.2.6. Unable to maintain their housing situation.

1.2.7. Forced to stay with a series of friends and/or extended family members, hence are considered homeless.

1.2.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

1.3. The Contractor shall provide integrated preventative and primary health care services to the populations in Subsection 1.2 above, which must include:

1.3.1. Behavioral health care;

1.3.2. Prenatal care either on site or by referral;

1.3.3. Care management; and

1.3.4. Enabling services.

1.4. The Contractor shall provide eligibility determination services that include, but are not limited to:

1.4.1. Notifying the Department in writing if/when access to primary care services for new patients is limited or closed for more than thirty (30)

consecutive business days or any sixty (60) non-consecutive business days.

1.4.2. Assisting individuals with completing a Medicaid/Expanded Medicaid and/or other health insurance applications.

1.4.3. Maximizing billing to private and commercial insurances for all reimbursable services rendered.

1.4.4. Posting a public notice in a conspicuous location specifying that no individual will be denied services due to inability to pay.

1.4.5. Developing and implementing a sliding fee scale for services in accordance with the Federal Poverty Guidelines and providing the sliding fee scale to the Department upon request.

1.5. The Contractor shall ensure primary care services are provided by a New Hampshire licensed:

1.5.1. Medical Doctor (MD);

1.5.2. Doctor of Osteopathic Medicine (DO);

1.5.3. Advanced Practice Registered Nurse (APRN); and/or

1.5.4. Physician Assistant (PA) to eligible individuals in the service area.

1.6. The Contractor shall provide services in an office-based setting which may include, but is not limited to:

1.6.1. Federally Qualified Health Centers (FQHCs) and/or Rural Health Clinics.

1.6.2. School Based Health Clinics.

1.6.3. Mobile Care Delivery Services.

1.7. The Contractor shall ensure services include, but are not limited to:

1.7.1. Reproductive health services.

1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral.

1.7.3. Preventive primary care services for women, infants, children and adolescents, including screenings and health education in accordance with established, documented state or national guidelines and evidence based practices.

1.7.4. Integrated behavioral health services.

1.7.5. Assessment of need and follow-up/referral as indicated for:

1.7.5.1. Tobacco cessation, including referral to programs such as QuitWorks-NH (http://www.QuitWorksNH.org);

1.7.5.2. Social services that address Social Determinants of Health (SDOH);

1.7.5.3. Chronic Disease management, including disease specific referral and self-management education such as referral to Diabetes Self-Management Education (DSME) as recommended by American Diabetes Association (ADA);

1.7.5.4. Nutrition services, including Women, Infants and Children (WIC) Food and Nutrition Service, as appropriate;

1.7.5.5. Screening, Brief Intervention and Referral to Treatment (SBIRT) services; and

1.7.5.6. Referrals to any specialists as needed that are not offered on site, including home visiting services and oral health.

1.8. The Contractor shall provide and facilitate enabling services to all individuals served with special emphasis given to the MCH population of women and infants, children and adolescents from birth to 21 years of age. Enabling services must include at a minimum:

1.8.1. Case management;

1.8.2. Benefit counseling and/or eligibility assistance;

1.8.3. Health education and supportive counseling; and

1.8.4. Language interpretation, outreach, transportation and education of patients and the community regarding the availability and appropriate use of health services.

1.9. The Contractor shall ensure management services for individuals enrolled for primary care services include, but are not limited to:

1.9.1. Integrated and coordinated services that ensure patients receive necessary care, including behavioral health and oral care when and where it is needed and wanted, and in a culturally and linguistically appropriate manner; and

1.9.2. Direct access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, by referral or subcontract.

1.10. The Contractor shall develop, define, facilitate and implement a minimum of two (2) enabling services initiatives and enabling services initiative work plans that focus on the Title V MCH Block Grant population of women, infants, children and adolescents, as follows:

1.10.1. Initiative One (1) – Screening and Referral for SDOH, in accordance with Attachment #1; and

1.10.2. Initiative Two (2) – Increase number of Postpartum Women who Have Lactation Support, in accordance with Attachment #2.

1.11. The Contractor shall monitor, update and implement each enabling services initiative work plan in accordance with Attachment #3 – Reporting Requirements Calendar.

1.12. The Contractor shall develop, define, facilitate and implement a minimum of two (2) quality improvement (QI) projects, which must consist of systematic and continuous actions that lead to measurable improvements in health care services and the health status of all individuals served, including:

1.12.1. QI Project One (1): To Measure the Percentage of Adolescents Screened for Substance Use, in accordance with Attachment #4, and

1.12.2. QI Project Two (2): Adolescents who Received a Brief Intervention or Referral to Services upon a Positive Substance Test, in accordance with Attachment #5.

1.13. The Contractor shall monitor, update and implement the work plans for each QI project in accordance with Attachment #3 – Reporting Requirements Calendar.

1.14. The Contractor shall attend in-person and/or virtual meetings and trainings facilitated by the Department, which include, but are not limited to:

1.14.1. MCH Agency Directors' Meetings scheduled by the Department on an as-needed basis.

1.14.2. MCH Primary Care Coordinators' Meetings up to two (2) times per year, which may require attendance by selected Vendor(s) quality improvement and clinical staff.

1.15. The Contractor shall ensure all services in this Exhibit B, Scope of Services, are provided by qualified health and allied health professionals.

1.16. The Contractor shall provide supporting documentation to the Department that verifies staff hours funded under the Agreement that may include, but is not limited to, timecards.

1.17. The Contractor shall ensure all health and allied health professionals possess and maintain the appropriate and current New Hampshire licenses whether directly employed, contracted or subcontracted.

1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator or staff person essential to providing services. The Contractor shall ensure notification:

1.18.1. Is provided to the Department no later than thirty business (30) days from the date of hire; and

1.18.2. Includes a copy of the newly hired individual's resume.

1.19. The Contractor shall notify the Department in writing when:

1.19.1. Any critical position is vacant for more than thirty (30) business days;

1.19.2. There is not adequate staffing to perform all required services for any period lasting more than thirty (30) consecutive business days or any sixty (60) non-consecutive business days.

1.20. The Contractor shall ensure that all employees and subcontractors providing direct services to clients under this Agreement have undergone a criminal background check and have no convictions for crimes that represent evidence of behavior that could endanger clients served under this Agreement.

1.21. The Contractor shall permit an individual, or team or individuals, authorized by the Department to schedule and conduct periodic virtual and/or on-site reviews of documentation related to contracted services, including:

1.21.1. Administration;

1.21.2. Data collection and submission;

1.21.3. Clinical and financial management; and

1.21.4. Delivery of education services.

1.22. The Contractor shall ensure the information needed by the Department to conduct virtual and/or on-site reviews is available, which may include, but is not limited to:

1.22.1. Client records.

1.22.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

1.23. The Contractor shall adhere to any corrective action plans issued by the Department should virtual and/or on-site reviews yield results that services provided are not in compliance with the Agreement. Any corrective action plans shall not prevent the Department from taking action under paragraph 8, Event of Default/Remedies and paragraph 9, Termination, of the General Provisions, Form P-37, of the Agreement.

1.24. The Contractor shall actively and regularly collaborate with the Department to enhance contract management and improve results.

1.25. The Contractor may be required to collect and share other key data and metrics with the Department, including client-level demographic, performance, and service data, in a format specified by the Department.

1.26. Reporting

1.26.1. The Contractor shall collect and submit the data and reports as specified in Attachment #3 – Reporting Requirements Calendar to the Department. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include but is not limited to:

1.26.1.1. Uniform Data System (UDS) outcomes.

1.26.1.2. Performance Measure outcomes.

1.26.1.3. Work plan for each Enabling Service Initiative.

1.26.1.4. Work Plan for each QI Project.

1.27. Performance Measures

1.27.1. The Contractor shall report data on the Performance Measures in Appendix F at regular intervals as specified in Appendix G – Reporting Requirements Calendar, utilizing Appendix K – DTT-PC2022 Template.

1.27.2. The Contractor shall meet or exceed their proposed goals and objectives for the required Performance Measures in Attachment #6. Should the Contractor not meet or exceed their goals, the Contractor shall submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment #7 – Performance Measure Outcome Report Template, at reporting intervals as specified in Appendix G – Reporting Requirements Calendar.

1.27.3. The Department may identify other performance measures in the resulting Agreement.

2. Exhibits Incorporated

2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

3.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

3.4. Operation of Facilities: Compliance with Laws and Regulations

3.4.1. In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental

license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

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

4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate, provided

however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting
EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 10% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration, CFDA #93.994, FAIN B04MC45230.
   1.2. 90% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost. reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget through Exhibit C-3, Budget.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
   4.3. Identifies and requests payment for allowable costs incurred in the previous month.
   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.govor mailed to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *Concord Hospital Family Health Center*

Budget Request for: *Maternal & Child Health Care in Integrated Primary Care Setting*

Budget Period *SFY 2022 (Date of G & C - 6/30/2022); Form Completed 4/21/2022, revised 5/10/22*

Indirect Cost Rate (if applicable) 10.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$18,143
2. Fringe Benefits	$5,805
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Other (please specify)- Patient Revenue (removed from total cost)	$0
Other (please specify)- Non-Salary Expense in Cost Centers	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$23,948
Total Indirect Costs	$2,395
TOTAL	$26,343

Contractor Initials RS (DS)

Date 5/20/2022

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name:	*Concord Hospital Family Health Center*
Budget Request for:	*Maternal & Child Health Care in Integrated Primary Care Setting*
Budget Period	*SFY 2023; Form Completed 4/18/2022, revised 5/10/22*
Indirect Cost Rate (if applicable)	10.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$217,709
2. Fringe Benefits	$69,666
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Other (please specify)- Patient Revenue (removed from total cost)	$0
Other (please specify)- Non-Salary Expense in Cost Centers	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$287,375
Total Indirect Costs	$28,738
TOTAL	**$316,113**

Contractor Initials DS RS

Date 5/20/2022

New Hampshire Department of Health and Human Services *Complete one budget form for each budget period.*	
Contractor Name:	*Concord Hospital Family Health Center*
Budget Request for:	*Maternal & Child Health Care in Integrated Primary Care Setting*
Budget Period	*SFY 2024; Form Completed 4/18/2022, revised 5/10/22*
Indirect Cost Rate (if applicable)	10.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$217,709
2. Fringe Benefits	$69,667
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Other (please specify)- Patient Revenue (removed from total cost)	$0
Other (please specify)- Non-Salary Expense in Cost Centers	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$287,376
Total Indirect Costs	$28,738
TOTAL	$316,113

DS
RS
5/20/2022

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
   - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
   - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
     - 1.2.1. The dangers of drug abuse in the workplace;
     - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
     - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
     - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
   - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
     - 1.4.1. Abide by the terms of the statement; and
     - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
   - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

RS

has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Vendor Name:

5/20/2022
Date

DocuSigned by:
Robert Steigmeyer
Name: Robert Steigmeyer
Title: President and CEO

New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Vendor Name:

5/20/2022
Date

DocuSigned by:
Robert Steigmeyer
Name: Robert Steigmeyer
Title: President and CEO

DS
RS
Vendor Initials
5/20/2022
Date

New Hampshire Department of Health and Human Services
Exhibit F

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

DocuSigned by:
Robert Steigmeyer

5/20/2022
Date

Name: Robert Steigmeyer
Title: President and CEO

New Hampshire Department of Health and Human Services
Exhibit G

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86); which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Contractor Initials RS

Date 5/20/2022

New Hampshire Department of Health and Human Services
Exhibit G

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

5/20/2022
Date

DocuSigned by:
Robert Steigmeyer
Name: Robert Steigmeyer
Title: President and CEO

Contractor Initials RS
Date 5/20/2022

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

DocuSigned by:
Robert Steigmeyer

5/20/2022
Date

Name: Robert Steigmeyer
Title: President and CEO

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH
Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:
   I. For the proper management and administration of the Business Associate;
   II. As required by law, pursuant to the terms set forth in paragraph d. below; or
   III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) **Obligations and Activities of Business Associate.**

a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person used the protected health information or to whom the disclosure was made;
- Whether the protected health information was actually acquired or viewed
- The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.

d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

Contractor Initials RS

Date 5/20/2022

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

Contractor Initials RS

Date 5/20/2022

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services	Concord Hospital
The State	Name of the Contractor
Iain Watt	Robert Steigmeyer
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Robert Steigmeyer
Name of Authorized Representative	Name of Authorized Representative
Deputy Director - DPHS	President and CEO
Title of Authorized Representative	Title of Authorized Representative
5/23/2022	5/20/2022
Date	Date

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

DocuSigned by:
Robert Steigmeyer

5/20/2022
Date

Name: Robert Steigmeyer
Title: President and CEO

New Hampshire Department of Health and Human Services
Exhibit J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 073977399

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   X NO _____ YES

   If the answer to #2 above is NO, stop here

   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____ YES

   If the answer to #3 above is YES, stop here

   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

   Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.

2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.

3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

Attachment #1 – Screening for Referrals for SDOH

Enabling Services Workplan Agency Name: Concord Hospital Family Health Center Name and Role of Person(s) Completing Work Plan: Sarah Kelly, Administrative Director and Sarah Healey, Clinical Manager			
Enabling Services Focus Area: Focus on screening and referrals for Social Determinants of Health (SDOH)			
Project Goal: Increase identification of patients who have identified needs related to *Community, Safety and Social Context* and increase referrals to community resources.			
Project Objective: Ensure screening for exposure to violence/trauma occurs at more than 50% annual wellness visits (well child visits, annual physicals, Medicare wellness visits) at the Family Health Center(s), and for those patients who screen positive a referral to behavioral health is made.			
Activities (list as many activities as are planned to reach the Objective)	**Staff/Resources Involved (list for each activity)**	**Evaluation Plans (list as needed for each activity)**	**Timeline for Activity (estimated timeline for the duration of each activity)**
Identify baseline measure of screening for exposure to violence/trauma at annual wellness visits.	Reporting / Data Analyst	Establish a baseline, identify any areas of higher need.	April-May 2022
Training for clinical staff (MA's and RN's) occur to ensure screening questions are asked and documented at all wellness visits. Include Integrated Behavioral Health Care Specialists (IBHCs) in training to normalize asking sensitive questions, facilitate referrals and resource gathering.	Clinical Manager Clinical Leader Resource Nurses Registered Nurses Medical Assistants Behavioral Health Manager Clinical Manager IBHC Team Clinical Team Concord Hospital Community Health Coordinator	Confirm attendance at training session (or 1:1 after session) occurs for all clinical staff. Will be measured by sign in sheet.	May 2022-July 2022
Monitor percentage of annual wellness visits where screening is documented and referrals made as needed.	Data Analyst Clinical Leader Resource Nurses	For any staff member not meeting or exceeding the 50% screening rate at annual wellness visits, Clinical Leader or Resource Nurse will provide additional training and support.	August 2022-January 2023

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Date 5/20/2022

Attachment #2 – Increase Number of Postpartum Women Who Have Lactation Support

Enabling Services Workplan Agency Name: Concord Hospital Family Health Center Name and Role of Person(s) Completing Work Plan: Sarah Kelly, Administrative Director and Sarah Healey, Clinical Manager			
Enabling Services Focus Area: Increase number of postpartum women who have lactation support			
Project Goal: Increase lactation supports for patients at the CH-FHC (Concord and Hillsboro) to continue to reinforce and facilitate baby-friendly activities in the ambulatory setting.			
Project Objective: Increase lactation support from __% to ___%			
Activities (list as many activities as are planned to reach the Objective)	**Staff/Resources Involved (list for each activity)**	**Evaluation Plans (list as needed for each activity)**	**Timeline for Activity (estimated timeline for the duration of each activity)**
Certify Breastfeeding Counselor (Cost: $450/nurse) 2 day course and exam	Registered Nurse – Concord (OB Nurse Coordinator) Registered Nurse – Hillsboro	Completion of course, pass exam and can share information with others.	May 2022 – July 2022
Develop a list of postpartum mothers to facilitate awareness of patients in the clinic(s) that could potentially be breastfeeding.	Data analyst and Reporting team OB Nurse Coordinator	Completion of a patient list to be used internally for identification of postpartum mothers.	June 2022-July 2022
Ensuring documentation of support for breastfeeding is captured in a reportable format and train all nursing staff at the Family Health Centers (Concord and Hillsboro) on how to document this information.	Clinical Manager OB Nurse Coordinator Resource Nurses Registered Nurses	Confirmation that training has occurred and manually audit/monitor documentation for postpartum mothers coming to the FHC Concord or Hillsboro.	August 2022-January 2023
Coordination with Concord Hospital community to ensure breastfeeding support is available at the Family Health Centers (Concord and Hillsboro)	Clinical Manager OB Nurse Coordinator Family Place at Concord Hospital OB Providers at CH/CHMG Public Affairs Department	Attendance at team or department meetings. Social media or online advertising, as approved by CH Public Affairs.	August 2022-January 2023
Review handouts that are provided to postpartum mothers in standard packets that are	Clinical Manager OB Nurse Coordinator	Ensure lactation support documentation is available in packets given to patients.	October 2022-January 2023

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Date

Attachment #2 – Increase Number of Postpartum Women Who Have Lactation Support

currently being distributed, add documentation regarding the support options that are available through the Family Health Center.			

Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 23 (July 1, 2022-June 30, 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
SFY 24 (July 1, 2023 – June 30, 2024)	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports; one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #4

Quality Improvement Work Plan and Progress Report

Quality Improvement Work Plan Agency Name: Concord Hospital Family Health Center Name and Role of Person(s) Completing Work Plan: Sarah Kelly, Administrative Director and Sarah Healey, Clinical Manager			
MCH Performance Measure: To be designated by the Department on Adolescent Well Visits for SFY 2022-2024			
Project Objective: Increase the percentage of adolescents aged 12-21 who have one comprehensive well-care visit or physical exam during the measurement year.			
Activities (list as many activities as are planned to reach the Objective)	**Staff/Resources Involved (list for each activity)**	**Evaluation Plans (list as needed for each activity)**	**Timeline for Activity (estimated timeline for the duration of each activity)**
Identify current percentage of adolescents (ages 12-21) who have a comprehensive well-care visit or physical exam during a calendar year.	Data analyst	Assess current state of adolescent well visits.	April-May 2022
Interview clinicians to identify any known barriers to adolescents receiving wellness visits on an annual basis	Clinical Manager Practice Managers Anchor Faculty Physicians Resource Nurses Integrated Behavioral Health Clinicians	Document any known barriers to adolescents receiving well visits and strategize on how FHC/FMR can mitigate any known barriers.	May-July 2022
Implementation of any mitigation strategies as identified through clinician interviews.	Clinical Manager Practice Managers Anchor Faculty Physicians Resource Nurses Integrated Behavioral Health Clinicians	For each mitigation strategy, the team will identify the issue and proposed resolution.	June-August 2022
Review measurement of current percentage of adolescents (ages 12-21) who have had their well visit OR are scheduled for a well visit in the upcoming year.	Data Analyst Clinical Manager Practice Manager	Identify if processes have improved the scheduling and/or performance of well visits.	July 2022-December 2022

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Attachment #5 - Adolescents Who Received a Brief Intervention or Referral to Services upon a Positive Substance Test (NH MCHS)

Quality Improvement Work Plan Agency Name: Concord Hospital Family Health Center Name and Role of Person(s) Completing Work Plan: Sarah Kelly, Administrative Director and Sarah Healey, Clinical Manager			
MCH Performance Measure: To be designated by the Department on Adolescent Well Visits for SFY 2022-2024			
Project Objective:			
Activities (list as many activities as are planned to reach the Objective)	**Staff/Resources Involved (list for each activity)**	**Evaluation Plans (list as needed for each activity)**	**Timeline for Activity (estimated timeline for the duration of each activity)**

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Quality Improvement Work Plan
Agency Name: Concord Hospital Family Health Center
Name and Role of Person(s) Completing Work Plan: Sarah Kelly, Administrative Director and Sarah Healey, Clinical Manager

MCH Performance Measure: Adolescent Measure: SBIRT – Percentage of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

Project Objective: Improve screening rates for adolescents are screened for substance use utilizing the SBIRT intervention process by 10%.

Activities (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Identify baseline measure of SBIRT screening for adolescents aged 12-17 at CH-FHC.	Data Analyst	Review report to establish baseline measures. Use data to inform if there are specific visit types where SBIRT screening is not occurring for adolescents.	April-May 2022
Work with the clinical team to identify barriers to adolescent SBIRT completion, including parental involvement and keeping information protected for positive adolescent screening.	Clinical Manager Clinical Leader Concord Hospital Health Information Management Department and Release of Information Medical Director Behavioral Health Manager Integrated Behavioral Health Clinicians	Develop protocols, work plans and/or policies to support the process for collecting this information as well as reviewing requirements to protect information.	April 2022-June 2022
Provide education and training for clinical staff (MA's and RN's) to ensure screening questions are asked and documented at adolescent office visits. Utilize MLADC, who is on staff, to help provide education and act as a resource for Referral to Treatment.	Clinical Manager Clinical Leader Resource Nurses Registered Nurses Medical Assistants Behavioral Health Manager Integrated Behavioral Health Clinicians	Confirm attendance at training session (or 1:1 after session) occurs for all clinical staff. Will be measured by sign in sheet.	June 2022-July 2022
Provide education to provider team to ensure awareness of the measure and how the metric will be tracked.	Clinical Manager Anchor Faculty Physicians Behavioral Health Manager	To be provided at a team meeting	July-August 2022

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	Integrated Behavioral Health Clinicians		
Explore technology solutions to assist with identifying when SBIRT has been done for an adolescent or is outstanding.	Informatics Analysts Clinical Manager Clinical Leader Resource Nurses Anchor Faculty Physician	In concert with Concord Hospital Informatics department, identify ways in which technology could be modified to assist with increasing visibility and awareness when SBIRT screening has not been done in the last 12 months.	July-October 2022
Monitor of reporting on a monthly basis to assess performance, identify staff members who may need additional education or support.	Data Analyst Clinical Manager Clinical Leader Resource Nurses	Clinical Manager will ensure the number of adolescents receiving SBIRT screening is increasing month-over-month, and will work with the clinical leadership team to offer support to team members who are not meeting the goal.	July 2022-December 2022

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Attachment #6 – Performance Measures

1. Definitions

1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. **Breastfeeding**

2.1.1. Percent of infants who are ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. **Preventive Health: Lead Testing**

This measure will be broken down in to two age based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months (NH MCHS).

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Attachment #6 – Performance Measures

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

2.2.1.2. Denominator: All children who turned twenty-four months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months (NH MCHS).

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents, twelve (12) through twenty-one (21) years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents; ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients ages twelve (12) and older screened for clinical depression using an age appropriate standardized depression screening tool on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

Attachment #6 – Performance Measures

2.4.1.3. Denominator: All patients twelve (12) years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose

Attachment #6 – Performance Measures

and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Adult Measure

2.5.1. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period **AND** if the most recent BMI is outside of normal parameters, a follow-up plan is documented (NQF 0421, UDS).

2.5.1.1. Normal parameters: BMI ≥ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the measurement year or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

Child/Adolescent Measure

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting

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year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year **AND** who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: Number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco at least one within the past twelve (12) months AND received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least two (2) medical visit during the measurement year, OR 1 preventative visit

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling. Intervention: Includes counseling or pharmacotherapy.

2.6.2. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

Attachment #6 – Performance Measures

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) –Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adult Measure

2.7.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

Adolescent Measure

2.7.2. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: All patients aged 12-17 years during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.7.2.4. Definitions:

2.7.2.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.2.4.2. Brief Intervention: Includes guidance or counseling.

2.7.2.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

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Attachment #6 – Performance Measures

2.7.3. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.3.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services

2.7.3.2. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.3.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8 Developmental Screening Measure

Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months (NH MCHS)

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and who had at least (1) medical visit during the measurement year

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Attachment #7 – Performance Measure Outcome Report Template

Instructions for completing this Performance Measure Outcome Report (PMOR):
The Performance Measure Outcome Report (PMOR) is to be completed by your agency and emailed to shari.campbell@dhhs.nh.gov at the intervals specified on the Reporting Calendar.

Please complete the Narrative and Plan for Improvement sections for any of the following measures where your agency did not meet your agency target for the reporting period (July 1, 20XX – June 30, 20XX).

Performance measures:

- Breastfeeding
- Lead Screening for 1 Year Olds
- Lead Screening for 2 Year Olds
- Adolescent well care visit
- Depression screening and follow up plan if positive screening, 12 years and older
- Maternal Depression Screening
- Adults with documented BMI and follow-up plan if BMI outside of normal range
- Children 3-17 with documented BMI, nutrition counseling and physical activity counseling
- Adult tobacco screening and cessation counseling intervention for smokers
- Prenatal Tobacco screening each trimester and cessation counseling intervention for smokers
- SBIRT, Adults
- SBIRT, Adolescents
- SBIRT, Pregnant Women
- Developmental Screening-M-CHAT

* Note: Not met performance measures that have been addressed by your agency SFYXX Work Plan are excluded from this report. For example, the PMOR will omit Adolescent Visit measure for Primary Care Services

1. The Narrative section is to explain what happened during the year i.e. why measure was not met, what barriers/challenges your agency faced, describe any improvement activities that took place during the year to correct along the way, etc.

2. The Plan for Improvement section is to describe what steps your agency will take to achieve your agency target in SFYXX i.e. describe your strategy (PDSA), what will you plan to do differently etc.

3. Please email your completed PMOR **Shari Campbell at shari.campbell@dhhs.nh.gov by the dates indicated in the Reporting Calendar.** If you have any questions about completing this document, please contact Jannell Levine at Jannell.E.Levine@dhhs.nh.gov or 603-856-6449.

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Attachment #7 – Performance Measure Outcome Report Template

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____ **Agency Outcome:** ___% **Agency Target:** ___%
Narrative for Not Meeting Target:
Plan for Improvement:

Performance Measure Name: _____ **Agency Outcome:** ___% **Agency Target:** ___%
Narrative for Not Meeting Target:
Plan for Improvement:

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Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Please copy above pages/sections as needed to complete for all not met measures.

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State of New Hampshire
Department of Health and Human Services
Amendment #1

This Amendment to the Maternal and Child Health Care in the Integrated Primary Care Setting contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Coos County Family Health Services, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 15, 2022 (Item #32), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2025

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $1,055,726

3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:

   Robert W. Moore, Director

4. Modify Exhibit B, Scope of Services, Section 1.3.2., to read:

   1.3.2. Prenatal care either on site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data related to prenatal performance measures.

5. Modify Exhibit B, Scope of Services, Section 1.7.2., to read:

   1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data relating to prenatal performance measures to the Department.

6. Modify Exhibit B, Scope of Services, Section 1.10.1. through Section 1.10.2., to read:

   1.10.1. Initiative One (1) – Screening and Referrals for SDOH; and

   1.10.2. Initiative Two (2) – Contractor's choice, which must focus on enabling services.

7. Modify Exhibit B, Scope of Services, Section 1.12.1. through Section 1.12.2., to read:

   1.12.1. QI Project One (1): Increasing Adolescent Well Visits; and

   1.12.2. QI Project Two (2): Increasing post-partum clinical depression screening of women within the first 12 weeks after delivering.

8. Modify Exhibit B, Scope of Services, Section 1.18., to read:

   1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator, or staff person essential to providing services and/or any personnel changes to these positions. The Contractor shall ensure notification:

   1.18.1. Is provided to the Department no later than thirty (30) business days from the date of hire or personnel change; and

   1.18.2. Includes a copy of the new staff individual's resume as well as an updated

staffing list.

9. Modify Exhibit B, Scope of Services, by adding Section 1.28., to read:

   1.28. The Contractor shall provide de-identifiable patient level data on the integrated and primary health care services provided, as specified in Subsection 1.3., and Section 1.26. Reporting.

10. Modify Exhibit C, Payment Terms, Section 1.1. through Section 1.2., to read:

    1.1. 14% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.994, FAIN B04MC45230, and as awarded on October 27, 2022, ALN 93.994, FAIN B04MC47432.

    1.2. 86% General funds.

11. Modify Exhibit C, Payment Terms, Section 3., to read:

    3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget Sheet through Exhibit C-4, Budget Sheet, Amendment #1.

12. Modify Exhibit C, Payment Terms, Section 4.3., to read:

    4.3. Identifies and requests payment for allowable costs incurred in the previous month. Allowable costs are costs incurred that specifically supports only New Hampshire Infants, Children and Adolescents from birth to 21 years of age, Pregnant Women, and Women of Childbearing age.

13. Modify Add Exhibit C, Payment Terms, by adding Section 4.7., to read:

    4.7. Includes budget line items that are used exclusively for serving the Maternal and Child Health population and invoicing must clearly state how the incurred expenses benefited this specific patient population.

14. Modify Attachment 3, Reporting Calendar, by replacing it in its entirety with Attachment 3, Amendment #1, Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

15. Modify Attachment 6, Performance Measures, by replacing it in its entirety with Attachment 6, Amendment #1 – SFY 2025 Performance Measures, which is attached hereto and incorporated by reference herein.

16. Modify Attachment 7, Performance Measure Outcome Report (PMOR), by replacing it in its entirety with Attachment 7, Amendment #1, Performance Measure Outcome Report (PMOR), which is attached hereto and incorporated by reference herein.

17. Add Attachment 8, Amendment #1, DTT – MCH in the Integrated Primary Care Setting Template, which is attached hereto and incorporated by reference herein.

18. Add Exhibit C-4, Budget Sheet, Amendment #1, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2024, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

5/1/2024
Date

DocuSigned by:
Iain Watt
D778BB63F9704C7...

Name: Iain Watt
Title: Interim Director - DPHS

Coos County Family Health Services, Inc.

4/19/2024
Date

DocuSigned by:
Ken Gordon

Name: Ken Gordon
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

5/13/2024

DocuSigned by:
Robyn Guarino
74873484494146O...

Date

Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

C-4, Budget Sheet, Amendment #1

New Hampshire Department of Health and Human Services		
Contractor Name:	Coos County Family Health Services, Inc.	
Budget Request for:	Primary Care Services	
Budget Period	July 1, 2024 - June 30, 2025	
Indirect Cost Rate (if applicable)	#DIV/0!	
Line Item	**Program Cost - Funded by DHHS**	
1. Salary & Wages	$324,005	
2. Fringe Benefits	$0	
3. Consultants	$0	
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0	
5.(a) Supplies - Educational	$0	
5.(b) Supplies - Lab	$0	
5.(c) Supplies - Pharmacy	$0	
5.(d) Supplies - Medical	$0	
5.(e) Supplies Office	$0	
6. Travel	$0	
7. Software	$0	
8. (a) Other - Marketing/ Communications	$0	
8. (b) Other - Education and Training	$0	
8. (c) Other - Other (specify below)	$0	
Other (please specify)	$0	
Other (please specify)	$0	
Other (please specify)	$0	
Other (please specify)	$0	
9. Subrecipient Contracts	$0	
Total Direct Costs	$324,005	
Total Indirect Costs	$0	
TOTAL	$324,005	

Contractor Initial: KS (DS)

Date: 4/19/2024

Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets. • UDS Data
SFY 2024	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2025	
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2024	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets
January 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2024 - December 31, 2024) • Complete January 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2026	
July 31, 2025	**SFY25 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2024 - June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

1. Definitions

1.1. **Measurement Year** – Consists of 365 days and is defined as either:

1.1.1. A Calendar Year (January 1st through December 31st), or

1.1.2. A State Fiscal Year (July 1st through June 30th).

1.2. **Medical Visit** –Defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. The UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the expectation is that the Contractor will adhere to the most up to date UDS guidance.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. **Breastfeeding**

2.1.1. Percent of infants who were ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for approximately six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. **Preventive Health: Lead Testing**

This measure will be broken down into two (2) age-based measures, based on current NH Legislation RSA 130-A:5-a, which requires children be tested for lead at one (1) year of age, and at two (2) years of age.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between 12 and 23 months of age (NH MCHS).

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2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between 12 and 23 months of age.

2.2.1.2. Denominator: All children who turned 24 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between 24 and 36 months of age (NH MCHS).

2.2.2.1. Numerator: All children who received at least one (1) capillary or venous blood lead test between 24 and 36 months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients 12 through 21 years of age screened for clinical depression using an age-appropriate standardized depression screening tool on the date of the encounter or within 14 days prior to the date of the encounter **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients 12 through 21 years of age who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 through 21 years of age by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit in the first 12 weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

2.5.1. Percent of patients three (3) through 17 years of age who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.1.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.1.2. Denominator: Number of patients who were one (1) year after their second (2nd) birthday (i.e., three (3) years of age) through adolescents who were up to one (1) year past their 16th birthday (i.e., 17 years of age) at some point during the measurement year, who had at least one (1) medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.1.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers **PLUS** queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) – Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adolescent Measure

2.7.1. SBIRT – Percent of patients 12 through 17 years of age who were screened for substance use using a formal valid screening tool during

any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use using a formal valid screening tool during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients 12 through 17 years of age during the measurement year with at least one (1) medical visit during the measurement year and with at least two (2) medical visits ever.

2.7.1.4. Definitions:

2.7.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.1.4.2. Brief Intervention: Includes guidance or counseling.

2.7.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.7.2. Percent of pregnant women who were screened using a formal valid screening tool for substance use during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of women in the denominator who were screened for substance use using a formal and valid screening tool during each trimester they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8. **Developmental Screening Measure**

Percent of children who reached 30 months of age by the end of the reporting period, and were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age (NH MCHS).

Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age.

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and had at least one (1) medical visit during the measurement year.

DS
KS

4/19/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS
KS

4/19/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS

4/19/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS

4/19/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS

4/19/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS

4/19/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS

4/19/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS

4/19/2024

Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

Organization Name

		7/1/21-6/30/22	1/1/22-12/31/22	7/1/22-6/30/23	1/1/23-12/31/23	7/1/23-6/30/24	1/1/24-12/31/24	7/1/24-6/30/25
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

DS

4/19/2024

Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

4B. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5A. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6A. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6B Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7A. Percent of patients aged 18 years and older who were screened for	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

DS

4/19/2024

substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7C Percent of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

DS

4/19/2024

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 COOS COUNTY FAMILY HEALTH SERVICES, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 14, 1979. 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: **63204**

Certificate Number : **0006656076**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this **14th** day of **March** A.D. **2024.**

David M. Scanlan

Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, **Kassie Eafrati** of **Coos County Family Health Services, Inc. Board of Directors** do hereby certify that:

1. I am the **Chairperson** of **Coos County Family Health Services, Inc. Board of Directors**.

2. That the **Chief Executive Officer** is hereby authorized on behalf of this company to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate, and **Ken Gordon** is the duly elected **Chief Executive Officer** of this company.

3. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the company and that this authorization shall remain valid for thirty (30) days from the date of this certificate.

Kassie Eafrati
Name: Kassie Eafrati
Title: Chairperson
Company Name: Coos County Family Health Services, Inc. Board of Directors

4/15/24
Date

coos county Family Health

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/30/2023

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

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

PRODUCER Cross Insurance-Manchester 1100 Elm Street Manchester NH 03101	CONTACT NAME: Michele Palmer PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: manch.certs@crossagency.com
INSURED Coos County Family Health Services, Inc. 133 Pleasant Street Berlin NH 03570-2006	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Philadelphia Indemnity Ins Co — 18058 INSURER B: The Scott Lawson Group Ltd. INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 23-24 All lines w/E Dish REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			PHPK2569299	07/01/2023	07/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 20,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PHPK2569305	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			PHUB869424	07/01/2023	07/01/2024	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		HCHS20232000043 (3a.) NH	07/01/2023	07/01/2024	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
A	Employee Dishonesty			PHPK2569299	07/01/2023	07/01/2024	Limit	$500,000

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

Refer to policy for exclusionary endorsements and special provisions.

CERTIFICATE HOLDER

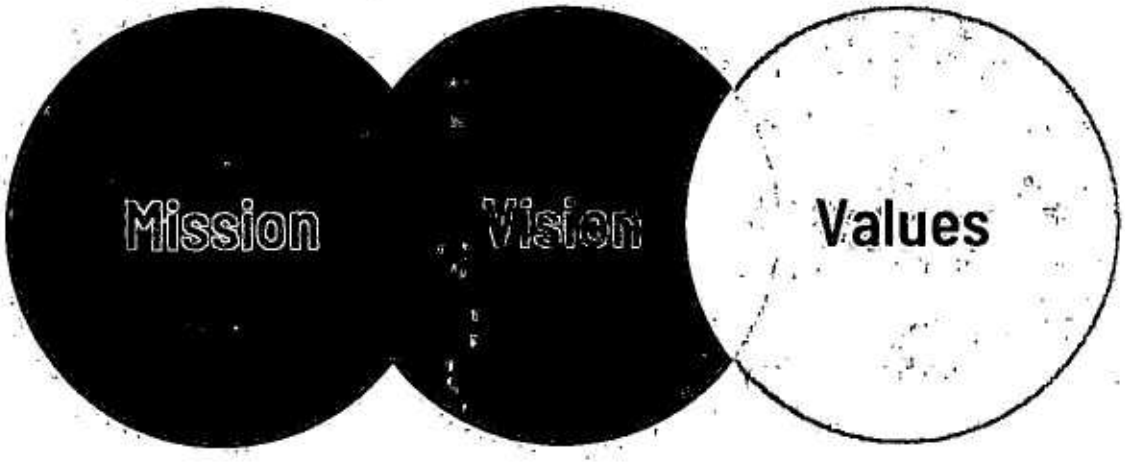
NH DHHS
129 Pleasant Street
Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

coös county
Family Health



Mission Of Coos County Family Health Services

Improving the health and wellbeing of our community through the provision of health and social services of the highest quality.

Vision Of Coos County Family Health Services

Creating a healthier future through education, prevention, and access to care.

Values Of Coos County Family Health Services

Respect	We treat everyone in our community - patients, their families and our colleagues with dignity and respect regardless of their income, social status, race, religion, or other factors.
Integrity	Adhere to the highest standards of professionalism, ethics, and personal responsibility.
Compassion	Provide the best care, treating patients and family members with sensitivity and empathy.
Healing	Inspire hope and nurture the well-being of the whole person, respecting their physical, emotional, and spiritual needs.
Teamwork	Value the contributions of all, blending the skills of individual staff members and community members for the benefit of all.
Innovation	Infuse and energize the organization, enhancing the lives of those we serve through the creative ideas and unique talents of each employee.
Excellence	Deliver the best outcomes and highest quality service through the dedicated efforts of every team member.
Stewardship	Sustain and reinvest in our mission by wisely managing our human, natural and material resources.

(Mission Statement)

Board Approved 1/21/2023

BerryDunn

coös county
Family Health

FINANCIAL STATEMENTS

and

REPORTS IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS* AND THE UNIFORM GUIDANCE

June 30, 2023 and 2022

With Independent Auditor's Report

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Coos County Family Health Services, Inc.

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Coos County Family Health Services, Inc. (the Organization), which comprise the balance sheets as of June 30, 2023 and 2022, and the related statements of operations, functional expenses, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2023 and 2022, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, on July 1, 2022, the Organization adopted the provisions of Financial Accounting Standards Board Accounting Standards Codification Topic 842, *Leases*. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's 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 U.S. generally accepted auditing standards 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 U.S. generally accepted auditing standards 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 financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization'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.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated September 21, 2023 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
September 21, 2023

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Balance Sheets

June 30, 2023 and 2022

ASSETS

	2023	2022
Current assets		
Cash and cash equivalents	$ 7,067,956	$ 7,432,739
Patient accounts receivable	1,681,006	1,198,946
Grants receivable	374,303	601,716
Other current assets	375,515	321,999
Total current assets	9,498,780	9,555,400
Investments	1,030,220	1,022,031
Assets limited as to use	294,908	291,464
Beneficial interest in funds held by others	30,903	30,651
Operating lease right-of-use assets	308,676	-
Property and equipment, net	4,891,505	2,264,198
Total assets	$ 16,054,992	$ 13,163,744

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 625,912	$ 373,638
Accrued payroll and related expenses	1,290,276	990,466
Deferred revenue	475,000	-
Current portion of operating lease liabilities	108,806	-
Total current liabilities and total liabilities	2,499,994	1,364,104
Operating lease liabilities, less current portion	198,805	-
Total liabilities	2,698,799	1,364,104
Net assets		
Without donor restrictions	13,282,817	11,729,666
With donor restrictions	73,376	69,974
Total net assets	13,356,193	11,799,640
Total liabilities and net assets	$ 16,054,992	$ 13,163,744

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

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Operations

Years Ended June 30, 2023 and 2022

	2023	2022
Operating revenue		
Net patient service revenue	$ 12,094,560	$ 10,911,076
Grants, contracts, and contributions	8,111,526	4,862,712
Provider Relief Funds	-	620,877
Other operating revenue	111,126	155,305
Net assets released from restriction for operations	-	21,606
Total operating revenue	20,317,212	16,571,576
Operating expenses		
Salaries and wages	10,826,857	9,144,381
Employee benefits	3,161,196	2,498,456
Contract services	1,322,947	591,576
Program supplies	1,045,518	612,734
340B program expenses	1,364,406	1,084,206
Occupancy	614,313	545,116
Other operating expenses	1,783,085	1,253,940
Depreciation	272,516	246,692
Total operating expenses	20,390,838	15,977,101
(Loss) income from operations	(73,626)	594,475
Other revenue and gains (losses)		
Investment income	34,346	21,576
Change in fair value of investments	(18,394)	(64,550)
Total other revenue and gains (losses)	15,952	(42,974)
(Deficiency) excess of revenue over expenses	(57,674)	551,501
Grants received for capital acquisition	1,610,825	289,971
Increase in net assets without donor restrictions	$ 1,553,151	$ 841,472

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

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Functional Expenses

Years Ended June 30, 2023 and 2022

	2023		
	Healthcare Services	Administration and Support Services	Total
Salaries and wages	$ 9,290,957	$ 1,535,900	$ 10,826,857
Employee benefits	2,712,748	448,448	3,161,196
Contract services	998,721	324,226	1,322,947
Program supplies	1,045,518	-	1,045,518
340B program expenses	1,364,406	-	1,364,406
Occupancy	527,166	87,147	614,313
Other operating expenses	1,530,136	252,949	1,783,085
Depreciation	233,857	38,659	272,516
Total operating expenses	$ 17,703,509	$ 2,687,329	$ 20,390,838

	2022		
	Healthcare Services	Administration and Support Services	Total
Salaries and wages	$ 7,847,157	$ 1,297,224	$ 9,144,381
Employee benefits	2,144,025	354,431	2,498,456
Contract services	345,608	245,968	591,576
Program supplies	612,734	-	612,734
340B program expenses	1,084,206	-	1,084,206
Occupancy	467,786	77,330	545,116
Other operating expenses	1,076,054	177,886	1,253,940
Depreciation	211,696	34,996	246,692
Total operating expenses	$ 13,789,266	$ 2,187,835	$ 15,977,101

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

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Changes in Net Assets

Years Ended June 30, 2023 and 2022

	2023	2022
Net assets without donor restrictions		
(Deficiency) excess of revenue over expenses	$ (57,674)	$ 551,501
Grants received for capital acquisition	1,610,825	289,971
Increase in net assets without donor restrictions	1,553,151	841,472
Net assets with donor restrictions		
Grants, contracts, and contributions	3,150	4,061
Net assets released from restriction for operations	-	(21,606)
Change in fair value of beneficial interest in funds held by others	252	(3,916)
Increase (decrease) in net assets with donor restrictions	3,402	(21,461)
Change in net assets	1,556,553	820,011
Net assets, beginning of year	11,799,640	10,979,629
Net assets, end of year	$ 13,356,193	$ 11,799,640

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

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Cash Flows

Years Ended June 30, 2023 and 2022

	2023	2022
Cash flows from operating activities		
Change in net assets	$ 1,556,553	$ 820,011
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Depreciation	272,516	246,692
Amortization of operating lease right-of-use assets	137,595	-
Change in fair value of investments	18,394	64,550
Grants received for capital acquisition	(1,610,825)	(289,971)
Change in fair value of beneficial interest in funds held by others	(252)	3,916
(Increase) decrease in the following assets		
Patient accounts receivable	(482,060)	(151,451)
Grants receivable	158,663	(39,275)
Other current assets	(53,516)	(90,263)
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	(102,380)	120,980
Accrued payroll and related expenses	299,810	(211,270)
Deferred revenue	475,000	(578,000)
Operating lease liabilities	(138,660)	-
Net cash provided (used) by operating activities	530,838	(104,081)
Cash flows from investing activities		
Proceeds from sales of investments	21,321	125,798
Purchase of investments	(47,904)	(392,829)
Capital acquisitions	(2,545,169)	(333,524)
Transfer of endowment contributions to perpetual trust held by others	-	(700)
Net cash used by investing activities	(2,571,752)	(601,255)
Cash flows from financing activities		
Contributions for long-term purposes	1,679,575	221,221
Net cash provided by financing activities	1,679,575	221,221
Net decrease in cash and cash equivalents	(361,339)	(484,115)
Cash and cash equivalents, beginning of year	7,724,203	8,208,318
Cash and cash equivalents, end of year	$ 7,362,864	$ 7,724,203

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

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Cash Flows (Concluded)

Years Ended June 30, 2023 and 2022

	2023	2022
Composition of cash and cash equivalents, end of year		
Cash and cash equivalents	$ 7,067,956	$ 7,432,739
Assets limited as to use	294,908	291,464
	$ 7,362,864	$ 7,724,203
Supplemental disclosures of cash flow information		
Capital acquisitions included in accounts payable and accrued expenses	$ 391,610	$ 36,956

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

Organization

Coos County Family Health Services, Inc. (the Organization) is a not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) which provides outpatient health care, dental and disease prevention services to residents of Coos County, New Hampshire, through direct services, referral and advocacy.

1. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements according to the following net asset classifications:

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

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

Use of Estimates

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

Income Taxes

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

COVID-19 and Relief Funding

In March 2020, the World Health Organization declared coronavirus disease (COVID-19) a global pandemic and the United States federal government declared COVID-19 a national emergency. The Organization implemented an emergency response to ensure the safety of its patients, staff and the community. In adhering to guidelines issued by the Centers for Disease Control and Prevention, the Organization took steps to create safe distances between both staff and patients, including pivoting to virtual visits when appropriate.

The Organization received distributions from the Provider Relief Fund (PRF), which are funds to support healthcare providers in responding to the COVID-19 outbreak. The PRF is being administered by the U.S. Department of Health and Human Services (HHS). These funds are to be used for qualifying expenses and to cover lost revenue due to COVID-19. The PRF are considered conditional contributions and are recognized as income when qualifying expenditures or lost revenues have been incurred. The following table outlines the distributions received, period of availability and the period in which revenue was recognized.

Distribution Period	Total Distributions	Period of Availability	2020	2022
Period 1 (4/10/2020 to 6/30/2020)	$ 642,109	1/1/2020 to 6/30/2021	$ 642,109	$ -
Period 4 (7/1/2021 to 12/31/202)	620,877	1/1/2020 to 12/31/2022	-	620,877
	$1,262,986		$ 642,109	$ 620,877

The Organization received a Paycheck Protection Program Loan in the amount of $1,718,500 which was forgiven by the Small Business Association and lender in May 2021 and can be audited by the Small Business Association for up to six years from the date of forgiveness. The various COVID-19 programs are complex and subject to interpretation. The programs may be subject to future investigation by governmental agencies. Any difference between amounts previously recognized and amounts subsequently determined to be recoverable or payable are adjusted in future periods as adjustments become known.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less.

The Organization maintains cash and cash equivalents accounts at several financial institutions. The balances at each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. At various times throughout the year, the Organization's balances may exceed FDIC insurance. The Organization has not experienced any losses in such accounts and management believes it is not exposed to any significant risk.

Revenue Recognition and Patient Accounts Receivable

Net patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including commercial insurers and governmental programs). Generally, the Organization bills the patients and third-party payers several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligations as follows:

- Medical, behavioral health, dental, podiatry and ancillary services are measured from the commencement of an in-person or virtual encounter with a patient to the completion of the encounter. Ancillary services provided the same day are considered to be part of the performance obligation and are not deemed to be separate performance obligations.
- The Organization measures the performance obligation for contract pharmacy services with Wal-Mart Stores, Inc. (Walmart) based on when the drug dispensed to the patient has been reordered and shipped to Walmart by the Organization's Pharmacy Benefits Manager as the Organization is not entitled to payment until Walmart has been made whole for the drugs it dispensed to the patient.
- The Organization measures the performance obligation for contract pharmacy services with Walgreens Co. based on when the prescription is dispensed to the patient.

The majority of the Organization's performance obligations are satisfied at a point in time.

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payer. In assessing collectability, the Organization has elected the portfolio approach. The portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers (patients). The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payer or group of payers will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. A table detailing the payers is presented in Note 3.

A summary of payment arrangements follows:

Medicare

The Organization is primarily reimbursed for medical, behavioral health, podiatry and ancillary services provided to patients based on the lesser of actual charges or prospectively set rates for all FQHC services provided to a Medicare beneficiary on the same day. Certain other services provided to patients are reimbursed based on predetermined payment rates for each Current Procedural Terminology (CPT) code, which may be less than the Organization's public fee schedule.

Medicaid

The Organization is primarily reimbursed for medical, behavioral health, podiatry and ancillary services provided to patients based on prospectively set rates for all FQHC services furnished to a Medicaid beneficiary on the same day. Dental and certain other services provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Organization's public fee schedule.

Commercial Payers

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. Under these arrangements, the Organization is reimbursed for services based on contractually obligated payment rates for each CPT code, which may be less than the Organization's public fee schedule.

Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount program. The Organization estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Organization's sliding fee discount program was approximately $490,987 and $471,056 for the years ended June 30, 2023 and 2022, respectively. The Organization is able to provide these services with a component of funds received through federal grants.

For uninsured patients who do not qualify under the Organization's sliding fee discount program, the Organization bills the patient based on the Organization's standard rates for services provided. Patient balances are typically due within 30 days of billing; however, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

340B Pharmacy Program Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization contracts with other local pharmacies under this program. The contract pharmacies dispense drugs to eligible patients of the Organization and bill commercial insurances on behalf of the Organization. Reimbursement received by the contract pharmacies is remitted to the Organization, less dispensing and administrative fees. The dispensing and administrative fees are costs of the program and not deemed to be implicit price concessions which would reduce the transaction price. The Organization recognizes revenue in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription after the amount has been determined by the pharmacy benefits manager.

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

Grants

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

The Organization receives a significant amount of grants from HHS. As with all government funding, these grants are subject to reduction or termination in future years. For the years ended June 30, 2023 and 2022, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 87% and 71%, respectively, of grants, contracts, and contributions.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has met the performance requirements or incurred expenditures in compliance with specific contract or grant provisions, as applicable. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue.

The Organization has been awarded cost reimbursable grants from HHS that have not been recognized at June 30, 2023 because qualifying expenditures have not yet been incurred as follows:

	Amount	Available Through
Health Center Program	$ 3,660,506	May 31, 2024
American Rescue Plan Act Funding for Health Centers	$ 223,968	March 31, 2024
FY 2023 Expanding COVID-19 Vaccination	$ 186,291	December 31, 2023
Teaching Health Center Planning and Development Program	$ 74,717	November 30, 2023

The Organization has also received a $475,000 community benefit grant from the local hospital to be use for operations during 2024. The grant has been recorded in deferred revenue at June 30, 2023.

Investments

The Organization reports investments at fair value. Investments include assets held for long-term purposes. Accordingly, investments have been classified as non-current assets on the accompanying balance sheets regardless of maturity or liquidity. The Organization has established policies governing long-term investments.

Investment income and the change in fair value are included in the (deficiency) excess of revenue over expenses, unless otherwise stipulated by the donor or State Law. Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Assets Limited as to Use

Assets limited as to use include cash and cash equivalents designated by the Board of Directors for future working capital needs and donor-restricted contributions.

Beneficial Interest in Funds Held by Others

The Organization is a beneficiary of an agency endowment fund at The New Hampshire Charitable Foundation (the Foundation). Pursuant to the terms of the resolution establishing the fund, property contributed to the Foundation is held as a separate fund designated for the benefit of the Organization. In accordance with its spending policy, the Foundation makes distributions from the fund to the Organization. The distributions are approximately 4% of the market value of the fund per year. The Organization's interest in the fund is recognized as a component of net assets with donor restrictions.

Right-of-Use Assets and Lease Liabilities

Effective July 1, 2022, the Organization adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 842, *Leases* (Topic 842). The Organization determines if an arrangement is a lease or contains a lease at inception of a contract. A contract is determined to be or contain a lease if the contract conveys the right to control the use of identified property, plant or equipment (an identified asset) in exchange for consideration. The Organization determines these assets are leased because the Organization has the right to obtain substantially all of the economic benefit from and the right to direct the use of the identified asset.

Assets in which the supplier or lessor has the practical ability and right to substitute alternative assets for the identified asset and would benefit economically from the exercise of its right to substitute the asset are not considered to be or contain a lease because the Organization determines it does not have the right to control and direct the use of the identified asset. The Organization's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

In evaluating its contracts, the Organization separately identifies lease and non-lease components, such as maintenance costs, in calculating the right-of-use (ROU) assets and lease liabilities for its facility leases.

Leases result in the recognition of ROU assets and lease liabilities on the balance sheet. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Organization determines lease classification as operating or finance at the lease commencement date.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent and lease incentives. Topic 842 requires the use of the implicit rate in the lease when readily determinable. As the leases do not provide an implicit rate, the Organization elected the practical expedient to use the risk-free rate when the rate of the lease is not implicit in the lease agreement.

The lease term may include options to extend or to terminate the lease that the Organization is reasonably certain to exercise.

The Organization has elected not to record leases with an initial term of 12 months or less on the balance sheet. The Organization does not include short-term leases within the balance sheet since it has elected the practical expedient not to include these leases within the recognized operating lease right-of-use asset and lease liability. Lease expense on such leases is recognized on a straight-line basis over the lease term.

Lease expense on operating leases is recognized over the expected lease term on a straight-line basis, while expense on finance leases is recognized using the effective interest rate method which amortizes the ROU asset to expense over the lease term and interest costs are expensed on the lease obligation throughout the lease term.

Upon adoption of Topic 842, the Organization elected the package of practical expedients permitted under the transition guidance within the new standard which includes the following: relief from determination of lease contracts included in existing or expiring leases at the point of adoption, relief from having to reevaluate the classification of leases in effect at the point of adoption and relief from reevaluation of existing leases that have initial direct costs associated with the execution of the lease contract.

The adoption of Topic 842 resulted in the recognition of the following asset and liabilities on July 1, 2022:

Operating lease right-of-use assets	$ 172,663
Current portion of operating lease liabilities	$ 111,044
Operating lease liabilities, less current portion	61,619
Operating lease liabilities	$ 172,663

Results for the period prior to July 1, 2022 continue to be reported in accordance with the Organization's historical accounting treatment for leases.

Property and Equipment

Property and equipment are carried at cost, less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. The Organization's capitalization policy is applicable for acquisitions greater than $5,000.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit 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 statements of operations as net assets released from restriction. Contributions whose restrictions are met in the same period as the support was received are recognized as net assets without donor restrictions.

The Organization reports gifts of property and equipment as support without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Donated Goods and Services

The Organization acts as a conduit for pharmaceutical company patient assistance programs. The Organization provides assistance to patients in applying for and distributing prescription drugs under the programs. The value of the prescription drugs distributed by the Organization to patients is not reflected in the accompanying financial statements. The Organization estimates that the value of prescription drugs distributed by the Organization for the years ended June 30, 2023 and 2022 was $2,866,712 and $2,522,993, respectively.

Various programs' help and support for the daily operations of the Organization's Response Program were provided by the general public of the surrounding communities. The donated services have not been reflected in the accompanying financial statements because they do not meet the criteria for recognition (specialized skills that would be purchased if not donated). Management estimates the fair value of donated services received but not recognized as revenue or expense was $175,200 and $153,300 for the years ended June 30, 2023 and 2022, respectively. The Response Program also receives donations of supplies (clothing, food, household items, personal care items, toys, etc.) that are provided to clients in the program. The fair value of supplies recognized as revenue and expense was $6,060 and $9,101 for the years ended June 30, 2023 and 2022, respectively.

Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function; therefore, these expenses require allocation on a reasonable basis that is consistently applied. As the Organization is a service organization, such expenses are allocated between healthcare services and administrative support based on the percentage of direct care wages to total wages.

(Deficiency) Excess of Revenue over Expenses

The statements of operations reflect the (deficiency) excess of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the (deficiency) excess of revenue over expenses include contributions of long-lived assets (including assets acquired and placed in service using grants received for capital acquisition which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through September 21, 2023, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents, investments and a $500,000 line of credit (Note 6).

Financial assets available for general expenditure within one year were as follows at June 30:

	2023	2022
Cash and cash equivalents	$ 7,067,956	$ 7,432,739
Patient accounts receivable	1,681,006	1,198,946
Grants receivable	374,303	601,716
Investments	1,030,220	1,022,031
Assets limited as to use for working capital needs	252,435	252,141
Financial assets available for current use	$ 10,405,920	$ 10,507,573

The Organization had average days (based on normal expenditure) cash on hand (including investments and assets limited as to use for working capital) of 152 and 202 at June 30, 2023 and 2022, respectively.

3. Patient Accounts Receivable and Net Patient Service Revenue

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances and consisted of the following:

	July 1, 2021	June 30, 2022	June 30, 2023
Medical and dental	$ 864,014	$ 949,391	$ 1,360,050
Contract 340B pharmacy program	183,481	249,555	320,956
Total patient accounts receivable	$ 1,047,495	$ 1,198,946	$ 1,681,006

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The accounts receivable from patients and third-party payers, net of allowances, were as follows at June 30:

	2023	2022
Governmental plans		
Medicare	44 %	40 %
Medicaid	21 %	26 %
Commercial payers	28 %	29 %
Patient	7 %	5 %
Total	100 %	100 %

Net Patient Service Revenue

Net patient service revenue by payer is as follows for the years ended June 30:

	2023	2022
Governmental payers:		
Medicare	$ 2,672,089	$ 2,303,539
Medicaid	2,118,197	2,059,681
Commercial payers:		
Anthem Blue Cross Blue Shield	1,153,836	1,075,303
Other commercial payers	1,724,788	1,792,632
Patient	435,071	333,254
Total direct patient service revenue	8,103,981	7,564,409
Contract 340B pharmacy revenue	3,990,579	3,346,667
Net patient service revenue	$ 12,094,560	$ 10,911,076

4. Investments

FASB ASC Topic 820, *Fair Value Measurement*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The fair value hierarchy within FASB ASC Topic 820 distinguishes three levels of inputs that may be utilized when measuring fair value:

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

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

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

The following tables set forth by level, within the fair value hierarchy, the Organization's investments at fair value measured on a recurring basis at June 30:

	2023			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 124,612	$ -	$ -	$ 124,612
Corporate bonds	-	664,940	-	664,940
Government securities	-	240,668	-	240,668
Total investments	$ 124,612	$ 905,608	$ -	$ 1,030,220

	2022			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 96,613	$ -	$ -	$ 96,613
Corporate bonds	-	652,892	-	652,892
Government securities	-	272,526	-	272,526
Total investments	$ 96,613	$ 925,418	$ -	$ 1,022,031

Corporate bonds and government securities are valued based on quoted market prices of similar assets.

5. Property and Equipment

Property and equipment consists of the following:

	2023	2022
Land and improvements	$ 153,257	$ 153,257
Building and improvements	6,172,334	3,493,228
Furniture, fixtures, and equipment	2,903,295	2,682,979
Total cost	9,228,886	6,329,464
Less accumulated depreciation	4,337,381	4,065,266
Property and equipment, net	$ 4,891,505	$ 2,264,198

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government requests prior approval of the asset's disposition.

6. Line of Credit

The Organization has a $500,000 line of credit with a local bank through November 2024. The line of credit is collateralized by the Organization's business assets with interest at the prime rate plus 0.5% (8.75% at June 30, 2023). There was no outstanding balance at June 30, 2023 and 2022.

7. Long-term Debt

The Organization has a $1,300,000 construction note available with a local bank to finance building renovations. No balance has been drawn from the construction note. Terms on the note are monthly installments of principal and interest at 4.25% through October 2032. The note is collateralized by real estate.

8. Leases

The Organization has entered into the following lease arrangements:

Operating Leases

The Organization has operating leases for clinic facilities and parking with maturities ranging from December 2023 through June 2028. Certain leases contain renewal options and escalation clauses. Termination of the leases are generally prohibited unless there is a violation under the lease agreement.

Short-Term Leases

The Organization has certain leases that are for a period of 12 months of less or contain renewals for periods of 12 months or less.

Lease Cost

Lease cost, which approximates lease payments, for the year ended June 30, 2023 is as follows:

Operating lease	$ 145,540
Short-term lease expense	85,703
Total	$ 231,243

Other Information

Weighted-average remaining lease term:	
Operating leases	3 years
Weighted-average discount rate:	
Operating leases	4.06%

Future Minimum Lease Payments and Reconciliation to the Balance Sheet

Future minimum payments due under the facility lease agreements for the years ending June 30, are as follows:

2024	$ 116,576
2025	54,566
2026	54,566
2027	54,566
2028	47,997
Total future undiscounted lease payments	328,271
Less present value discount	20,660
Total lease liabilities	307,611
Current portion of lease liabilities	108,806
Lease liabilities, net of current portion	$ 198,805

9. Net Assets

Net assets were as follows as of June 30:

	2023	2022
Net assets without donor restrictions		
Undesignated	$ 13,030,382	$ 11,477,525
Designated for working capital	252,435	252,141
Total	$ 13,282,817	$ 11,729,666
Net assets with donor restrictions for specific purpose		
Healthcare services - temporary in nature	$ 47,293	$ 43,891
Endowment - permanent in nature	26,083	26,083
Total	$ 73,376	$ 69,974

10. Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended June 30, 2023, there were no known malpractice claims outstanding which in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

11. Benefit Plans

The Organization has a defined contribution plan under Internal Revenue Code Section 401(k) that cover substantially all employees. The Organization contributed $334,773 and $296,406 for the years ended June 30, 2023 and 2022, respectively.

The Organization provides health insurance to its employees through a self-insurance plan with a re-insurance arrangement to limit exposure. The Organization estimates and records a liability for claims incurred but not reported for employee health provided through the self-insured plan. The liability is estimated based on prior claims experience and the expected time period from the date such claims are incurred to the date the related claims are submitted and paid.

12. Litigation

From time-to-time, certain complaints are filed against the Organization in the ordinary course of business. Management vigorously defends the Organization's actions in those cases and utilizes insurance to cover costs with various deductibles. In the opinion of management, there are no matters that will materially affect the Organization's financial statements.

SUPPLEMENTARY INFORMATION

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2023

Federal Grant/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Passthrough Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services:			
Direct:			
Health Center Program Cluster			
Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ 11,394
COVID-19 Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		1,276,763
Total AL 93.224			1,288,157
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		4,357,003
Total Health Center Program Cluster			5,645,160
COVID-19 HRSA COVID-19 Claims Reimbursement for the Uninsured Program and the COVID-19 Coverage Assistance Fund	93.461		990
COVID-19 Provider Relief Fund	93.498		620,877
Affordable Care Act (ACA) Grants for Capital Development in Health Centers	93.527		639,458
Teaching Health Center Graduate Medical Education Payment	93.530		339,143
Passthrough:			
New Hampshire Coalition Against Domestic and Sexual Violence			
Injury Prevention and Control Research and State and Community Based Programs	93.136	n/a	17,084
Family Violence Prevention and Services/ DomesticViolence Shelter and Supportive Services	93.671	n/a	137,936
State of New Hampshire Department of Health and Human Services			
Family Planning	93.217	102-500734/90080203	114,204
Temporary Assistance for Needy Families	93.558	502-500891/45130203	25,221
Maternal and Child Health Services Block Grant to the States	93.994	102-500731/90080000	46,455

The accompanying notes are an integral part of this schedule.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Schedule of Expenditures of Federal Awards (Concluded)

Year Ended June 30, 2023

Federal Grant/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Passthrough Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services:			
Passthrough:			
Bi-State Primary Care Association, Inc.			
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	n/a	110,599
Total U.S. Department of Health and Human Services			7,697,127
U.S. Department of Housing and Urban Development			
Passthrough:			
City of Berlin, New Hampshire			
Community Development Block Grants/ Entitlement Grants	14.218	19-053-CDPF	475,000
U.S. Department of Justice:			
Passthrough:			
New Hampshire Coalition Against Domestic and Sexual Violence			
Sexual Assault Services Formula Program	16.017	n/a	12,551
Crime Victim Assistance	16.575	n/a	392,471
Total U.S. Department of Justice			405,022
U.S. Department of the Treasury:			
Passthrough:			
Bi-State Primary Care Association, Inc.			
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	n/a	225,202
Denali Commision or Delta Regional Authority or Japan-US Friendship Commission or Election Assistance Commission:			
Passthrough:			
Northern Border Regional Commission			
Northern Border Regional Development	90.601	NBRC18GNH10	153,391
Total Expenditures of Federal Awards			$ 8,955,742

The accompanying notes are an integral part of this schedule.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Schedule of Expenditures of Federal Awards

Year Ended June 30, 2023

1. Summary of Significant Accounting Policies

Expenditures reported on the schedule of expenditures of federal awards (the Schedule) are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), wherein certain types of expenditures are not allowable or are limited as to reimbursement.

2. De Minimis Indirect Cost Rate

Coos County Family Health Services, Inc. (the Organization) has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

3. Basis of Presentation

The Schedule includes the federal grant activity of the Organization. The information in this Schedule is presented in accordance with the requirements of the Uniform Guidance. Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

BerryDunn

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
Coos County Family Health Services, Inc.

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Coos County Family Health Services, Inc. (the Organization), which comprise the balance sheet as of June 30, 2023, and the related statements of operations, functional expenses, changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated September 21, 2023.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization'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.

Board of Directors
Coos County Family Health Services, Inc.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

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 Organization'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 Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
September 21, 2023

BerryDunn

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR THE MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors
Coos County Family Health Services, Inc.

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited Coos County Family Health Services, Inc.'s (the Organization) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget *Compliance Supplement* that could have a direct and material effect on its major federal program for the year ended June 30, 2023. The Organization's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2023.

Basis for Opinion on the Major Federal Program

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

We are required to be independent of the Organization 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 the major federal program. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

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 Organization's federal programs.

Auditor's 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 Organization'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 U.S. generally accepted auditing standards, *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 Organization's compliance with the requirements of the major federal program as a whole.

In performing an audit in accordance with U.S. generally accepted auditing standards, *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 Organization'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 Organization'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 Organization'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.

Report on Internal Control over Compliance

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

Board of Directors
Coos County Family Health Services, Inc.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's 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. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

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.

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.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
September 21, 2023

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Schedule of Findings and Questioned Costs

Year Ended June 30, 2023

Section 1. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:				Unmodified
Internal control over financial reporting:				
Material weakness(es) identified?	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Noncompliance material to financial statements noted?	☐	Yes	☑	No

Federal Awards

Internal control over major programs:				
Material weakness(es) identified:	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	
Type of auditor's report issued on compliance for major programs:				Unmodified
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	☐	Yes	☑	No

Identification of major programs:

Assistance Listing Number	Name of Federal Program or Cluster
	Health Center Program Cluster

Dollar threshold used to distinguish between Type A and Type B programs:				$750,000
Auditee qualified as low-risk auditee?	☐	Yes	☑	No

Section 2. Financial Statement Findings

None

Section 3. Federal Award Findings and Questioned Costs

None

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Summary Schedule of Prior Audit Findings

Year Ended June 30, 2023

Finding Number:	**2022-001**
Condition:	The Organization has not applied sliding fee discounts to patient charges consistent with its sliding fee discount program.
Recommendation:	We recommended the Organization develop routine internal monitoring procedures to perform periodic testing of sliding fee discounts to help ensure the discounts are provided consistent with the Organization's sliding fee discount program.
Status:	Resolved

coös county
Family Health

Coos County Family Health Services
Board of Directors

Kassie Eafrati	Chairperson
Pauline Tibbetts	Vice-Chairperson
Cynthia Desmond	Treasurer
Joan Merrill	Secretary
Patti Stolte	Immediate Past Chairperson
David Morin	
Dawn Cross	
Debra Berntsen	
Erin Cram	
H. Guyford Stever Jr.	
Marge McClellan	
Robert Pelchat	
Peter D. Rowan	

ALISSA JUDSON

Objective: Seeking position as Medical Assistant where I can apply my best skills.

Profile: Very enthusiastic, easy going, a team worker with good spirit, optimal organizational skills, reliable. Maintains a calm demeanor during stressful situations. Communicates professionally with others through verbal, non-verbal or written communication.

Summary of Skills:

- Ability to quickly learn new concepts and skills
- Flexible and easily adapts to change
- Knowledgeable user of EMR
- Experienced with providing quality patient care
- Strong interpersonal and communication skills
- Organized, manages time wisely
- Excellent verbal and writing skills
- PC Literacy
- Honesty and discretion

Education and Certification:

Nursing School (completed 1st year of program), White Mountains Community College (2011)
Licensed Nurse Assistant Course, Clinical Career Training (2009)
BA English Literature, Elmira College (2005)
High School Diploma from Berlin High School, Berlin NH (2000)

Experience:

Edward Fenn Elementary School, Gorham NH

Administrative Assistant Special Services (2017-present)

- Coordinated all department functions and provided department support
- Organized and maintained the Special Services filing system; ensured accuracy and completeness of confidential files; filed and retrieved documents
- Prepared a variety of correspondence and departmental forms
- Coordinated and relayed important communications and assumed/performed related work tasks independently as required
- Adhered to district-wide and special services related policies, procedures and practices
- Gathered and merged data to complete annual local, state, and federal reports
- Maintained employee confidence and protected operations by keeping Special Services information confidential

North Country Primary Care Pediatrics, Littleton NH

Medical Assistant (2011 - 2017)

- Provided quality patient care in keeping with the patient's condition and age
- Obtained medical history and relevant information
- Helped calm children who were anxious or nervous during the appointment, calmly handled interactions with challenging personalities
- Administered immunizations and injections as necessary
- Managed sample medications per specified policies and procedures
- Kept exam rooms clean, organized and stocked
- Clerical skills: Appointment scheduling, medical coding, phone triage, accurate documentation, troubleshoot computer problems
- Strictly adhered to health care facility policies and procedures

Alzheimer's Health Care Services, Berlin NH

Volunteer (2008 – 2009)

Licensed Nurse Assistant (2009 – 2011)

- Provided nursing care in accordance with resident care policies and procedures.
- Protected and promoted resident rights and assisted the person to maintain maximum functional independence
- Provided routine care to the patients
- Ensured the safety and well-being of the patient is maintained

Andrea Alger

OBJECTIVE: To obtain a Registered Nurse position in a hospital setting where I can utilize my clinical skills and strengths.

EDUCATION:

Saint Joseph's College of Maine, Standish, ME
Bachelor of Science in Nursing, May 2010
GPA 3.87 of 4.0

CLINICAL EXPERIENCE:

Maine Medical Center, Portland, ME
- Special Care Unit, Senior Internship, Spring 2010
- Medical/Surgical Unit, Spring 2009
- Maternity Unit, Spring 2009
- Pediatric Unit, Fall 2008

Martel Elementary, Lewiston ME
- Community Health Nursing, Fall 2009

Lewiston High School, Lewiston, ME 2009
- Influenza Vaccination Clinic, Fall 2009

Southern Maine Medical Center, Biddeford, ME
- Psychiatric Mental Health Unit, Spring 2009

Stephens Memorial Hospital, Norway, ME
- Medical/Surgical Unit Fall 2008

Mercy Hospital, Portland, ME
- Medical/Surgical Unit, Spring 2008

The Cedars, Portland ME
- Long-Term Care, Fall 2007

WORK EXPERIENCE:

Coos County Nursing Home, Berlin, NH
Licensed Nursing Assistant, 2008-Present
- Provide basic care, assist residents with activities of daily living, and provide comfort care.

Berlin Foundry & Machine Company, Berlin, NH
Facility Custodial Maintenance Person, 2009-Present
- Prepare metal for welding jobs and sort metal for recycling

French Hill Stables, Milan, NH
Assistant Stable Manager, 2000-Present
- Provide care for horses and organize feeding and care schedule to meet the horse owners' requests.

Skinplicity, Berlin, NH
Receptionist, 2005-2006
- Scheduled appointments for clients and answered customer calls and questions

CERTIFICATIONS: CPR Certification, American Heart Association Healthcare Provider, 2005-Present

HONORS AND AWARDS:

Sister Mary Consuela White Award, Spring 2010
Member of Sigma Theta Tau, Nursing Honor Society, Spring 2010
Marie F. Magee Endowed Nursing Scholarship Fall 2008, Fall 2009
Helene F. Murphy Scholarship, Spring 2009
Deans List, Fall 2006, 2007, 2008, 2009, Spring 2007, 2008, 2009

COMPUTER SKILLS: Competent in Microsoft Word and PowerPoint

ANDREA A SANSCHAGRIN

OBJECTIVE

To work as a Medical Assistant in a medical facility where I can best help people in need. I want to eventually continue my studies to become a nurse.

EDUCATION

Health Science Technology — September 2012 to 2017
White Mountains Community College,
Berlin, New Hampshire

- Related Course Work: Psychology, Phlebotomy, Medical Terminology, Math

WORK EXPERIENCE

Lab Assistant — November 2018 to Present
Androscoggin Valley Hospital
Berlin, New Hampshire

- I am a phlebotomist often registering patients for blood work. I perform microscopic testing on urines, I prepare lab specimens to be sent out to other facilities for testing, I input test results in the computer among other paperwork, I train other new hires.

Licensed Nursing Assistant — Sept 2014 to Present
Memorial Hospital
North Conway, New Hampshire

- Care for critically ill or injured patients, assist other patients with the activities of daily living, perform vital signs, charting

Licensed Nursing Assistant — June 2013 to March 2015
Coos County Nursing Home
Berlin, New Hampshire

- Assist residents with their needs such as bathing, eating, walking, etc.

Licensed Nursing Assistant — January 2013 to October 2013
St. Vincent de Paul Nursing Home and Rehabilitation
Berlin, New Hampshire

- Assist residents with their needs such as bathing, eating walking, etc.

LEADERSHIP AND MEMBERSHIP

- Member of Berlin High School Key Club, 2008-2012
- Secretary of Berlin High School Key Club, 2011-2012
- Community Service through BHS Key Club

SPECIAL SKILLS

- Computer Skills
- Phlebotomy Skills
- Mechanical Lift
- Vital Sign Skills
- IV Removal
- CPR Certified – need to renew
- Foley Catheter Removal
- Qualified to perform EKG's
- Perform urine tests

Brian M. Beals, MD, FAAP

Licensure
New Hampshire

Certifications
American Board of Pediatrics, 1994-2001 ; Re-certified, 2001-2008

Education
BS, University of Notre Dame, Notre Dame, IN, 1983-1987

MD, Jefferson Medical College, Philadelphia, PA, 1987-1991

Postdoctoral Training
Pediatrics Residency
Dartmouth-Hitchcock Medical Center, Lebanon, NH 03756, 1991-1994

Professional Experience
Pediatrician, Mountain Health Services, Gorham, NH, September, 1994-present

Teaching Experience
Hospital-based NRP Instructor, 1996-present
PALS Instructor, 1999-present
Office and hospital-based community preceptor for Dartmouth Medical School and University of Vermont College of Medicine students, pediatric residents from Dartmouth-Hitchcock Medical Center, and Physician Assistant students from University of New England and Massachusetts College of Pharmacy and Health Sciences.

Faculty Appointments
Adjunct Assistant Professor of Pediatrics, Dartmouth Medical School, Hanover, NH, 1996-present.
Adjunct Clinical Faculty, University of New England, Physician Assistant Program, Biddeford, ME, 2001-present.

Awards
Volunteer Clinical Faculty Award, AOA Honor Medical Society, Dartmouth Medical School, 2002.

Hospital Affiliations

Active Staff, Androscoggin Valley Hospital (AVH), 59 Page Hill Road, Berlin, NH 03570, 1994-present.

Medical Director, Pediatric and Nursery Services, AVH.

Professional Society Memberships

Fellow, American Academy of Pediatrics, 1995

New Hampshire Pediatric Society, 1991

- Early Childhood Development, Adoption, and Out of Home Care Committee, 1994
- Child Abuse/Neglect Committee (CARE Network), 2002

Community Activities

Community Preceptor Education Board (Dartmouth Medical School)

Health Advisory Board Tri-County Head Start

Advisor to Family Strength

Child and Family Services North Country Health Advisory Board

CARE–NH, Berlin/Gorham Regional Collaborative

Clinical Consultant to NH State Lead Program

Clinical Interests

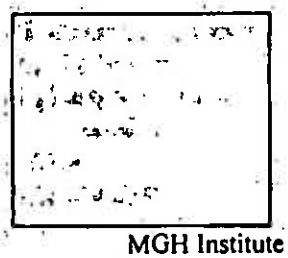
General Pediatrics

Type I Diabetes

- Coordinator of local satellite of national Diabetes Prevention Trial (DPT-1)
- Volunteer medical staff at Camp Carefree every summer since 1991

References

Available upon request.



Chelsey R. Andrea, MSN, RN, CPNP

EDUCATION, LICENSURE, CERTIFICATIONS

MGH Institute of Health Professions; Boston, MA
Master of Science in Nursing - May 2016
• Scholarly Project: Development of Pilot School-aged First Aid Program
Bachelor of Science in Nursing- December 2014

College of the Holy Cross; Worcester, MA
Bachelor of Arts in Sociology - May 2011
• L'Université d'Afrique; Yaoundé, Cameroon (2009-2010)

Licensure:
Advanced Practice Registered Nurse, NH Board of Nursing- Expires May 2021
Registered Nurse, NH Board of Nursing- Expires May 2021
Registered Nurse, MA Board of Nursing- Inactive

Certification:
Primary Care Certified Pediatric Nurse Practitioner (PNCB)- Expires February 2021
Pediatric Advanced Life Support (PALS)- Expires August 2022
BLS/CPR/AED for the Health Care Provider- Expires August 2022

PROFESSIONAL EXPERIENCE

Pediatric Associates of Hampton & Portsmouth, Portsmouth, NH
Pediatric Nurse Practitioner - September 2016- present
Primary care provided in an outpatient setting for acute care and well child visits. Duties include independently assessing, diagnosing, and treating pediatric patients from newborn to twenty one years of age. Provided evaluation and treatment services for newborns, infants, children and adolescents with a wide range of developmental, behavioral and learning difficulties. Deliver comprehensive care to patients including vital signs, physical exams, vaccinations, screenings, and health promotion.

Camp Arcadia, Casco, ME
Registered Nurse - June 2015- Aug. 2015
Provided nursing care and support to over 250 overnight campers and staff. Provided staff orientation on medical services, prepared and maintained first aid supplies, completed staff and camper health assessments. Attended to camper medical needs including medication distribution, illness and injury assessment and care, and facilitated follow-up care with providers and parents.

Private Residence, Charlestown, MA
Child Care Provider - Jan. 2015- June 2015
Provided early morning and after school care for three children ages 6, 8, and 10.

MGH Institute of Health Professions, Boston, MA
Teaching Assistant - Sept. 2014- Sept. 2015.
Provided one on one and group support to first year students enrolled in Nursing Process and Skills.

Starting Point, Conway, NH
AmeriCorps Victim Assistance Program - Sept. 2011- Aug. 2013
Provided support services to victims of domestic and sexual violence and stalking. Attended court hearings, managed crisis line, assisted victims through one-on-one meetings; provided support services to parents and families at child advocacy center interviews and accompanied survivors to the hospital. Organized and facilitated healthy relationship and self-esteem programming for high-risk children and adolescents. Organized and facilitated volunteer training.

CLINICAL EXPERIENCE

Registered Nurse Role
Cambridge Hospital; Cambridge, MA
Student Nurse: Maternity Suite - Oct. 2014-Dec. 2014
Provided care in both labor and delivery as well as postpartum and nursery care. Performed vital signs, detailed assessments and discharge teaching for postpartum women and neonates. Administered medications and treatments and performed neonatal screening tests.

Massachusetts General Hospital; Boston, MA
Student Nurse: Medical Unit, Phillips House 22 - Sep. 2013-Dec. 2013
- Performed vital signs and wound care. Interviewed patient and care providers to obtain accurate detailed health history

Student Nurse: Vascular Surgery, Bigelow 14 - Jan. 2014-Apr. 2014
- Administered medications and treatments. Interviewed patients and care providers to obtain accurate, detailed health history.

Student Nurse: Pediatrics, Ellison 17 - Sept.2014-Oct.2014
- Administered medications and treatments. Interviewed parents, family members, other care providers and child to obtain accurate, detailed health history.

Orchard Gardens K-8 School; Roxbury, MA
Student Nurse: Community Health - Jan. 2014-Apr. 2014
Initiated a community needs assessment. Interviewed school nurse and family liaisons about the health related concerns. Identified a need for teenage violence education and prevention for families. Organized a multi-lingual workshop for parents/guardians of 6-8th grade students concerning teenage violence, particularly internet violence.

Lawrence Memorial Hospital; Medford, MA
Student Nurse: Gerontology Psychiatric Unit - Sep. 2013-Dec. 2013
Interviewed patients, nursing staff and other care providers to obtain accurate detailed health history. Assisted nursing staff and program directors in basic care and activity facilitation of patients.

Nurse Practitioner Role:
Child Health Associates P.C. Shrewsbury, MA
Student Nurse Practitioner - Jan. 2016- Apr. 2016
Independently completed history and physical examinations and performed diagnostic testing. Developed differential diagnoses and treatment plans in collaboration with the pediatric nurse practitioner. Provided educational and health promotion materials for families. Completed documentation for visits in Centricity electronic medical record. Provided acute and well visit care from newborn through adolescence.

Maine Medical Center, Pediatric Surgery, Portland, ME
Student Nurse Practitioner - Jan. 2016- Apr. 2016
Attended pediatric surgical rounds, observed and assisted nurse practitioner and surgeon in hospital follow-up and office consultation for all pediatric burn patients and surgical candidates. Developed and discussed differential diagnoses and surgical procedures with nurse practitioner and surgeon independently and in rounds discussions. Provided patient discharge education including follow-up and gastrostomy tube care. Documented interactions using Epic. Attended pediatric quality improvement collaboration meetings with members of all specialty practices represented at Maine Medical Center.

Salmon Falls Family Healthcare Somersworth, NH
Student Nurse Practitioner - Oct. 2015- Dec. 2015
Independently completed patient assessments, developed differential diagnosis and treatment plans in collaboration with the pediatric nurse practitioner, as well as promoted education and guidance for families. Provided acute and well visit care from newborn through adolescence.

Middlesex School Concord, MA
Student Nurse Practitioner - Sep. 2015- Dec. 2015
Acted as first point of care for students. Completed assessments, observed and involved in diagnosis and patient education with the nurse practitioner. Primarily provided walk-in sick visit care and daily medications in health center as well as provided sports injury support with the head athletic trainer.

Patriot Pediatrics Bedford, MA
Student Nurse Practitioner - Jan. 2015- April 2015 Completed assessments, observed and involved in diagnosis and education for families. Provided walk-in sick visit care as well as scheduled acute and well visits.

VOLUNTEER EXPERIENCE

Kings County Hospital, Brooklyn, NY
Nurse Practitioner - April 2020
Working with a team of resident physicians, nurse practitioners and physician assistants to coordinate care for patients on COVID-19 medical unit. Rounding on patients daily with the medical team. Ordering and interpreting lab results, collaborating with physicians on appropriate care, treatment modalities and specialty consultations. Prepare admission and discharge documentation using EPIC EHR system.

MGH Institute of Health Professions- School of Nursing, Boston, MA
Duke University- School of Nursing, Durham, NC
Pediatric Nurse Practitioner Program Clinical Preceptor - January 2019- present
Pediatric Nurse Practitioner preceptor and mentor to pediatric nurse practitioner graduate nursing students for various levels of pediatric primary care PNP clinical rotations.

HAVEN, Portsmouth, NH
Volunteer Advocate - Sep. 2015- November 2016
Provide confidential support and information to those affected by sexual and domestic violence through the 24-hour crisis line. Accompany survivors of domestic and sexual violence to the hospital directly after an assault.

Crimson Care Collaborative, Boston, MA
Senior Clinician (Jan. 2015- Sep. 2015); Administrative Manager (Sept. 2014- Dec. 2014)
Responsible for accompanying patient and junior clinician through entire visit, measuring vital signs, taking patient history, and performing physical exam. As Manager, responsible for workflow of Revere Pediatrics Clinic.

Green Eyes in Africa & Rigel Study Center, Yaoundé, Cameroon
Tutor/English Teacher - Oct. 2009- June 2010
Study tutor for orphaned and handicapped children ages 4-10. Taught English to French-speaking women, ages 18-30.

COMMITTEE WORK

February 2020- Present
Pediatric Associates of Hampton and Portsmouth- Executive Committee
Nurse practitioner representative of the committee whose goal is to improve and implement procedures, teambuilding and communication within the practice.

PROFESSIONAL AFFILIATIONS

National Association of Pediatric Nurse Practitioners- Member 2016- present
Sigma Theta Tau International Nursing Honor Society, Upsilon Lambda Chapter- Inducted March 2015
Leadership Mount Washington Valley- January 2013- June 2013

JENNIFER L. ONEIL

OBJECTIVE

I am a dedicated and loyal employee. I am eager to learn new tasks and looking forward to a challenging position where I can build upon my experience.

SKILLS & ABILITIES

I have excellent oral and written communication skills, a quick and dedicated learner, as well as excellent typing and computer skills, and work effectively without close supervision. I take pride in my work and stay organized to get the job completed. I am honest, reliable, self-motivated and dedicated. I have a pleasant personality and a good sense of humor. Confidentiality has always been a requirement. I am able to work independently as a team member in order to deliver a high quality of service in a timely and efficient manner.

EXPERIENCE

WAITRESS, YOKOHAMA RESTAURANT

April 2006 – Present

Duties include preparing tables for meals, taking customer orders, serving drinks and food and cleaning up before, during, and after a customer's meal in a fast paced environment.

PST SPECIALIST, LAB CORP OF AMERICA

August 2013-Present

Duties include patient interaction in a State Prison environment. Working with electronic reporting and accuracy tools along with obtaining specimen collections through venipuncture for processing and packaging.

CYTOLOGY/PATHOLOGY TECH, LAB ASSISTANT II, ANDROSCOGGIN VALLEY HOSPTAL

July 2006 – May 2013

Responsible for performing all the phlebotomist duties. Proper phone etiquette, record management, data entries, and book keeping. Active interaction with Doctors, nurses, clinical staff and patients from newborn to geriatric. Worked closely with the Pathologist to assist in the preparation of surgical specimens for processing. Filing reports and data and assuring the completion of specimen coding and billing.

EDUCATION

WHITE MOUNTAINS COMMUNITY COLLEGE, BERLIN NH

Certificate 5/2009

GPA 3.86

Major: Medical Assisting

Appendix E

Program Staff List

New Hampshire Department of Health and Human Services

COMPLETE ONE PROGRAM STAFF LIST FOR EACH STATE FISCAL YEAR

Proposal Agency Name: Coos County Family Health Services, I
Program: Primary Care Services
Budget Period: July 1, 2024 - June 30, 2025

A	B	C	D	E	F	G	H
Position Title	Current Individual in Position	Projected Hrly Rate as of 1st Day of Budget Period	Hours per Week dedicated to this program	Annlt Funded by this program for Budget Period	Total Salary for Budget Period	% of Salary Funded by this program	Site*
Example:							
Program Coordinator	Sandra Smith	$21.00	40	$13,680	$43,680	31%	
Administrative Salaries							
						#DIV/0!	
						#DIV/0!	
Total Admin. Salaries				$0	$0	#DIV/0!	
Direct Service Salaries							
MD	Brian Beals	$125.60	20	$130,624	$244,920	53%	
APRN	Chelsey Andrea	$62.99	20	$65,510	$117,917	56%	
RN	Andrea Alger	$40.44	24	$50,469	$84,115	60%	
CMA	Jennifer Oneil	$25.74	20	$26,770	$53,539	50%	
CMA	Alissa Judson	$24.28	20	$25,251	$50,502	50%	
CMA	Andrea Sanschagrin	$25.45	19	$25,381	$47,642	53%	
Total Direct Salaries				$324,005	$598,636	54%	
Total Salaries by Program				$324,005	$598,636	54%	

Please note, any forms downloaded from the DHHS website will NOT calculate. Forms will be sent electronically via e-mail to all programs submitting a Letter of Intent by the due date.
*Please list which site(s) each staff member works at, if your agency has multiple sites.

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

May 25, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into contracts with the Contractors listed below in an amount not to exceed $8,158,520 to increase access to integrated prevention and primary health care services for Women, Infants, Children and Adolescents, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through June 30, 2024. 10% Federal Funds. 90% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Amoskeag Health	157274-B001	Manchester	$1,529,850
Concord Hospital, Inc.	177653-B011	Concord	$658,569
Coos County Family Health Services, Inc.	155327-B001	Berlin	$731,721
Greater Seacoast Community Health	166629-B001	Somersworth	$1,232,685
HealthFirst Family Care Center, Inc.	158221-B001	Franklin	$597,648
Lamprey Health Care, Inc.	177677-R001	Newmarket	$1,112,527
Manchester Health Department	177433-B009	Manchester	$412,006
Mid-State Health Center	158055-B001	Plymouth	$640,823
Weeks Medical Center	177171-R001	Lancaster	$617,806
White Mountain Community Health Center	174170-R001	Conway	$624,885
		Total:	**$8,158,520**

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, and are anticipated to be available in State Fiscal Year 2024, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Department to increase access to integrated prevention and primary health care for the Maternal and Child Health (MCH) target population of women, infants, children and adolescents, and to address the maternal and youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

Approximately 194,940 individuals will be served from June 1, 2022 to June 30, 2024.

The Contractors will provide increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, and pregnant women and women of childbearing age, and must not exclude individuals who are uninsured; underinsured; and/or considered low-income. Integrated prevention and primary health care services are provided to individuals who may experience barriers to accessing health care due to issues such as lack of insurance, inability to pay, limited language proficiency and geographic isolation. The Contractors will integrate and coordinate access to medical, behavioral and social services by reducing barriers to care through an array of services such as care coordination, translation services, outreach, eligibility assistance, transportation, and health education.

The Department will monitor services through the following performance measures:

- Percent of infants who were ever breastfed.
- Percent of adolescents 12 to 21 years of age who had at least one (1) comprehensive well-care visit/comprehensive physical exam during the measurement year.
- Percent of postpartum women screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive screen, a follow-up plan is documented on the date of the positive screen.

The Department selected the Contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from January 14, 2022 through February 25, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Executive Council not authorize this request, the Department may be unable to ensure increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, pregnant women and women of childbearing age, and individuals who are uninsured; underinsured; considered low-income.

Source of Federal Funds: CFDA #93.994, FAIN B04MC45230

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

Respectfully submitted,

DocuSigned by:
Ann H. Landry
74BAB37EDBEB468...

Lori A. Shibinette
Commissioner

Maternal and Child Health in the Integrated Primary Care Setting
RFP-2022-DPHS-19-PRIMA
Fiscal Detail Sheet

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH

1. Amoskeag Health, Vendor # 157274-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$161,194
SFY 2023	102-500731	Contracts for Program Services	90080112	$684,328
SFY 2024	102-500731	Contracts for Program Services	90080112	$684,328
			Subtotal:	*$1,529,850*

2. Concord Hospital, Inc., Vendor # 177653-B011 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$26,343
SFY 2023	102-500731	Contracts for Program Services	90080112	$316,113
SFY 2024	102-500731	Contracts for Program Services	90080112	$316,113
			Subtotal:	*$658,569*

3. Coos County Family Health Services, Inc., Vendor # 155327-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$29,269
SFY 2023	102-500731	Contracts for Program Services	90080112	$351,226
SFY 2024	102-500731	Contracts for Program Services	90080112	$351,226
			Subtotal:	*$731,721*

4. Greater Seacoast Community Health, Vendor # 166629-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$49,307
SFY 2023	102-500731	Contracts for Program Services	90080112	$591,689
SFY 2024	102-500731	Contracts for Program Services	90080112	$591,689
			Subtotal:	*$1,232,685*

5. Health First Family Care Center, Vendor # 158221-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$23,906
SFY 2023	102-500731	Contracts for Program Services	90080112	$286,871
SFY 2024	102-500731	Contracts for Program Services	90080112	$286,871
			Subtotal:	*$597,648*

6. Lamprey Health Care, Inc., Vendor # 177677-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$44,501
SFY 2023	102-500731	Contracts for Program Services	90080112	$534,013
SFY 2024	102-500731	Contracts for Program Services	90080112	$534,013
			Subtotal:	*$1,112,527*

7. Manchester Health Dept. Vendor #177433-B009 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$16,480
SFY 2023	102-500731	Contracts for Program Services	90080112	$197,763
SFY 2024	102-500731	Contracts for Program Services	90080112	$197,763
			Subtotal:	*$412,006*

8. Mid-State Health Center, Vendor # 158055-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$25,633
SFY 2023	102-500731	Contracts for Program Services	90080112	$307,595
SFY 2024	102-500731	Contracts for Program Services	90080112	$307,595
			Subtotal:	*$640,823*

9. Weeks Medical Center, Vendor # 177171-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,712
SFY 2023	102-500731	Contracts for Program Services	90080112	$296,547
SFY 2024	102-500731	Contracts for Program Services	90080112	$296,547
			Subtotal:	*$617,806*

10. White Mountain Community Health Center, Vendor # 174170-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,995
SFY 2023	102-500731	Contracts for Program Services	90080112	$299,945
SFY 2024	102-500731	Contracts for Program Services	90080112	$299,945
			Subtotal:	*$624,885*
			TOTAL:	**$8,158,520**

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFP-2022-DPHS-19-PRIMA
Project Title Maternal and Child Health Care in the Integrated Primary Care Setting

	Maximum Points Available	Amoskeag Health	City of Manchester Health Department	Concord Hospital Family Health Center	Coos County Family Health Services	Greater Seacoast Community Health	HealthFirst Family Care Center Inc	Lamprey Healthcare	Mid-State Health	Weeks Medical Center	White Mountain Community Health Center
Technical											
Primary Care Services (Q1)	30	28	24	25	23	29	25	25	28	25	28
Social Determinants of Health (Q2)	20	20	18	13	18	20	18	15	18	15	18
Enabling Service Initiatives (Q3)	20	20	18	14	18	19	18	13	19	18	16
Quality Improvement Projects (Q4)	20	20	20	12	17	18	18	17	15	18	16
Staffing (Q5)	5	3	3	3	3	5	4	2	4	3	3
and Training Plan (Q6)	5	4	3	3	3	5	4	5	4	4	2
Technical Score*	100	95	86	70	82	96	87	77	88	83	83
TOTAL SCORE	100	95	86	70	82	96	87	77	88	83	83

**Minimum Passing Technical Score = 70 of 100 possible points.*

	Reviewer Name	Title
1	Rhonda Siegel	Administrator
2	Shari Campbell	Program Specialist III
3	Erica Tenney	Program Coordinator
4	Lisa Storez	Public Health Nurse Consultant
5	Ellen Stickney	Public Health Nurse Coordinator

FORM NUMBER P-37 (version 12/11/2019)

Subject: Maternal and Child Health Care in the Integrated Primary Care Setting (RFP-2022-DPHS-19-PRIMA-04)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Coos County Family Health Services, Inc.		1.4 Contractor Address 54 Willow St. Berlin, NH 03570	
1.5 Contractor Phone Number (603) 752-3669	1.6 Account Number 05-95-90-902010-5190	1.7 Completion Date June 30, 2024	1.8 Price Limitation $731,721
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Ken Gordon Date: 5/25/2022		1.12 Name and Title of Contractor Signatory Ken Gordon CEO	
1.13 State Agency Signature DocuSigned by: Iain Watt Date: 5/25/2022		1.14 Name and Title of State Agency Signatory Iain Watt Deputy Director - DPH	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Tahhmina Rahhmatova		On: 5/27/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials DB

Date 5/25/2022

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials DS

Date 5/25/2022

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

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

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

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both..

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

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

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

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of the

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Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation")*.

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

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New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

   1.1. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

      3.3. The parties may extend the Agreement for up four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

   1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

      12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting
EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall increase access to integrated healthcare for the Maternal and Child Health (MCH) target population of Women, Infants, Children and Adolescents from birth to 21 years of age, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

1.2. The Contractor shall provide and increase access to healthcare for New Hampshire Infants, Children and Adolescents from birth to 21 years of age, and Pregnant Women and Women of Childbearing age, and must not exclude individuals who are:

1.2.1. Uninsured.

1.2.2. Underinsured.

1.2.3. Considered low-income defined as less than 185% of the U.S. Department of Health and Human Services (US DHHS) Poverty Guidelines.

1.2.4. Lacking housing, including individuals whose primary residence during the night is a supervised public or private facility, such as a shelter, that provides temporary living accommodations.

1.2.5. Residing in transitional housing.

1.2.6. Unable to maintain their housing situation.

1.2.7. Forced to stay with a series of friends and/or extended family members, hence are considered homeless.

1.2.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

1.3. The Contractor shall provide integrated preventative and primary health care services to the populations in Subsection 1.2 above, which must include:

1.3.1. Behavioral health care;

1.3.2. Prenatal care either on site or by referral;

1.3.3. Care management; and

1.3.4. Enabling services.

1.4. The Contractor shall provide eligibility determination services that include, but are not limited to:

1.4.1. Notifying the Department in writing if/when access to primary care services for new patients is limited or closed for more than thirty (30)

consecutive business days or any sixty (60) non-consecutive business days.

1.4.2. Assisting individuals with completing a Medicaid/Expanded Medicaid and/or other health insurance applications.

1.4.3. Maximizing billing to private and commercial insurances for all reimbursable services rendered.

1.4.4. Posting a public notice in a conspicuous location specifying that no individual will be denied services due to inability to pay.

1.4.5. Developing and implementing a sliding fee scale for services in accordance with the Federal Poverty Guidelines and providing the sliding fee scale to the Department upon request.

1.5. The Contractor shall ensure primary care services are provided by a New Hampshire licensed:

1.5.1. Medical Doctor (MD);

1.5.2. Doctor of Osteopathic Medicine (DO);

1.5.3. Advanced Practice Registered Nurse (APRN); and/or

1.5.4. Physician Assistant (PA) to eligible individuals in the service area.

1.6. The Contractor shall provide services in an office-based setting which may include, but is not limited to:

1.6.1. Federally Qualified Health Centers (FQHCs) and/or Rural Health Clinics.

1.6.2. School Based Health Clinics.

1.6.3. Mobile Care Delivery Services.

1.7. The Contractor shall ensure services include, but are not limited to:

1.7.1. Reproductive health services.

1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral.

1.7.3. Preventive primary care services for women, infants, children and adolescents, including screenings and health education in accordance with established, documented state or national guidelines and evidence based practices.

1.7.4. Integrated behavioral health services.

1.7.5. Assessment of need and follow-up/referral as indicated for:

1.7.5.1. Tobacco cessation, including referral to programs such as QuitWorks-NH (http://www.QuitWorksNH.org);

1.7.5.2. Social services that address Social Determinants of Health (SDOH);

1.7.5.3. Chronic Disease management, including disease specific referral and self-management education such as referral to Diabetes Self-Management Education (DSME) as recommended by American Diabetes Association (ADA);

1.7.5.4. Nutrition services, including Women, Infants and Children (WIC) Food and Nutrition Service, as appropriate;

1.7.5.5. Screening, Brief Intervention and Referral to Treatment (SBIRT) services; and

1.7.5.6. Referrals to any specialists as needed that are not offered on site, including home visiting services and oral health.

1.8. The Contractor shall provide and facilitate enabling services to all individuals served with special emphasis given to the MCH population of women and infants, children and adolescents from birth to 21 years of age. Enabling services must include at a minimum:

1.8.1. Case management;

1.8.2. Benefit counseling and/or eligibility assistance;

1.8.3. Health education and supportive counseling; and

1.8.4. Language interpretation, outreach, transportation and education of patients and the community regarding the availability and appropriate use of health services.

1.9. The Contractor shall ensure management services for individuals enrolled for primary care services include, but are not limited to:

1.9.1. Integrated and coordinated services that ensure patients receive necessary care, including behavioral health and oral care when and where it is needed and wanted, and in a culturally and linguistically appropriate manner; and

1.9.2. Direct access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, by referral or subcontract.

1.10. The Contractor shall develop, define, facilitate and implement a minimum of two (2) enabling services initiatives and enabling services initiative work plans that focus on the Title V MCH Block Grant population of women, infants, children and adolescents, as follows:

1.10.1. Initiative One (1) – Screening and Referrals for SDOH, in accordance with Attachment #1; and

1.10.2. Initiative Two (2) – Tele-Psychiatric Consultation, in accordance with Attachment #2.

1.11. The Contractor shall monitor, update and implement each enabling services initiative work plan in accordance with Attachment #3 – Reporting Requirements Calendar.

1.12. The Contractor shall develop, define, facilitate and implement a minimum of two (2) quality improvement (QI) projects, which must consist of systematic and continuous actions that lead to measurable improvements in health care services and the health status of all individuals served, including:

1.12.1. QI Project One (1): Adolescent Wellness Visits, in accordance with Attachment #4; and

1.12.2. QI Project Two (2): Breastfeeding, in accordance with Attachment #5.

1.13. The Contractor shall monitor, update and implement the work plans for each QI project in accordance with Attachment #3 – Reporting Requirements Calendar.

1.14. The Contractor shall attend in-person and/or virtual meetings and trainings facilitated by the Department, which include, but are not limited to:

1.14.1. MCH Agency Directors' Meetings scheduled by the Department on an as-needed basis.

1.14.2. MCH Primary Care Coordinators' Meetings up to two (2) times per year, which may require attendance by selected Vendor(s) quality improvement and clinical staff.

1.15. The Contractor shall ensure all services in this Exhibit B, Scope of Services, are provided by qualified health and allied health professionals.

1.16. The Contractor shall provide supporting documentation to the Department that verifies staff hours funded under the Agreement that may include, but is not limited to, timecards.

1.17. The Contractor shall ensure all health and allied health professionals possess and maintain the appropriate and current New Hampshire licenses whether directly employed, contracted or subcontracted.

1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator or staff person essential to providing services. The Contractor shall ensure notification:

1.18.1. Is provided to the Department no later than thirty business (30) days from the date of hire; and

1.18.2. Includes a copy of the newly hired individual's resume.

1.19. The Contractor shall notify the Department in writing when:

1.19.1. Any critical position is vacant for more than thirty (30) business days;

1.19.2. There is not adequate staffing to perform all required services for any

period lasting more than thirty (30) consecutive business days or any sixty (60) non-consecutive business days.

1.20. The Contractor shall ensure that all employees and subcontractors providing direct services to clients under this Agreement have undergone a criminal background check and have no convictions for crimes that represent evidence of behavior that could endanger clients served under this Agreement.

1.21. The Contractor shall permit an individual, or team or individuals, authorized by the Department to schedule and conduct periodic virtual and/or on-site reviews of documentation related to contracted services, including:

1.21.1. Administration;

1.21.2. Data collection and submission;

1.21.3. Clinical and financial management; and

1.21.4. Delivery of education services.

1.22. The Contractor shall ensure the information needed by the Department to conduct virtual and/or on-site reviews is available, which may include, but is not limited to:

1.22.1. Client records.

1.22.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

1.23. The Contractor shall adhere to any corrective action plans issued by the Department should virtual and/or on-site reviews yield results that services provided are not in compliance with the Agreement. Any corrective action plans shall not prevent the Department from taking action under paragraph 8, Event of Default/Remedies and paragraph 9, Termination, of the General Provisions, Form P-37, of the Agreement.

1.24. The Contractor shall actively and regularly collaborate with the Department to enhance contract management and improve results.

1.25. The Contractor may be required to collect and share other key data and metrics with the Department, including client-level demographic, performance, and service data, in a format specified by the Department.

1.26. Reporting

1.26.1. The Contractor shall collect and submit the data and reports as specified in Attachment #3 – Reporting Requirements Calendar to the Department. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include but is not limited to:

1.26.1.1. Uniform Data System (UDS) outcomes.

1.26.1.2. Performance Measure outcomes.

1.26.1.3. Work plan for each Enabling Service Initiative.

1.26.1.4. Work Plan for each QI Project.

1.27. Performance Measures

1.27.1. The Contractor shall report data on the Performance Measures in Appendix F at regular intervals as specified in Appendix G – Reporting Requirements Calendar, utilizing Appendix K – DTT-PC2022 Template.

1.27.2. The Contractor shall meet or exceed their proposed goals and objectives for the required Performance Measures in Attachment #6. Should the Contractor not meet or exceed their goals, the Contractor shall submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment #7 – Performance Measure Outcome Report Template, at reporting intervals as specified in Appendix G – Reporting Requirements Calendar.

1.27.3. The Department may identify other performance measures in the resulting Agreement.

2. Exhibits Incorporated

2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

3.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

3.4. Operation of Facilities: Compliance with Laws and Regulations

3.4.1. In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental

license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

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

4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate, provided

however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 10% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration, CFDA #93.994, FAIN B04MC45230.
   1.2. 90% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget through Exhibit C-3, Budget.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
   4.3. Identifies and requests payment for allowable costs incurred in the previous month.
   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.govor mailed to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

   8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

      8.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

      8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

      8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

   8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

      8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

   8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

BT-1.0

Exhibit C-1, Budget

RFP-2022-DPHS-19-PRIMA-04

New Hampshire Department of Health and Human Services *Complete one budget form for each budget period.*	
Contractor Name:	*Coos County Family Health Services, Inc.*
Budget Request for:	*Primary Care Services*
Budget Period	*Date of G&C Approval - 6/30/22 (SFY 22)*
Indirect Cost Rate (if applicable)	0.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$24,682
2. Fringe Benefits	$4,587
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$29,269
Total Indirect Costs	$0
TOTAL	$29,269

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Exhibit C-2, Budget

RFP-2022-DPHS-19-PRIMA-04

New Hampshire Department of Health and Human Services *Complete one budget form for each budget period.*	
Contractor Name:	*Coos County Family Health Services, Inc.*
Budget Request for:	*Primary Care Services*
Budget Period	*7/1/22 - 6/30/23 (SFY 2023)*
Indirect Cost Rate (if applicable)	0.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$270,849
2. Fringe Benefits	$80,377
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$351,226
Total Indirect Costs	$0
TOTAL	**$351,226**

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Date 5/25/2022

Exhibit C-3, Budget

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name:	*Coos County Family Health Services, Inc.*
Budget Request for:	*Primary Care Services*
Budget Period	*7/1/23 - 6/30/24 (SFY 2024)*
Indirect Cost Rate (if applicable)	0.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$270,849
2. Fringe Benefits	$80,377
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$351,226
Total Indirect Costs	$0
TOTAL	**$351,226**

Contractor Initials DS

Date 5/25/2022

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
   - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
   - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
     - 1.2.1. The dangers of drug abuse in the workplace;
     - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
     - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
     - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
   - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
     - 1.4.1. Abide by the terms of the statement; and
     - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
   - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

Vendor Initials DS

Date 5/25/2022

has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Vendor Name:

5/25/2022
Date

DocuSigned by:
Name: Ken Gordon
Title: CEO

CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Vendor Name:

5/25/2022
Date

DocuSigned by:
[redacted]
Name: Ken Gordon
Title: CEO

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

DocuSigned by:

5/25/2022

Date

Name: Ken Gordon

Title: CEO

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

New Hampshire Department of Health and Human Services
Exhibit G

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

5/25/2022
Date

DocuSigned by:
Ken Gordon
Name: Ken Gordon
Title: CEO

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

DocuSigned by:
[signature]

5/25/2022
Date

Name: Ken Gordon
Title: CEO

Contractor Initials KG
Date 5/25/2022

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH
Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:
   I. For the proper management and administration of the Business Associate;
   II. As required by law, pursuant to the terms set forth in paragraph d. below; or
   III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) **Obligations and Activities of Business Associate.**

a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person used the protected health information or to whom the disclosure was made;
- Whether the protected health information was actually acquired or viewed
- The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.

d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services	Coos County Family Health Services
The State By: Iain Watt	Name of the Contractor Ken Gordon
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Ken Gordon
Name of Authorized Representative	Name of Authorized Representative
Deputy Director - DPHS	CEO
Title of Authorized Representative	Title of Authorized Representative
5/25/2022	5/25/2022
Date	Date

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

DocuSigned by:
Ken Gordon
signature

5/25/2022
Date

Name: Ken Gordon
Title: CEO

New Hampshire Department of Health and Human Services
Exhibit J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 1673855090000

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   X NO _____ YES

   If the answer to #2 above is NO, stop here

   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____ YES

   If the answer to #3 above is YES, stop here

   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

   Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

Attachment #1 – Screening and Referrals for SDOH

Enabling Services Work Plan Agency Name: Coos County Family Health Services Name and Role of Person(s) Completing Work Plan: Cindy Charest, RN, Chief Quality Officer			
Enabling Services Focus Area: Social Determinates of Health Screening Tools			
Project Goal: Integrate the use of a standardized SDOH Screening tool in our Clinical Practice			
Project Objective: Identify an Appropriate SDOH Screening Tool for Use in Our Clinical Practice			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Select screening tool and develop appropriate workflow	CMO, CQO, Provider, Nurses, CCMA	Perform chart audits/crystal reports to determine use of screening tool Share audit reports with QI Committee Report to Board of Directors Recommend c01Tective action to increase use of tool/provide care to patients Update EMR templates to imbed screening tool and capture data Offer trainings to update staff on implementation of tool and EMR changes	April 30, 2022
Provide training and education about responsibilities to staff, assuring new staff are also trained	CQO, Nurse Manager, Nurses, IT		May 30, 2022
Communicate to each staff member his or her responsibilities	COO, CQO, Nurse Manager		June 30, 2022
Determine resources available in the community	Social Worker, CHW		June 30, 2022
Distribute SDOI-I screening tool to patient by mail or upon arrival	Reception Staff, Nurses, CCMAs		July 15, 2022
Make educational materials and/or resources available in exam rooms	Nurses, CCMAs, Providers		July 15, 2022
Review the completed SDOH screening tool and determine patient needs; incorporate into the plan of care for the patient	Providers, Nurses		July 15, 2022
Refer patients to additional team members for education, as needed	Providers, Nurses		July 15, 2022

Attachment #1 – Screening and Referrals for SDOH

Facilitate referrals to community resources based on patient needs	Providers, Nurses, Social Worker, CHW	July 15, 2022

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2022 Progress Report- • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise, and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** Yes No	

Attachment #1 – Screening and Referrals for SDOH

January 2023 Progress Report- • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** ___ Yes ___ No	

Attachment #1 – Screening and Referrals for SDOH

July 2023 Project Update **SFY23 Outcome** (insert your organization's data/outcome results here for 7/1/22-6/30/23).	
Did you meet your Target/Objective?	__ Yes __ No
July 2023 Project Update **SFY23 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met-what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** __ Yes __ No	
July 2023 Project Update **SFY23 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Contractor Initials DS

Date 5/25/2022

Attachment #1 – Screening and Referrals for SDOH

January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit to the Department for review and/or approval.	

Attachment #1 – Screening and Referrals for SDOH

Work Plan Revisions submitted: Yes No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	___ Yes ___ No
July 2024 Project Update **SFY24 Narrative:** If met–Explain what happened during the year that contributed to the success. If NOT met-what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2024 Project Update **SFY24 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment #2 – Tele-Psychiatric Consultation

Enabling Services Work Plan Agency Name: Coos County Family Health Services Name and Role of Person(s) Completing Work Plan: Cindy Charest, RN, Chief Quality Officer			
Enabling Services Focus Area: Tele-Psychiatric Consultation			
Project Goal: Enhance BH integration for women/children through the use of teleconsultation with a psychiatric nurse practitioner.			
Project Objective: Conduct an 18-month trial using a psychiatric nurse practitioner to address the BH needs of our patients.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Hire full time psych nurse practitioner	CMO, CEO, COO, BH Team	Perform chart audits/crystal reports to determine variation in BH telehealth visits Share audit reports with QI Committee Report to Board of Directors Update EMR templates as needed Leadership to provide support to ensure compliance with goal	April 30, 2022
Provide training to additional staff regarding telehealth visits, assuring new staff are also	Nurse Manager, Nurses, IT Team		April 30, 2022
Communicate to each staff member his or her responsibilities	COO, CMO, Nurse Manager		April 30, 2022
Facilitate referrals to community resources based on patient needs	Providers, Nurses, CCMAs, Social Worker, CHW		April 30, 2022

Contractor Initials PS

Date 5/25/2022

Attachment #2 – Tele-Psychiatric Consultation

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2022 Progress Report- • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the actiVities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** ___ Yes ___ No	
January 2023 Progress Report- • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** ___ Yes ___ No.	

Attachment #2 – Tele-Psychiatric Consultation

July 2023 Project Update **SFY23 Outcome** (insert your organization's data/outcome results here for 7/1/22-6/30/23).	
Did you meet your Target/Objective?	___ Yes No
July 2023 Project Update **SFY23 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met-what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** ___ Yes ___ No	
July 2023 Project Update **SFY23 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in pta e.	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit to the Department for review and/or approval.	

Attachment #2 – Tele-Psychiatric Consultation

Work Plan Revisions submitted: Yes No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	Yes No
July 2024 Project Update **SFY24 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met-what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2024 Project Update **SFY24 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 23 (July 1, 2022-June 30, 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
SFY 24 **(July 1, 2023 – June 30, 2024)**	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #4 – Adolescent Well Visits

Quality Improvement Work Plan
Agency Name: Coos County Family Health Services
Name and Role of Person(s) Completing Work Plan: Cindy Chare I, RN, Chief Quality Officer

MCH Performance Measure: Adolescent Well-Visits Project Objective: To increase the% of adolescents, ages 12 - 21 who had at least 1 comprehensive well-care visit/CPE during the measurement year.

Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Clinic nurse to electronically track WCV for adolescents	Nurses, CCMAs	Perform reports/audit review to determine percentage of adolescents with an annual WVC	March 30, 2022
Clinic nurse will send a reminder for annual visit via secure email, letter, or phone	Reception, Nurses, CCMAs	Share audit results with staff/QI Committee	March 30, 2022
Clinic nurse will contact parent/legal guardian/patient for overdue services	Nurses, CCMAs	Report to Board of Directors Recommend corrective action activities to improve compliance with goal	March 30, 2022
An appointment will be made 366 days per last annual WCV at the time of visit or reception will call	Reception	Update EMR templates as needed.	March 30, 2022
Parent/guardian/patient will receive a clinical summary that will include all future appointments	Reception, Nurses, CCMAs	Leadership to provide support to ensure compliance with goal	March 30, 2022
Care Management will review insurance portals for due/over due services at least quarterly and notify medical teams	Care Management, Nurses, CCMAs		March 30, 2022
Medical teams will involve social worker if barriers of care identified	Providers, Nurses, CCMAs, Social Worker		March 30, 2022

Contractor Initials KG
Date 5/27/22

Attachment #4 – Adolescent Well Visits

QI Work Plan Progress Report Performance Measure: Project Objective:	
July 2022 Progress Report- • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** Yes ___ No	
January 2023 Progress Report- • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** Yes ___ No	
July 2023 Project Update	

Attachment #4 – Adolescent Well Visits

SFY23 Outcome (insert your organization's data/outcome results here for 7/1/22-6/30/23).	
Did you meet your Target/Objective?	Yes No
July 2023 Project Update **SFY23 Narrative:** If met–Explain what happened during the year that contributed to the success If NOT met-what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** __ Yes __ No	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work plan Revisions submitted:** Yes No	
July 2024 Project Update **SFY24 Outcome (insert your agency's data/outcome results here for 7/1/23- 6/30/24)**	
Did you meet your Target/Objective?	Yes No
July 2024 Project Update	

Attachment #4 – Adolescent Well Visits

SFY24 Narrative: If met–Explain what happened during the year that contributed to the success If NOT met-what barriers were experienced, what will be done differently to meet the target over the next year	

Attachment #5 – Breastfeeding

Quality Improvement Work Plan

Agency Name: Coos County Family Health Services

MCH Performance Measure: Breastfeeding

Project Objective: To increase the % of infants who are ever breastfed during the measurement year.

Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Imbed a lactation consultant specialist position in the practice	Lactation consultant, CEO, CMO, COO	Perform reports/audit review to determine percentage of infants breastfed	March 30, 2022
Develop workflow for referral process to lactation consultant	Lactation consultant, COO, Nurse Manager	Share audit results with staff/QI Committee Report to Board of Directors Update EMR templates as needed Leadership to provide support to ensure compliance with goal	April 30, 2022
Prenatal staff inform patients about consultant role and services	Providers, Nurses, CCMAs, Social Worker, CHW		April 30, 2022
Ensure prenatal staff discuss options available with expectant mothers	Providers, Nurses		May 30, 2022
Offer educational materials to patients	Providers, Nurses, CCMAs, Social Worker		April 30, 2022

Attachment #5 – Breastfeeding

QI Work Plan Progress Report Performance Measure: Project Objective:	
July 2022 Progress Report- • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** Yes No	
January 2023 Progress Report- • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** Yes No	
July 2023 Project Update	

Attachment #5 – Breastfeeding

SFY23 Outcome (insert your organization's data/outcome Results here for 7/1/22-6/30/23). Did you meet your Target/Objective? Yes No **July 2023 Project Update** **SFY23 Narrative:** If met–Explain what happened during the year that contributed to the success If NOT met-what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** Yes No	

Attachment #5 – Breastfeeding

January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, Evaluation plans or timeline? • Please give a brief update on your progress in meeting your Objective. If revisions need to be made to your work plan, please revise and resubmit. **Work plan Revisions submitted:** ___ Yes ___ No **July 2024 Project Update** **SFY24 Outcome (insert your agency's data/outcome results here for 7/1/23-6/30/24)** Did you meet Your Target Objective? ___ Yes ___ No **July 2024 Project Update**	___ Yes -- No
SFY24 Narrative: If met--Explain what happened during the year that contributed to the success If NOT met-what barriers were experienced, what will be done differently to meet the target over the next year	

Contractor Initials DS

Date 5/25/2022

Attachment #6 – Performance Measures

1. Definitions

1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1. The calendar year; (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. Percent of infants who are ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Testing

This measure will be broken down in to two age based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months (NH MCHS).

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2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

2.2.1.2. Denominator: All children who turned twenty-four months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months (NH MCHS).

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. Preventive Health: Adolescent Well-Care Visit

2.3.1. Percent of adolescents, twelve (12) through twenty-one (21) years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. Preventive Health: Depression Screening

2.4.1. Percentage of patients ages twelve (12) and older screened for clinical depression using an age appropriate standardized depression screening tool on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

Attachment #6 – Performance Measures

2.4.1.3. Denominator: All patients twelve (12) years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose

and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Adult Measure

2.5.1. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period **AND** if the most recent BMI is outside of normal parameters, a follow-up plan is documented (NQF 0421, UDS).

2.5.1.1. Normal parameters: BMI ≥ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the measurement year or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

Child/Adolescent Measure

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting

year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year **AND** who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: Number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco at least one within the past twelve (12) months AND received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least two (2) medical visit during the measurement year, OR 1 preventative visit

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

Attachment #6 – Performance Measures

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) –Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adult Measure

2.7.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

Adolescent Measure

2.7.2. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: All patients aged 12-17 years during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.7.2.4. Definitions:

2.7.2.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.2.4.2. Brief Intervention: Includes guidance or counseling.

2.7.2.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

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Attachment #6 – Performance Measures

2.7.3. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.3.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services

2.7.3.2. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.3.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8 Developmental Screening Measure

Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months (NH MCHS)

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and who had at least (1) medical visit during the measurement year

Attachment #7 – Performance Measure Outcome Report Template

Instructions for completing this Performance Measure Outcome Report (PMOR):
The Performance Measure Outcome Report (PMOR) is to be completed by your agency and emailed to shari.campbell@dhhs.nh.gov at the intervals specified on the Reporting Calendar.

Please complete the Narrative and Plan for Improvement sections for any of the following measures where your agency did not meet your agency target for the reporting period (July 1, 20XX – June 30, 20XX).

Performance measures:

- Breastfeeding
- Lead Screening for 1 Year Olds
- Lead Screening for 2 Year Olds
- Adolescent well care visit
- Depression screening and follow up plan if positive screening, 12 years and older
- Maternal Depression Screening
- Adults with documented BMI and follow-up plan if BMI outside of normal range
- Children 3-17 with documented BMI, nutrition counseling and physical activity counseling
- Adult tobacco screening and cessation counseling intervention for smokers
- Prenatal Tobacco screening each trimester and cessation counseling intervention for smokers
- SBIRT, Adults
- SBIRT, Adolescents
- SBIRT, Pregnant Women
- Developmental Screening-M-CHAT

* Note: Not met performance measures that have been addressed by your agency SFYXX Work Plan are excluded from this report. For example, the PMOR will omit Adolescent Visit measure for Primary Care Services

1. The Narrative section is to explain what happened during the year i.e. why measure was not met, what barriers/challenges your agency faced, describe any improvement activities that took place during the year to correct along the way, etc.

2. The Plan for Improvement section is to describe what steps your agency will take to achieve your agency target in SFYXX i.e. describe your strategy (PDSA), what will you plan to do differently etc.

3. Please email your completed PMOR **Shari Campbell at shari.campbell@dhhs.nh.gov by the dates indicated in the Reporting Calendar.** If you have any questions about completing this document, please contact Jannell Levine at Jannell.E.Levine@dhhs.nh.gov or 603-856-6449.

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5/25/2022

Attachment #7 – Performance Measure Outcome Report Template

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____ **Agency Outcome:** ___% **Agency Target:** ___%
Narrative for Not Meeting Target:
Plan for Improvement:

Performance Measure Name: _____ **Agency Outcome:** ___% **Agency Target:** ___%
Narrative for Not Meeting Target:
Plan for Improvement:

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5/25/2022

Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

ps

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Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Please copy above pages/sections as needed to complete for all not met measures.

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5/25/2022

State of New Hampshire
Department of Health and Human Services
Amendment #1

This Amendment to the Maternal and Child Health Care in the Integrated Primary Care Setting contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Greater Seacoast Community Health ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 15, 2022 (Item #32), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2025

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $1,778,516

3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:

   Robert W. Moore, Director

4. Modify Exhibit B, Scope of Services, Section 1.3.2., to read:

   1.3.2. Prenatal care either on site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data related to prenatal performance measures.

5. Modify Exhibit B, Scope of Services, Section 1.7.2., to read:

   1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data relating to prenatal performance measures to the Department.

6. Modify Exhibit B, Scope of Services, Section 1.10.1. through Section 1.10.2., to read:

   1.10.1. Initiative One (1) – Screening and Referrals for SDOH; and

   1.10.2. Initiative Two (2) – Contractor's choice, which must focus on enabling services.

7. Modify Exhibit B, Scope of Services, Section 1.12.1. through Section 1.12.2., to read:

   1.12.1. QI Project One (1): Increasing Adolescent Well Visits; and

   1.12.2. QI Project Two (2): Increasing post-partum clinical depression screening of women within the first 12 weeks after delivering.

8. Modify Exhibit B, Scope of Services, Section 1.18., to read:

   1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator, or staff person essential to providing services and/or any personnel changes to these positions. The Contractor shall ensure notification:

      1.18.1. Is provided to the Department no later than thirty (30) business days from the date of hire or personnel change; and

      1.18.2. Includes a copy of the new staff individual's resume as well as an updated

staffing list.

9. Modify Exhibit B, Scope of Services, by adding Section 1.28., to read:

   1.28. The Contractor shall provide de-identifiable patient level data on the integrated and primary health care services provided, as specified in Subsection 1.3., and Section 1.26. Reporting.

10. Modify Exhibit C, Payment Terms, Section 1.1. through Section 1.2., to read:

    1.1. 14% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.994, FAIN B04MC45230, and as awarded on October 27, 2022, ALN 93.994, FAIN B04MC47432.

    1.2. 86% General funds.

11. Modify Exhibit C, Payment Terms, Section 3., to read:

    3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget Sheet through Exhibit C-4, Budget Sheet, Amendment #1.

12. Modify Exhibit C, Payment Terms, Section 4.3., to read:

    4.3. Identifies and requests payment for allowable costs incurred in the previous month. Allowable costs are costs incurred that specifically supports only New Hampshire Infants, Children and Adolescents from birth to 21 years of age, Pregnant Women, and Women of Childbearing age.

13. Modify Add Exhibit C, Payment Terms, by adding Section 4.7., to read:

    4.7. Includes budget line items that are used exclusively for serving the Maternal and Child Health population and invoicing must clearly state how the incurred expenses benefited this specific patient population.

14. Modify Attachment 3, Reporting Calendar, by replacing it in its entirety with Attachment 3, Amendment #1, Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

15. Modify Attachment 6, Performance Measures, by replacing it in its entirety with Attachment 6, Amendment #1 – SFY 2025 Performance Measures, which is attached hereto and incorporated by reference herein.

16. Modify Attachment 7, Performance Measure Outcome Report (PMOR), by replacing it in its entirety with Attachment 7, Amendment #1, Performance Measure Outcome Report (PMOR), which is attached hereto and incorporated by reference herein.

17. Add Attachment 8, Amendment #1, DTT – MCH in the Integrated Primary Care Setting Template, which is attached hereto and incorporated by reference herein.

18. Add Exhibit C-4, Budget Sheet, Amendment #1, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2024, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

5/16/2024
Date

DocuSigned by:
Iain Watt
D7788863597704C7...
Name: Iain Watt
Title: Interim Director - DPHS

Greater Seacoast Community Health

5/16/2024
Date

DocuSigned by:
Jim Avrett
7AC7B4385DCD4DE...
Name: Jim Avrett
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

5/20/2024
Date

DocuSigned by:
Robyn Guarino
748734844941460...
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

C-4, Budget Sheet, Amendment #1

New Hampshire Department of Health and Human Services	
Contractor Name:	Greater Seacoast Community Health
Budget Request for:	Primary Care Services
Budget Period	July 1, 2024 - June 30, 2025
Indirect Cost Rate (if applicable)	#DIV/0!
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$450,580
2. Fringe Benefits	$95,251
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$545,831
Total Indirect Costs	$0
TOTAL	$545,831

Contractor Initial: DS

Date: 5/16/2024

Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets. • UDS Data
SFY 2024	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2025	
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2024	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets
January 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2024 - December 31, 2024) • Complete January 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2026	
July 31, 2025	**SFY25 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2024 - June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

1. Definitions

1.1. **Measurement Year** – Consists of 365 days and is defined as either:

1.1.1. A Calendar Year (January 1st through December 31st), or

1.1.2. A State Fiscal Year (July 1st through June 30th).

1.2. **Medical Visit** –Defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. The UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the expectation is that the Contractor will adhere to the most up to date UDS guidance.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. Percent of infants who were ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for approximately six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Testing

This measure will be broken down into two (2) age-based measures, based on current NH Legislation RSA 130-A:5-a, which requires children be tested for lead at one (1) year of age, and at two (2) years of age.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between 12 and 23 months of age (NH MCHS).

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2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between 12 and 23 months of age.

2.2.1.2. Denominator: All children who turned 24 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between 24 and 36 months of age (NH MCHS).

2.2.2.1. Numerator: All children who received at least one (1) capillary or venous blood lead test between 24 and 36 months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients 12 through 21 years of age screened for clinical depression using an age-appropriate standardized depression screening tool on the date of the encounter or within 14 days prior to the date of the encounter **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients 12 through 21 years of age who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 through 21 years of age by the end of the measurement year who had at least one (1) medical visit during the measurement year.

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2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit in the first 12 weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

2.5.1. Percent of patients three (3) through 17 years of age who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.1.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.1.2. Denominator: Number of patients who were one (1) year after their second (2nd) birthday (i.e., three (3) years of age) through adolescents who were up to one (1) year past their 16th birthday (i.e., 17 years of age) at some point during the measurement year, who had at least one (1) medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.1.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers **PLUS** queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) – Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adolescent Measure

2.7.1. SBIRT – Percent of patients 12 through 17 years of age who were screened for substance use using a formal valid screening tool during

any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use using a formal valid screening tool during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients 12 through 17 years of age during the measurement year with at least one (1) medical visit during the measurement year and with at least two (2) medical visits ever.

2.7.1.4. Definitions:

2.7.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.1.4.2. Brief Intervention: Includes guidance or counseling.

2.7.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.7.2. Percent of pregnant women who were screened using a formal valid screening tool for substance use during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of women in the denominator who were screened for substance use using a formal and valid screening tool during each trimester they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8. **Developmental Screening Measure**

Percent of children who reached 30 months of age by the end of the reporting period, and were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age (NH MCHS).

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age.

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and had at least one (1) medical visit during the measurement year.

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Attachment 7 – Amendment 1

SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1

SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

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Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step.	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS

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Attachment 7 – Amendment 1

SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1

SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

Organization Name

		7/1/21-6/30/22	1/1/22-12/31/22	7/1/22-6/30/23	1/1/23-12/31/23	7/1/23-6/30/24	1/1/24-12/31/24	7/1/24-6/30/25
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

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Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

4B. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5A. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6A. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6B Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7A. Percent of patients aged 18 years and older who were screened for	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7C Percent of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

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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 GREATER SEACOAST COMMUNITY HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 18, 1971. 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: **65587**

Certificate Number: **0006657860**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 3rd day of April A.D. 2024.

David M. Scanlan

Secretary of State

CERTIFICATE OF AUTHORITY

I, Jennifer Glidden, Chair, of Greater Seacoast Community Health hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Greater Seacoast Community Health.

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on January 22, 2024 at which a quorum of the Directors/shareholders were present and voting.

   VOTED: that Jim Avrett

   Is duly authorized on behalf of Greater Seacoast Community Health to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and amendments, revisions, or modifications thereto, which may in his/her judgement be desirable or necessary to effect the purpose of this vote.

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

Dated: 5/8/2024

DocuSigned by:
C358C10198084CE...

Jennifer Glidden
Chair

GOODCOM-01 PCANTLIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/20/2024

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 # AGR8150 Clark Insurance One Sundial Ave Suite 302N Manchester, NH 03103	CONTACT NAME: PHONE (A/C, No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: info@clarkinsurance.com
INSURED Greater Seacoast Community Health dba Goodwin Community Health, Families First SOS Community Organization, Lilac City Pediatrics 311 Route 108 Somersworth, NH 03878	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Tri-State Insurance Company of Minnesota — 31003 INSURER B : A.I.M. Mutual Insurance Companies — 33758 INSURER C : AIX Specialty Insurance Co — 12833 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	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			ADV5564228-10	10/10/2023	10/10/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			ADV5564228-10	10/10/2023	10/10/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			ADV5564228-10	10/10/2023	10/10/2024	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
B	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-800-8008412-2024A	1/1/2024	1/1/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Medical Professional			L3V-A671986-09	1/1/2024	1/1/2025	Each Incident	1,000,000
C	Medical Professional			L3V-A671986-09	1/1/2024	1/1/2025	Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Liability excludes coverage for claims that are covered under the FTCA

CERTIFICATE HOLDER

State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Margie Ruth

Greater Seacoast Community Health

Our Mission

To deliver innovative, compassionate, integrated health services and support that are accessible to all in our community, regardless of ability to pay.

Our Vision

To provide everyone in our community an opportunity to live a long and healthy life.

Our Values

Integrity, Respect, Compassion, Excellence, Collaboration

BerryDunn

Greater Seacoast Community Health

FINANCIAL STATEMENTS

and

REPORTS IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS* AND THE UNIFORM GUIDANCE

December 31, 2022 and 2021

With Independent Auditor's Report

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Greater Seacoast Community Health

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Greater Seacoast Community Health (the Organization), which comprise the balance sheets as of December 31, 2022 and 2021, and the related statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2022 and 2021, and the results of its operations, changes in its net assets, and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, in 2022, the Organization adopted the provisions of Financial Accounting Standards Board Accounting Standards Codification Topic 842, *Leases*. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's 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 U.S. generally accepted auditing standards 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 U.S. generally accepted auditing standards 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 financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization'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.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated May 22, 2023 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
May 22, 2023

GREATER SEACOAST COMMUNITY HEALTH

Balance Sheets

December 31, 2022 and 2021

ASSETS

	2022	2021
Current assets		
Cash and cash equivalents	$ 7,625,600	$ 9,428,603
Patient accounts receivable	863,791	946,289
Grant and other receivables	1,119,148	826,005
Pledges receivable	239,644	379,166
Inventory	90,506	84,243
Other current assets	125,808	80,195
Total current assets	10,064,497	11,744,501
Investments	2,015,773	2,248,099
Assets limited as to use	1,226,379	1,513,872
Property and equipment, net	7,616,848	6,763,858
Operating lease right-of-use assets	147,812	-
Finance lease right-of-use asset	4,488,743	-
Total assets	$ 25,560,052	$ 22,270,330

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 499,242	$ 499,922
Accrued payroll and related expenses	978,636	1,123,883
Patient deposits	174,576	171,291
Deferred revenue	123,901	219,339
Current portion of long-term debt	28,560	27,925
Current portion of operating lease liabilities	77,672	-
Current portion of finance lease liability	332,620	-
Total current liabilities	2,215,207	2,042,360
Long-term debt, less current portion	205,351	233,911
Operating lease liabilities, less current portion	71,151	-
Finance lease liability, less current portion	4,229,137	-
Total liabilities	6,720,846	2,276,271
Net assets		
Without donor restrictions	17,000,149	16,051,868
With donor restrictions	1,839,057	3,942,191
Total net assets	18,839,206	19,994,059
Total liabilities and net assets	$ 25,560,052	$ 22,270,330

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

GREATER SEACOAST COMMUNITY HEALTH

Statements of Operations

Years Ended December 31, 2022 and 2021

	2022	2021
Operating revenue and support		
Net patient service revenue	$ 11,951,067	$ 12,147,244
Grants, contracts, and contributions	8,817,627	9,502,562
Provider Relief Fund	-	221,102
Paycheck Protection Program	-	1,479,000
Other operating revenue	570,271	476,334
Net assets released from restriction for operations	253,415	193,959
Total operating revenue and support	21,592,380	24,020,201
Operating expenses		
Salaries and wages	13,700,751	13,671,440
Employee benefits	2,693,634	2,524,515
Contracted services	1,055,318	1,075,563
Program supplies	1,793,207	1,980,697
Information technology	656,842	641,007
Occupancy	973,134	820,794
Other	1,496,242	1,326,186
Depreciation and amortization	699,958	307,683
Interest expense	91,352	6,225
Total operating expenses	23,160,438	22,354,110
Operating (loss) income	(1,568,058)	1,666,091
Other revenue (loss)		
Investment income	63,583	92,870
Change in fair value of investments	(326,453)	134,629
Total other revenue (loss)	(262,870)	227,499
(Deficiency) excess of revenue over expenses	(1,830,928)	1,893,590
Grants received for capital acquisition	949,352	167,837
Net assets released from restriction for capital acquisition	1,829,857	-
Increase in net assets without donor restrictions	$ 948,281	$ 2,061,427

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

GREATER SEACOAST COMMUNITY HEALTH

Statements of Changes in Net Assets

Years Ended December 31, 2022 and 2021

	2022	2021
Net assets without donor restrictions		
(Deficiency) excess of revenue over expenses	$ (1,830,928)	$ 1,893,590
Grants received for capital acquisition	949,352	167,837
Net assets released from restriction for capital acquisition	1,829,857	-
Increase in net assets without donor restrictions	948,281	2,061,427
Net assets with donor restrictions		
Contributions	208,519	1,127,393
Investment income	32,911	44,850
Change in fair value of investments	(261,292)	153,252
Net assets released from restriction for operations	(253,415)	(193,959)
Net assets released from restriction for capital acquisition	(1,829,857)	-
(Decrease) increase in net assets with donor restrictions	(2,103,134)	1,131,536
Change in net assets	(1,154,853)	3,192,963
Net assets, beginning of year	19,994,059	16,801,096
Net assets, end of year	$ 18,839,206	$ 19,994,059

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

GREATER SEACOAST COMMUNITY HEALTH

Statements of Cash Flows

Years Ended December 31, 2022 and 2021

	2022	2021
Cash flows from operating activities		
Change in net assets	$ (1,154,853)	$ 3,192,963
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities		
Depreciation and amortization	699,958	307,683
Amortization of operating lease right-of-use assets	137,455	-
Change in fair value of investments	587,745	(287,881)
Grants and contributions for long-term purposes	(949,352)	(1,859,630)
Decrease (increase) in		
Patient accounts receivable	82,498	(47,775)
Grant and other receivables	(293,143)	323,766
Pledges receivable	(22,978)	700
Inventory	(6,263)	50,354
Other current assets	(45,613)	76,319
Increase (decrease) in		
Accounts payable and accrued expenses	(93,179)	216,820
Accrued payroll and related expenses	(145,247)	168,426
Patient deposits	3,285	18,365
Deferred revenue	(95,438)	102,889
Provider Relief Funds refundable advance	-	(221,102)
Paycheck Protection Program refundable advance	-	(1,479,000)
Operating lease liabilities	(136,444)	-
Net cash (used) provided by operating activities	(1,431,569)	562,897
Cash flows from investing activities		
Capital acquisitions	(1,168,282)	(1,133,501)
Proceeds from sale of investments	-	78,398
Purchase of investments	(67,926)	(194,159)
Net cash used by investing activities	(1,236,208)	(1,249,262)
Cash flows from financing activities		
Grants and contributions received for long-term purposes	1,111,852	1,904,201
Payments on long-term debt	(27,925)	(27,304)
Payments on finance lease liability	(219,153)	-
Net cash provided by financing activities	864,774	1,876,897
Net (decrease) increase in cash and cash equivalents	(1,803,003)	1,190,532
Cash and cash equivalents, beginning of year	9,428,603	8,238,071
Cash and cash equivalents, end of year	$ 7,625,600	$ 9,428,603
Supplemental disclosures of cash flow information		
Cash paid for interest	$ 91,352	$ 6,225
Right of use asset obtained in exchange for finance lease liability	4,780,910	-
Property and equipment included in accounts payable	92,499	-

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

Organization

Greater Seacoast Community Health (the Organization) is a not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC), providing fully integrated medical, behavioral, oral health, recovery services and social support for underserved populations. The Organization is a network of community health centers, which includes Families First Health & Support Center and Goodwin Community Health, providing healthcare services to individuals living within the greater seacoast area.

1. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements according to the following net asset classifications:

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

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

Use of Estimates

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

Income Taxes

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

COVID-19

In March 2020, the World Health Organization declared coronavirus disease (COVID-19) a global pandemic and the United States federal government declared COVID-19 a national emergency. The Organization implemented an emergency response to ensure the safety of its patients, staff and the community. In adhering to guidelines issued by the Centers for Disease Control and Prevention, the Organization took steps to create safe distances between both staff and patients. All providers received the necessary equipment to allow for medical and behavioral health visits using telehealth.

The Organization received distributions totaling $221,102 from the Provider Relief Fund (PRF), a fund established to support healthcare providers in responding to the COVID-19 outbreak, in 2020. The Organization identified qualifying expenditures of during the year ended December 31, 2021 and recognized the PRF as revenue.

The Organization qualified for and received a loan in the amount of $1,479,000 from the Paycheck Protection Program (PPP), a program implemented by the U.S. Small Business Administration (SBA). The principal amount of the PPP was subject to forgiveness, upon the Organization's request, to the extent that the proceeds are used to pay qualifying expenditures, including payroll costs, rent and utilities, incurred by the Organization during a specific covered period. The PPP was fully forgiven by the SBA and the lender on September 17, 2021.

The various COVID-19 programs are complex and subject to interpretation. The programs may be subject to future investigation by governmental agencies. The Paycheck Protection Program Loan can be audited by the Small Business Association for up to six years from the date of forgiveness. Any difference between amounts previously recognized and amounts subsequently determined to be recoverable or payable are adjusted in future periods as adjustments become known.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds.

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The Organization has not experienced losses in such accounts and management believes the credit risk related to these deposits is minimal.

Revenue Recognition and Patient Accounts Receivable

Net patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including commercial insurers and governmental programs). Generally, the Organization bills the patients and third-party payers several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Organization. The majority of the Organization's performance obligations are satisfied at a point in time.

The Organization measures the performance obligations as follows:

- Medical, behavioral health, dental and ancillary services are measured from the commencement of an in-person or virtual encounter with a patient to the completion of the encounter. Ancillary services provided the same day are considered to be part of the performance obligation and are not deemed to be separate performance obligations.
- Contract 340B pharmacy program services are measured when the prescription is dispensed to the patient as reported by the pharmacy administrator.
- In-house pharmacy services are measured when the prescription is dispensed to the patient at one of the Organization's in-house pharmacy.

The Organization determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payers, discounts provided to uninsured patients in accordance with the Organization's sliding fee discount program, and implicit price concessions provided to uninsured patients. The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience.

Consistent with the Organization's mission and FQHC designation, care is provided to patients regardless of their ability to pay. Therefore, the Organization has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and amounts the Organization expects to collect based on its collection history with those patients.

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payer. In assessing collectability, the Organization has elected the portfolio approach. The portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers (patients). The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payer or group of payers will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. Payer concentrations are disclosed in Note 10.

The Organization bills the patients and third-party payers several days after the services are performed. A summary of payment arrangements follows:

Medicare

The Organization is primarily reimbursed for medical, behavioral health and ancillary services provided to patients based on the lesser of actual charges or prospectively set rates for all FQHC services furnished to a Medicare beneficiary on the same day when an FQHC furnishes a face-to-face or virtual visit. Certain other services provided to patients are reimbursed based on predetermined payment rates for each Current Procedural Terminology (CPT) code, which may be less than the Organization's public fee schedule.

Medicaid

The Organization is primarily reimbursed for medical, behavioral health and ancillary services provided to patients based on prospectively set rates for all FQHC services furnished to a Medicaid beneficiary on the same day when an FQHC furnishes a face-to-face or virtual visit. Certain other services, including dental services, provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Organization's public fee schedule.

Other Payers

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. Under these arrangements, the Organization is reimbursed for services based on contractually obligated payment rates for each CPT code, which may be less than the Organization's public fee schedule.

Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount program. The Organization estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Organization's sliding fee discount program was approximately $688,027 and $1,066,556 for the years ended December 31, 2022 and 2021, respectively. The Organization is able to provide these services with a component of funds received through federal and state grants and local support.

For uninsured patients who do not qualify under the Organization's sliding fee discount program, the Organization bills the patient based on the Organization's standard rates for services provided. Patient balances are typically due within 30 days of billing; however, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

340B Pharmacy Program Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization operates an in-house pharmacy and contracts with other local pharmacies under this program. The contract pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the contract pharmacies is remitted to the Organization, less dispensing and administrative fees. The Organization recognizes revenue in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription.

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances and consisted of the following:

	January 1, 2021	December 31, 2021	**December 31, 2022**
Patient accounts receivable	$ 541,407	$ 673,736	**$ 757,642**
In-house pharmacy receivables	193,804	76,347	**61,671**
Contract 340B pharmacy receivables	163,303	196,206	**44,478**
Total patient accounts receivable	$ 898,514	$ 946,289	**$ 863,791**

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The accounts receivable from patients and third-party payers, net of contractual allowances, were as follows:

	2022	2021
Governmental plans		
Medicare	**15 %**	8 %
Medicaid	**34 %**	34 %
Commercial payers	**35 %**	36 %
Patient	**16 %**	22 %
Total	**100 %**	100 %

Grant and Other Receivables, and Deferred Revenue

Grant and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (HHS). For the years ended December 31, 2022 and 2021, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 73% and 67%, respectively, of the total of grants, contracts, and contributions and Provider Relief Fund.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has met the performance requirements or incurred expenditures in compliance with specific contract or grant provisions, as applicable. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue.

The Organization has been awarded cost reimbursable grants from HHS that have not been recognized at December 31, 2022 because qualifying expenditures have not yet been incurred as follows:

	Amount	Available Through
Health Center Program	$ 1,325,295	April 30, 2023
Integrated Behavioral Health Services	22,363	April 30, 2023
FY 2023 Expanding COVID-19 Vaccination Awards	178,672	December 31, 2023
American Rescue Plan Act Funding for Health Centers	1,694,270	March 31, 2024
Total HHS grant funds available	$ 3,220,600	

Inventory

Inventory consists primarily of pharmaceuticals and is stated at the lower of cost or retail. Cost is determined on the first-in, first-out method.

Investments and Assets Limited as to Use

Assets limited as to use include investments held for others and donor-restricted contributions to be held in perpetuity and earnings thereon, subject to the Organization's spending policy as further discussed in Note 9.

The Organization reports investments at fair value. Investments include donor endowment funds and assets held for long-term purposes. Accordingly, investments have been classified as non-current assets in the accompanying balance sheets regardless of maturity or liquidity. The Organization has established policies governing long-term investments, which are held within several investment accounts, based on the purposes for those investment accounts and their earnings.

Investment income and the change in fair value are included in the (deficiency) excess of revenue over expenses, unless otherwise stipulated by the donor or State Law.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheets.

Property and Equipment

Property and equipment are carried at cost less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. Property and equipment costing less than $5,000 is charged to expense upon purchase.

Right-of-Use Assets and Lease Liabilities

Effective January 1, 2022, the Organization adopted Financial Accounting Standards Board Accounting Standards Codification (ASC) Topic 842, *Leases* (Topic 842). The Organization determines if an arrangement is a lease or contains a lease at inception of a contract. A contract is determined to be or contain a lease if the contract conveys the right to control the use of identified property, plant, or equipment (an identified asset) in exchange for consideration. The Organization determines these assets are leased because the Organization has the right to obtain substantially all of the economic benefit from and the right to direct the use of the identified asset. Assets in which the supplier or lessor has the practical ability and right to substitute alternative assets for the identified asset and would benefit economically from the exercise of its right to substitute the asset are not considered to be or contain a lease because the Organization determines it does not have the right to control and direct the use of the identified asset. The Organization's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

In evaluating its contracts, the Organization separately identifies lease and non-lease components, such as maintenance costs, in calculating the right-of-use (ROU) assets and lease liabilities for its facility and equipment leases. The Organization has elected the practical expedient to not separate lease and non-lease components and classifies the contract as a lease if consideration in the contract allocated to the lease component is greater than the consideration allocated to the non-lease agreement.

Leases result in the recognition of ROU assets and lease liabilities on the balance sheet. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Organization determines lease classification as operating or finance at the lease commencement date.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent, and lease incentives. Topic 842 requires the use of the implicit rate in the lease when readily determinable. As the leases do not provide an implicit rate, the Organization elected the practical expedient to use the risk-free rate when the rate of the lease is not implicit in the lease agreement.

The lease term may include options to extend or to terminate the lease that the Organization is reasonably certain to exercise. Lease expense for operating and finance leases is recognized on a straight-line basis over the lease term.

The Organization has elected not to record leases with an initial term of 12 months or less on the balance sheet. Lease expense on such leases is recognized on a straight-line basis over the lease term.

Upon adoption of Topic 842, the Organization elected the package of practical expedients permitted under the transition guidance within the new standard which includes the following: relief from determination of lease contracts included in existing or expiring leases at the point of adoption, relief from having to reevaluate the classification of leases in effect at the point of adoption, and relief from reevaluation of existing leases that have initial direct costs associated with the execution of the lease contract.

The adoption of Topic 842 resulted in the recognition of the following assets and liabilities on January 1, 2022:

Operating lease right-of-use assets	$ 283,253
Current portion of operating lease liabilities	$ 137,455
Operating lease liabilities, less current portion	145,798
Operating lease liabilities	$ 283,253

Results for the period prior to January 1, 2022 continue to be reported in accordance with the Organization's historical accounting treatment for leases.

Patient Deposits

Patient deposits primarily consist of payments made by patients in advance of significant dental work based on quotes for the work to be performed.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets 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 statements of operations as net assets released from restriction. Pledges receivable are due in 2023.

The Organization reports gifts of property and equipment as support without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

(Deficiency) Excess of Revenue Over Expenses

The statements of operations reflect the (deficiency) excess of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the (deficiency) excess of revenue over expenses include contributions of long-lived assets (including assets acquired using grants and contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and net assets released from restriction for capital acquisition.

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through May 22, 2023, which is the date the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and investments.

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, were as follows at December 31:

	2022	2021
Cash and cash equivalents	$ 7,625,600	$ 9,428,603
Investments	2,015,773	2,248,099
Patient accounts receivable	863,791	946,289
Grant and other receivables	1,119,148	826,005
Less donor restricted assets	(235,858)	(451,518)
Financial assets available for current use	$11,388,454	$12,997,478

3. Pledges Receivable

Pledges receivable consisted of the following at December 31:

	2022	2021
Capital projects that are in service	$ 215,666	$ -
Donor restricted		
Capital projects	-	375,666
Program services	23,978	3,500
Total donor restricted	23,978	379,166
Total	$ 239,644	$ 379,166

4. Investments and Assets Limited as to Use

Investments, stated at fair value, consisted of the following at December 31:

	2022	2021
Long-term investments	$ 2,015,773	$ 2,248,099
Assets limited as to use	1,226,379	1,513,872
Total investments	$ 3,242,152	$ 3,761,971

Assets limited as to use are restricted for the following purposes at December 31:

	2022	2021
Assets held in trust under Section 457(b) deferred compensation plans	$ 59,631	$ 57,391
Assets with donor restrictions	1,166,748	1,456,481
Total	$ 1,226,379	$ 1,513,872

Fair Value of Financial Instruments

U.S. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

U.S. GAAP distinguishes three levels of inputs that may be utilized when measuring fair value:

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value at December 31:

	2022			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 45,255	$ -	$ -	$ 45,255
Municipal bonds	-	139,194	-	139,194
Exchange traded funds	1,360,349	-	-	1,360,349
Mutual funds	1,697,354	-	-	1,697,354
Total investments	$ 3,102,958	$ 139,194	$ -	$ 3,242,152

	2021			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 125,737	$ -	$ -	$ 125,737
Municipal bonds	-	158,269	-	158,269
Exchange traded funds	1,359,909	-	-	1,359,909
Mutual funds	2,118,056	-	-	2,118,056
Total investments	$ 3,603,702	$ 158,269	$ -	$ 3,761,971

Municipal bonds are valued based on quoted market prices of similar assets.

5. Property and Equipment

Property and equipment consisted of the following:

	2022	2021
Land	$ 718,427	$ 718,427
Building and improvements	6,499,881	5,949,854
Leasehold improvements	1,589,382	179,963
Furniture, fixtures, and equipment	2,954,785	2,864,516
Total cost	11,762,475	9,712,760
Less accumulated depreciation	4,155,627	4,100,983
	7,606,848	5,611,777
Projects in progress	10,000	1,152,081
Property and equipment, net	$ 7,616,848	$ 6,763,858

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government retains a residual ownership interest in the assets, requiring prior approval and restrictions on disposition.

Depreciation expense amounts to $407,791 and $307,683 for the years ended December 31, 2022 and 2021, respectively.

6. Long-Term Debt

Long-term debt consists of the following at December 31:

	2022	2021
2.25% promissory note payable to New Hampshire Health and Education Facilities Authority through July 2030, paid in monthly installments of $2,794, including interest. Note is uncollateralized.	$ 233,911	$ 261,836
Less current portion	28,560	27,925
Long-term debt, less current portion	$ 205,351	$ 233,911

Maturities of long-term debt for the next five years are as follows at December 31:

2023	$ 28,560
2024	29,209
2025	29,873
2026	30,552
2027	31,247
Thereafter	84,470
Total	$ 233,911

7. Leases

The Organization has entered the following lease arrangements:

Finance Lease

During 2022, the Organization entered into a facility lease through 2037. The lease contains an annual escalating clause of 3 percent beginning in 2027. Termination of the lease generally is prohibited unless there is a violation under the lease agreement.

Operating Leases

The Organization has four facility leases that expire from 2024 through 2025. These leases generally contain renewal options and annual escalating clauses of 3 percent. Termination of the leases is generally prohibited unless there is a violation under the lease agreements.

Lease Cost

Lease cost for the year ended December 31, 2022 is as follows:

Finance lease	
Amortization of right-of-use asset	$ 292,167
Interest on lease liability	85,748
Operating leases	137,455
Short-term lease expense	56,228
Total	$ 571,598

Other Information

Weighted-average remaining lease term:	
Finance lease	14 years
Operating leases	2 years
Weighted-average discount rate:	
Finance lease	2.01%
Operating leases	1.04%

Future Minimum Lease Payments and Reconciliation to the Balance Sheet

Future minimum payments due under the facility and equipment lease agreements for the years ending December 31, are as follows:

	Finance Lease	Operating Leases
2023	$ 332,620	$ 77,672
2024	332,620	58,984
2025	332,620	13,696
2026	332,620	-
2027	341,767	-
Thereafter	3,602,655	-
Total future undiscounted lease payments	5,274,902	150,352
Less present value discount	713,145	1,529
Total lease liabilities	4,561,757	148,823
Current portion of lease liabilities	332,620	77,672
Lease liabilities, net of current portion	$ 4,229,137	$ 71,151

8. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at December 31:

	2022	2021
Specific purpose (temporary in nature)		
Program services	$ 235,858	$ 451,518
Construction of new facility	412,473	1,655,026
Pledges receivable for construction of new facility	-	375,666
Passage of time (temporary in nature)		
Pledges receivable	23,978	3,500
Earnings from endowment investments	297,070	586,803
Held in perpetuity (permanent in nature)		
Endowment	869,678	869,678
Total	$ 1,839,057	$ 3,942,191

Net assets released from net assets with donor restrictions were as follows at December 31:

	2022	2021
Satisfaction of purpose - program services	$ 144,063	$ 39,143
Satisfaction of purpose - purchase of capital assets	1,829,857	-
Passage of time - pledges receivable	48,000	96,950
Passage of time - endowment earnings	61,352	57,866
Total	$ 2,083,272	$ 193,959

9. Endowment

Interpretation of Relevant Law

The Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as a donor-restricted endowment (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent donor-restricted endowment gifts, and (c) accumulations to the donor-restricted endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund, if any, is classified as net assets with donor restrictions until those amounts are appropriated for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

(1) The duration and preservation of the fund;
(2) The purposes of the Organization and the donor-restricted endowment fund;
(3) General economic conditions;
(4) The possible effect of inflation and deflation;
(5) The expected total return from income and the appreciation of investments;
(6) Other resources of the Organization; and
(7) The investment policies of the Organization.

Spending Policy

The Organization has a policy of appropriating for expenditure an amount equal to 5% of the endowment fund's average fair market value over the prior 20 quarters. The earnings on the endowment fund are to be used for operations.

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration (underwater). In the event the endowment becomes underwater, it is the Organization's policy to not appropriate expenditures from the endowment assets until the endowment is no longer underwater. There were no such deficiencies as of December 31, 2022 and 2021.

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed or meet designated benchmarks while incurring a reasonable and prudent level of investment risk.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a balanced emphasis on equity-based and income-based investments to achieve its long-term return objectives within prudent risk constraints.

Endowment Net Asset Composition by Type of Fund

The Organization's endowment consists of assets with donor restrictions only and had the following related activities at December 31:

	2022	2021
Endowments, beginning of year	$ 1,456,481	$ 1,316,245
Investment income	32,911	44,850
Change in fair value of investments	(261,292)	153,252
Spending policy appropriations	(61,352)	(57,866)
Endowments, end of year	$ 1,166,748	$ 1,456,481

10. Net Patient Service Revenue

Net patient service revenue by payer and program is as follows:

	2022		
	Medical, Behavioral Health and Dental Services	Pharmacy Services	Total
Governmental payers			
Medicare	$ 775,698	$ -	$ 775,698
Medicaid	5,287,937	329,783	5,617,720
Commercial payers	2,947,918	872,636	3,820,554
Patient	217,213	149,542	366,755
Net direct patient service revenue	9,228,766	1,351,961	10,580,727
340B contract pharmacy revenue	-	1,370,340	1,370,340
Net patient service revenue	$ 9,228,766	$ 2,722,301	$ 11,951,067

	2021		
	Medical, Behavioral Health and Dental Services	Pharmacy Services	Total
Governmental payers			
Medicare	$ 762,586	$ -	$ 762,586
Medicaid	5,226,275	277,925	5,504,200
Commercial payers	2,842,725	929,547	3,772,272
Patient	288,321	136,482	424,803
Net direct patient service revenue	9,119,907	1,343,954	10,463,861
340B contract pharmacy revenue	-	1,683,383	1,683,383
Net patient service revenue	$ 9,119,907	$ 3,027,337	$ 12,147,244

11. Functional Expenses

The Organization provides various services to residents within its geographic location. Given the Organization is a service organization, expenses are allocated between healthcare, administrative and support and fundraising services based on the percentage of direct care wages to total wages, with the exception of program supplies which are 100% healthcare in nature.

Expenses related to providing these services are as follows:

	2022			
	Healthcare Services	Administrative and Support Services	Fundraising Services	Total
Salaries and wages	$ 11,752,215	$ 1,476,954	$ 471,582	$ 13,700,751
Employee benefits	2,290,698	313,166	89,770	2,693,634
Contracted services	833,825	204,594	16,899	1,055,318
Program supplies	1,793,207	-	-	1,793,207
Information technology	558,586	76,366	21,890	656,842
Occupancy	827,565	113,138	32,431	973,134
Other	1,272,422	173,955	49,865	1,496,242
Depreciation and amortization	595,253	81,378	23,327	699,958
Interest expense	77,687	10,621	3,044	91,352
Total	$ 20,001,458	$ 2,450,172	$ 708,808	$ 23,160,438

	2021			
	Healthcare Services	Administrative and Support Services	Fundraising Services	Total
Salaries and wages	$ 11,626,356	$ 1,589,462	$ 455,622	$ 13,671,440
Employee benefits	2,146,878	293,504	84,133	2,524,515
Contract services	901,023	165,775	8,765	1,075,563
Program supplies	1,980,697	-	-	1,980,697
Information technology	545,120	74,524	21,363	641,007
Occupancy	698,013	95,427	27,354	820,794
Other	1,127,805	154,183	44,198	1,326,186
Depreciation and amortization	261,657	35,772	10,254	307,683
Interest expense	5,294	724	207	6,225
Total	$ 19,292,843	$ 2,409,371	$ 651,896	$ 22,354,110

12. Retirement Plans

The Organization has a defined contribution plan under IRC Section 401(k) that covers substantially all employees. For the years ended December 31, 2022 and 2021, the Organization contributed $260,713 and $222,748, respectively, to the plan.

The Organization has established an unqualified deferred compensation plan under IRC Section 457(b) for certain key employees of the Organization. The Organization did not contribute to the plan during the year ended December 31, 2022. The balance of the deferred compensation plan amounted to $59,631 and $57,391 at December 31, 2022 and 2021, respectively.

13. Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of December 31, 2022, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

14. Food Vouchers

The Organization acts as a conduit for the State of New Hampshire's Special Supplemental Food Program for Women, Infants and Children (WIC). The value of food vouchers distributed by the Organization was $1,310,202 and $1,323,285 for the years ended December 31, 2022 and 2021, respectively. These amounts are not included in the accompanying financial statements as they are not part of the contract the Organization has with the State of New Hampshire for the WIC program.

SUPPLEMENTARY INFORMATION

GREATER SEACOAST COMMUNITY HEALTH

Schedule of Expenditures of Federal Awards

Year Ended December 31, 2022

Federal Grant/Pass-Through Grantor/Program Title	Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services			
Direct			
Health Center Program Cluster			
Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ 990,119
COVID-19 Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		1,218,108
Total AL 93.224			2,208,227
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		3,016,159
Total Health Center Program Cluster			5,224,386
Affordable Care Act (ACA) Grants for Capital Development in Health Centers	93.526		636,073
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Public Health Emergency Preparedness	93.069	074-500589/90077028	34,042
Public Health Emergency Preparedness	93.069	102-500731/90077410	27,942
Total AL 93.069			61,984
Immunization Cooperative Agreements	93.268	102-500731/90023205	408
Immunization Cooperative Agreements	93.268	102-500731/90023800	28,910
Immunization Cooperative Agreements	93.268	102-500731/90023010	9,119
Total AL 93.268			38,437
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	102-500731/90577140	26,672
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	102-500731/90577150	13,491
Bi-State Primary Care Association, Inc.			
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	n/a	30,804
Total AL 93.391			70,967
State of New Hampshire Department of Health and Human Services			
Promoting Safe and Stable Families	93.556	102-500734/42107306	16,351
Temporary Assistance for Needy Families	93.558	502-500891/45030206	135,002
Stephanie Tubbs Jones Child Welfare Services Program	93.645	102-500734/42106802	3,323
Social Services Block Grant	93.667	102-500734/42106603	56,354
National Bioterrorism Hospital Preparedness Program	93.889	074-500589/90077700	8,643

The accompanying notes are an integral part of this schedule.

GREATER SEACOAST COMMUNITY HEALTH

Schedule of Expenditures of Federal Awards (Concluded)

Year Ended December 31, 2022

Federal Grant/Pass-Through Grantor/Program Title	Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	93.898	102-500731/90080081	11,874
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500585/92057502	45,339
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500585/92057504	14,554
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500589/92057506	56,003
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500585/92058506	20,030
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500585/90001022	13,522
Block Grants for Prevention and Treatment of Substance Abuse	93.959	010-092-33800000-500589/92057502	6,009
Total AL 93.959			155,457
Preventive Health and Health Services Block Grant	93.991	074-500585/92057502	13,940
Maternal and Child Health Services Block Grant to the States	93.994	102-500731/90080112	54,154
Maternal and Child Health Services Block Grant to the States	93.994	102-500731/90004009	6,307
Total AL 93.994			60,461
Total U.S. Department of Health and Human Services			6,493,252
U. S. Department of Agriculture			
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	102-500734	435,534
U.S. Department of Housing and Urban Development			
Pass-Through			
City of Portsmouth New Hampshire			
Community Development Block Grants/Entitlement Grants	14.218	n/a	5,250
U.S. Department of Treasury:			
Pass-Through			
Bi-State Primary Care Association, Inc.			
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	n/a	42,682
U.S. Department of Homeland Security			
Pass-Through			
State of New Hampshire Department of Health and Human Services			
COVID-19 Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036	103-502507/95010690	52,226
Total, All Programs			$ 7,028,944

The accompanying notes are an integral part of this schedule.

GREATER SEACOAST COMMUNITY HEALTH

Notes to Schedule of Expenditures of Federal Awards

Year Ended December 31, 2022

1. Summary of Significant Accounting Policies

Expenditures reported on the schedule of expenditures of federal awards (the Schedule) are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), wherein certain types of expenditures are not allowable or are limited as to reimbursement.

2. De Minimis Indirect Cost Rate

Greater Seacoast Community Health (the Organization) has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

3. Basis of Presentation

The Schedule includes the federal grant activity of the Organization. The information in this Schedule is presented in accordance with the requirements of the Uniform Guidance. Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
Greater Seacoast Community Health

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Greater Seacoast Community Health (the Organization), which comprise the balance sheet as of December 31, 2022, and the related statements of operations, changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated May 22, 2023.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization'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.

Board of Directors
Greater Seacoast Community Health

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

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 Organization'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 Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
May 22, 2023

BerryDunn

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR THE MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors
Greater Seacoast Community Health

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited Greater Seacoast Community Health's (the Organization) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget *Compliance Supplement* that could have a direct and material effect on its major federal program for the year ended December 31, 2022. The Organization's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended December 31, 2022.

Basis for Opinion on the Major Federal Program

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

We are required to be independent of the Organization 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 the major federal program. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

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 Organization's federal programs.

Auditor's 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 Organization'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 U.S. generally accepted auditing standards, *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 Organization's compliance with the requirements of the major federal program as a whole.

In performing an audit in accordance with U.S. generally accepted auditing standards, *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 Organization'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 Organization'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 Organization'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.

Report on Internal Control over Compliance

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

Board of Directors
Greater Seacoast Community Health

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's 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. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

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.

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.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
May 22, 2023

GREATER SEACOAST COMMUNITY HEALTH

Schedule of Findings and Questioned Costs

Year Ended December 31, 2022

Section 1. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:			Unmodified	
Internal control over financial reporting:				
Material weakness(es) identified?	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Noncompliance material to financial statements noted?	☐	Yes	☑	No

Federal Awards

Internal control over major programs:				
Material weakness(es) identified:	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Type of auditor's report issued on compliance for major programs:			Unmodified	
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	☐	Yes	☑	No

Identification of major programs:

Assistance Listing Number	Name of Federal Program or Cluster
	Health Center Program Cluster

Dollar threshold used to distinguish between Type A and Type B programs:			$750,000	
Auditee qualified as low-risk auditee?	☑	Yes	☐	No

Section 2. Financial Statement Findings

None

Section 3. Federal Award Findings and Questioned Costs

None

GREATER SEACOAST COMMUNITY HEALTH

Summary Schedule of Prior Year Findings

Year Ended December 31, 2022

Finding Number: **2021-001**

Criteria:	In accordance with Section 330(k)(3)(G) of the PHS Act (42 U.S. Code § 254b), as an FQHC, the Organization must have a sliding fee discount program in which the Organization's fee schedule is discounted based on a patient's ability to pay.
Condition:	The Organization has not applied sliding fee discounts to patient charges consistent with its sliding fee discount program.
Recommendation:	We recommended management review the complexity of the Organization's dental sliding fee discount schedule and consider whether modifications to the scale would better allow the billing system to correctly apply sliding fee discounts to dental patients without the need for staff correction. We also recommended management consider increasing the number of dental transactions reviewed as part of the Organization's internal monitoring procedures.
Status:	Resolved.

GREATER SEACOAST COMMUNITY HEALTH

Goodwin Community Health | Families First | Lilac City Pediatrics

Board of Directors
Calendar Year 2024

Name/Address	Phone/Email	Occupation
Chair Jennifer Glidden		USDA Program Specialist **Consumer**
Vice Chair Dennis Veilleux		Accounting Manager Relyco
Board Treasurer Jim Sepanski		Retired Financial Executive
Board Secretary Christine Perkins		CPA Wipfli
Laura Belsky		Retired Nurse **Special Population** **Consumer**
Andrea Borowiecki		Rockland Trust **Consumer**
Jody Hoffer Gittell		Professor **Consumer**
Tim McNamara		Retired Healthcare Executive
Allison Mulligan		Consultant **Consumer**
Kathy Scheu		Retired Medical/Laboratory Product Sales
Jeffrey Segil, MD		Physician-OB/GYN WDH
Marrielle Van Rossum		Attorney Devine, Millimet & Branch

BAILEY MORRISON

EXPERIENCE

SOCIAL WORKER, GOODWIN COMMUNITY HEALTH **DECEMBER 2022- PRESENT**

- Manage and oversee short term patient caseloads.
- Collaborate closely with primary care teams to ensure teamwork for patient care.
- Assist patients with various resource needs, i.e., food insecurity, housing.
- Conduct weekly check-ins with the social work team and participate in monthly clinical staff meetings.
- Assist prenatal department to screen and complete prenatal intake appointments with patients.
- Special Projects: PRAPARE Survey Tracking

MANAGER, OGUNQUIT BEANERY **MAY 2022 – OCTOBER 2022**

- Managed and oversaw all daily operation of the coffee shop, including its opening, closing, general sales, staff scheduling.
- Trained all new hires on the essential elements of coffee shop work, including customer service, machine operation, and food safety guidelines.
- Handled all inventory and ordering of new products weekly.

FIELD EXPERIENCE, HEALTH EQUITY ALLIANCE **SEPTEMBER 2021- APRIL 2022**

- Participated in community outreach events to college campuses for STI/STD testing.
- Evaluated and participated in harm reduction model.
- Shadowed Medical Case Management team.
- Special Projects: World AIDs Day

EDUCATION

BACHELOR'S DEGREE IN SOCIAL WORK, MINOR IN POLITICAL SCIENCE
University of Maine, Orono - May 2022
Cumulative GPA 3.63
University of Southern Maine, Portland ME (2018-2019)

HONORS AND AWARDS:
Dean's List & Presidential Scholar

Heather Langlais

Experience:

Healthcare Resource Centers, Somersworth New Hampshire January 2014-currently employed
Registered Nurse/Clinical nurse (40 hours/week)

-Provides ongoing assessments with daily dosing protocols as ordered
-Implementing impairment assessments when necessary
-Managing provider day with medical staff and following through with the coordinated care (EKG paperwork with f/u, processing of new orders, scheduling/rescheduling appointments etc.)
-Acceptful of new assignments without hesitation
-Adapts easily to changes, remaining calm in stressful situations, willing to provide backup and or support (emergencies, vacations, absences etc)
-Helpful in guiding new nurses and other team members of company protocols/procedures
-Essential communication between all team members to ensure positive patient outcomes
-Patient teaching, prescription documentation, scheduling of labs, applying alerts as needed for safety & informational concerns

Kennebunk Center for Health & Rehabilitation Kennebunk, Maine July 2013-August 2013
Registered Nurse (32 hours/week)

-Assessments with documentation, admission & discharging of patients
-Medication administration, wound care, patient /family teaching of health concerns

Greenwood Nursing Center Sanford, Maine November 2013-September 2015
Registered Nurse (per diem- every other weekend)

-EMR documentation and medication administration
-Providing dependable exceptional care to residents (skilled & unskilled)
-Educating family/residents as needed with care, concerns, and health decisions
-Insulin coverage, minor wound care, nebulizer treatments, catheter insertion/removal

Heather Langlais

Waterboro Village Pediatrics Waterboro, Maine April 2010-August 2013
Registered Nurse (32 hours/week)

-Charting growth & development (infants through adulthood)
-Administration of vaccinations
-Telephone triage & documentation of pediatric concerns
-Parent/patient teaching when indicated (vaccines, illnesses, medication administration etc)
-Lead/hemoglobin testing, allergy & asthma shots, processing of lab orders & physical forms
-Medicare/WIC prior authorization forms
-Ordering and stocking of supplies

Greenwood Nursing Center Sanford, Maine March 2009-May 2010
Registered Nurse (32 hours/week)
**Same as previously noted minus EMR for documentation & medication administration

John & Lorraine Rockwell Kennebunk, Maine April 2006-September 2008
Home Health Caregiver (private duty)

-Provided dependable exceptional care
-Implemented daily personal tasks (bathing, dressing etc)
-Assisted with household tasks (cooking, cleaning and errands etc)
-Collaboration with other caregivers to provide a safe environment

Varney Crossing Nursing Home North Berwick, Maine January 2005-January 2007
Certified Nursing Assistant (36 hours & per diem)

-Provided dependable compassionate care by implementing partial and or total care for residents (bathing, feeding, dressing etc)
-Assisted healthcare members accomplishing goals to improve quality of care given
-Written documentation, stocking of supplies, effective reporting to oncoming shifts/nurses for continuation of care

Heather Langlais

Education:
Associate of science in nursing December 2008 Southern Maine Community College

Certified Nursing Assistant 2003, Massabesic Adult Education

York County Child Care Association Certification 1999, Sanford, Maine

Sanford High School, 1992

Certifications:

American Red Cross Adult CPR/AED, expires September 2019

** References available upon request

JAMES A. AVRETT

[redacted]

OPERATIONS MANAGEMENT & PERFORMANCE IMPROVEMENT EXECUTIVE

I build and lead cross-functional, cross-organizational teams containing executives, physicians, staff, boards, business partners, community members and other stakeholders to improve the quality of products and services, lower costs, increase revenue, improve customer service levels, and ensure organizational sustainability and growth. I design, lead and implement initiatives to drive organizational transformation and change, operations and process / performance improvement, integration, and program enhancement / new design. I have broad experience in business development and strategy development.

STRENGTHS

Operations Management, Improvement & Redesign	Business Development	Customer Service Improvement
Business Model Design & Partner Integration	Strategic Planning	Service, Site, Provider Integration
Cost Savings & Revenue Enhancement	Quality & Reliability Improvement	Relationship Management
Optimized Staff and Service Scheduling	Budget Design / Management	Resource Utilization Management

PROFESSIONAL HISTORY
(Accomplishments)

Edgewood (a CCRC in MA and NH), North Andover, Massachusetts **2020 - Present**
Director

- Administrator of Resident Services. Responsibilities include:

  - Lead and manage the internal home health agency.
  - Oversee the Geriatric Care Management Nursing program.
  - Manage the outsourced on-site clinic – includes primary care (MD and PAs), podiatry, optometry, dental services.
  - Oversee social work services.
  - Developing plans for new home health and hospice agencies in Massachusetts and New Hampshire.
  - Redesigning the internal home health agency, saving cost, and increasing profitability.

Huron Consulting Group, Chicago, IL (Based out of Dover, NH) **2019 - 2020**
Healthcare Director

- Led multi-site, multi-function integrated projects. Focus areas included operations management and improvement, workforce management, care optimization, supply chain and portfolio optimization. Coached / Mentored staff. Methodology development.

  - Led a team conducting a care optimization engagement at hospitals that were part of an academic medical center system including their clinics, ambulatory, and acute sites.
  - Led a team charged with improving workforce management and clinical operations for a community-based hospital that is part of a larger regional system. Implementing targeted savings of $4,300,000 - $5,700,000.

*future*HEALTH, Dover, NH **2017 – 2019**
Principal / Owner

- Assist clients with: Operational improvement and process enhancement / redesign, service line portfolio analysis / optimization, customer service / experience improvement, staffing matrixes, quality improvement, integration and throughput optimization, decreasing process and outcome variance, strategic growth, leveraging technology to improve business processes.

- Retained long-term by a major international package transportation company to optimize operations including regional handling and distribution centers' intake, delivery and processing of packages and sales contract design / enhancement.

Management Consulting Group PLC, London, UK **2014 – 2016**

Proudfoot, Atlanta, Georgia (Based out of Dover, NH) (2016)
Vice President, Life Sciences and Healthcare Operations – North America

- Managed a wide range of engagement types for the firm. Ensured engagement delivery quality.
- Supervised, coached and mentored the engagement managers charged with delivering services to clients.
- Client relationship management throughout the delivery cycle for multiple, simultaneous engagements.

- At a major international oil company streamlined processes and reduced costs. Worked with traders to improve algorithms and strategies for designing hedge positions. Produced savings between $7 - $12 million annually.
- Evaluated consolidating operations at two plants for a manufacturer – one US-based, one international. Streamlined the operations at the US-based site which resulted in a $1.2 - $3.6 million annual savings.
- Performed operational analysis of the coke production facility that serves the largest blast furnace in North America. Designed an oven repair and replacement plan that would not interrupt customer service and revenue. Redesigned staffing patterns, equipment and supplies purchasing and inventory management systems. Total value: $19 – 26 million.

Kurt Salmon, Atlanta, Georgia (Based out of Dover, NH) (2014 – 2015)
Partner

- Sold and delivered strategy, operations, supply chain, IT, and facilities and capital asset planning engagements.
- Managed client relationships through the sales and delivery cycle. Monitored and guaranteed engagement delivery quality.
- Supervised, coached and mentored the engagement managers and staff.

- Led a team that worked with a national urgent care center organization to reduce overall throughput time through process improvements, development of new staffing matrixes by skill, time-of-day and day-of-week, staff and physician workload balancing. Created a proactive physician and appointment scheduling system. Lowered door to discharge time by 26%. Increased capacity for client appointments by 15%.
- Worked with a health system to conduct a market assessment then refine and validate their strategy to move ambulatory services into a new market area. Developed materials for Board of Directors education and strategy session.
- Co-led effort to build the firm's Operations and Performance Improvement practice. Developed methodologies and external and internal facing marketing pieces.

Galloway Consulting / iVantage Health Analytics, Atlanta, Georgia (Based out of Dover, NH) **2011 – 2014**
Senior Director - Engagements Lead

- Led high profile, strategic consulting engagements for large, complex healthsystems including all their services / facilities across the care continuum. Employed a collaborative team approach to rapidly (4–5 weeks) develop solutions.

  - Worked with a regional hospital of a national healthsystem to recover from an eight-digit budget variance within the fiscal year by reducing labor and supply cost, enhancing revenue, improving quality, portfolio optimization, patient experience, clinics operations improvement. Developed plans and implemented a $17.1 million margin improvement.
  - Led a team that worked with a multi-state healthsystem to improve their bottom line through staff scheduling / mix, operational and clinical process improvement as well as revenue enhancement and growth. Total impact more than $70,000,000.
  - Led a multi-site, multi-state engagement with a national healthsystem to design multi-year plans to take the sites through an organizational transformation to rebase their cost structure so they would succeed in an all Medicare-level type of reimbursement environment. Bottom line impact $8,000,000 to $50,000,000 per site and more than $100,000,000 system wide.

VHA, Incorporated, Dallas, Texas (Based out of Portland, ME and Boston, MA) **2001 – 2011**

***Regional Vice President** (6 state region: ME, NH, VT, MA, CT, RI '07-'11) / **Senior Director** (3 State region: '04-'06)*

- Led strategic planning, relationship management, sales, and staff management activities for the consulting, analytics, purchased services and supply chain services across a multi-state, 100+ healthcare organization territory.

  - Built and led team that grew group purchasing organization sales (to $2,100,000,000) and revenue (to $49,000,000).
  - Increased Customer Satisfaction ratings by 18% from levels before given responsibility for the function.
  - Led alliance member recruitment efforts in six-state region. Seven new members joined adding $350,000,000 in revenue.
  - Led effort to develop a regional purchasing coalition coordinating national, regional, vendor and healthsystem resources, needs and expectations. Designed governance and operational model. Savings exceeded $2,200,000.
  - Developed business plans and led my team to roll out and implement dozens of new contracts / services launches each year including pharmacy products, medical device, capital equipment, IT products / services and med / surg products.
  - Worked with regional and national business partners to enhance pricing of agreements or establish new contracts.
  - Responded to RFPs ensuring that VHA's value proposition addressed the customer's needs, coordinating resources across business lines, to create and present an impactful offering. Managed process through successful completion.
  - Managed the Non-Acute Portfolio resources that exceeded targets or superior targets (125%) after gaining responsibility for the services. (Before taking responsibility for this portfolio the goal achievement was 82%)

VHA, Incorporated, Based out of Dover, NH (2001 – 2004)
***Director, Alliance Member Strategies** (ME, NH, VT, MA, RI, CT, NY)*

- Led marketing and consultative sales activities for both the Purchased Services and Consulting Services portfolios for three regional offices encompassing a seven-state area. Target audiences: middle and executive management.

  - Working with 90+ business partners, attained 150% of revenue target for purchased services portfolio (IT, capital, financial / revenue cycle, ambulatory, support, clinical).
  - Partnering with national / corporate service providers, attained Superior level for consulting services revenue goals.
  - Eventually responsible for the marketing and sales of all consulting services for one half of VHA's regions.

North Broward Hospital District, Fort Lauderdale, Florida **1996 – 2001**
Executive Director, Reengineering and Integration

- Led cross-functional, cross-facility initiatives improving processes and integrating services across 40 acute and non-acute site public health system.

  - Developed process to manage at-risk patients much like the population health models seen today.
  - Led a multiple phase, cross-District project that re-invented the financial assistance process, virtually resulting in a new function. This recouped $2,000,000+ in unreimbursed service provision annually.
  - Developed and tracked a daily district-wide labor productivity monitoring system containing executive roll-up reporting.
  - Partnered with a for-profit entity to build a joint-venture DME company. Due diligence, governance, revenue split.
  - Led the Quality Council with a member of the board. Designed, implemented, managed initiatives across the enterprise.
  - Assisted with the preparation for JCAHO assessment.
  - Co-led the planning, redesign of operations and implementation of the District's new Pathways IT system across the enterprise. Documented / updated processes to take full advantage of the system's functionality. Co-led all District/site-specific user groups.
  - Designed the District's Enterprise Scheduling Center. Led the selection of software, developed processes and staffing requirements. Built a nurse call system into the Center. Increased customer service and reduced staffing.
  - Managed the patient / family / customer satisfaction program for service improvement. Changed approach from reactive to proactive. Worked with staff to design and implement improved processes for patient and family service and engagement.

EDUCATION

Master of Business Administration
University of South Florida

Bachelor of Sciences in Commerce and Business Administration
Major: Health Care Management Minor: Marketing
University of Alabama

Additional Training

Juran Institute Project / Team Facilitator Course, Juran Institute Quality / Performance Improvement Tools
Leading an Empowered Organization (MIT), Lean for Healthcare and Non-Manufacturing (University of Texas)

Lauren Haley

SKILLS

Customer Service, Human Services, Time Management, Adaptability, Critical and Rational Thinking, Telephone Communication

EXPERIENCE

Cello's Farmhouse Italian, Candia NH - *Server*

APRIL 2018 - JANUARY 2019

- Customer Service
- Delivering a higher standard of Italian food.
- Wine service
- Knowledge of spirits and craft beers
- Opening and closing duties.

Seacoast Mental Health Center, Portsmouth NH - *Outreach Specialist*

AUGUST 2016 - MARCH 2018

- Provided case management services to clients in the community with severe and persistent mental illness.
- Experience working with populations that are experiencing schizophrenia, bipolar disorders, personality disorders, depression, anxiety and homelessness.
- Targeted Case Management
    - Experience with Medicaid, Medicare, Social Security, and NH housing applications and processes.
- Experience working with an Electronic Health Record.

Cork N' Keg, Raymond NH - *Server*

NOVEMBER 2015 - MARCH 2016

- Customer Service
- Providing fast and efficient service to a variety of customers.
- Opening and closing duties.

YMCA Camp Lincoln, Kingston NH - *Counselor*

SEASONAL - 2014 & 2015

- Supervising campers ages 3-15.
- Planning and managing weekly activities.
- Lifeguarding
- Extensive team building/training with co-counselors.

Market Basket, Epping NH - *Cashier/Grocery Clerk*

SEPTEMBER 2011 - JANUARY 2015

- Customer Service
- Working in small groups to complete time sensitive tasks.

EDUCATION

University of New Hampshire, Durham NH - *Psychology*

AUGUST 2012 - MAY 2016

- Bachelor's Degree in Psychology
    - Minored in Sociology
- Graduated Cum Laude
- Studied Abroad at Regent's University, London.
- Completed an internship it the Dover Teen Center.
    - Mentored at risk youth ages 11-18 in Dover NH.

CHRISTOPHER POND

Key Strengths:

- 13 years of experience working with families, adults and children in various environments
- Ability to develop relationships with each individual
- Ability to multitask and arrange appointments
- Knowledge of community resources and benefits
- Understands the responsibility of case management and the organization that is needed
- Strong skills using Microsoft Office – Word, Excel, PowerPoint

Experience:

Goodwin Community Health
Social Work Manager — Sept. '20- Present.

- Supervise a team of social workers and CHW across multiple sites
- Manage schedules and time off for team
- Lead monthly team meetings
- Act as a liaison to outside organizations that interact closely with the SW Dept.
- Organize and implement new services and changes within the SW Dept.
- Resolve Staff/ Patient crisis that may arise
- Complete any other managerial tasks in a timely manner
- Provide integrated SW services to patients across all programs within the health center, as described below.

Social Work Lead — Sept. '18 – Sept. '20

- Provide coverage for Social Work and Prenatal Manager when out of office
- Manage time off request and department schedules
- Assist in hiring of all SW Dept. Staff
- Provide training for all new SW hires across a spectrum of programs at multiple sites
- Manage weekly SW referral data and assign to responsible staff
- Assist SW/ PN Manager with department projects

Social Worker — June '15 –Sept. '18

- Collaborate with PC, BH, MAR, PN Providers to provide care as part of an integrated team
- Assist vulnerable patients in accessing local resources and supports for housing, food, SUD, benefits, support groups
- Maintain and document all visits and patient interaction within CHAN Electronic Medical Records
- Perform PN Intakes and follow at risks patients by completing Plan of Safe Care

- Facilitate peer support group – Empowering Whole Health

Community Partners *July '12 – June '15*
Case Manager/ Functional Support Specialist

- Coordinate clinical care with clients, families, and other community providers
- Provide office, community and in-home clinical services to adults with severe mental illness
- Support adults with severe mental illness access community resources, including housing, benefits, vocational and substance abuse services
- Maintain documentation in established medical records in accordance with NH Bureau of Behavioral Health and Community Partners
- Provide Crisis Intervention services, as needed
- Illness Management and Recovery (IMR), ANSA and CPI trained

Chances *Aug. '11- Oct. '13*
Intern/Case Manager-Volunteer/ Family Mediator

- Interact with a diverse group of youth in a diversion program
- Co-facilitate classes/sessions of Insight, Challenge, Anger Management, Fire Setters, Boys and Girls Group, and Family Mediation
- Perform intakes and manage cases of clients, with weekly interaction via phone or in person
- Communicate with outside agencies as needed

Farmington Children's Center/Strafford Country Head Start *Aug. '07 – June '12*
Teacher's Aide/Substitute

- Assist lead teacher with daily planning and activities
- Report and file any accidents or signs of abuse
- Develop relationships with a diverse group of families
- Work with kids of all ages and learning abilities

Community Partners *Aug. '10 - Nov. '10*
Adult Daily Living Instructor

- To assist a mentally disabled client with learning life skills including budgeting, ADL's, personal hygiene, physical health and employment
- To track the progress of the client over time
- Integrate the client into community settings

CHRISTOPHER POND

Volunteer Experience:

Farmington 500 Boys and Girls Club — *Dec. '10- Dec'12*
Head Coach 10U

- Teach kids 10 and under the skills and knowledge of basketball

Farmington 500 Boys and Girls Club — *Aug. '10- Nov. '10*
Asst. Coach 6U

- Teach kids 6 and under the skills and knowledge of soccer

Education:

Granite State College — *Jan. '09- Mar. '12*
BS Criminal Justice – Minor Human Services

- *Dean's List 2009-2012*
- *Magna Cum Laude*

Casey Wade

I am a dependable, punctual, and detail oriented individual. I am very outgoing and work well with others while also working efficiently on my own. I love to learn and I pick up on things quickly. I am seeking a position where I can advance and excel while giving my best to an employer.

Experience

August 2014-Present Magna Home Cleaning Greenland, NH
Cleaning Technician
We travel to client's homes and businesses to clean and organize.

November, 2012-August, 2014 Salmon Falls Stoneware, Dover, NH
Sales Associate, Bookkeeper's Assistant and Factory Worker
I was a sales associate in the retail store. In addition to handling in-store sales, duties included processing phone, internet and wholesale orders. My flexibility also had me working in the office assisting the bookkeeper with A/P, A/R, bank deposits, cash reconciliations, correspondence and filing. I also learned the waxing and glazing processes while working in the factory when needed. Inconsistent scheduling was the reason for leaving.

May, 2012-September, 2012 Sun N'Surf, York, ME
Waitress
In addition to serving, duties included cleaning and stocking the kitchen, bathrooms, dining room and patio. A severely sprained ankle was the reason for leaving.

February, 2011- May, 2012 Fogarty's South Berwick, Maine
Waitress and Hostess
At Fogarty's I started as a hostess, greeting and seating guests. I was later trained to wait tables. Duties included serving, stocking and cleaning. Scheduling became an issue which led me to leave.

June 2005-July 2011 Aggie's Ice Cream South Berwick, Maine
Cashier and Scooper.

Aggie's was my first job. I worked there while going to high school and on summer vacations from the University of Southern Maine. I learned a lot about customer service and handling money. Eventually I decided to move on to waitress at Fogarty's.

Education

University of Southern Maine
(2009-2010)

York County Community College-Wells, Maine
Associate in Liberal Arts (2011-2013)

Skills

Computer skills (Excel, Word)
Customer service skills

References

Christine Chagnon-(Store Manager, Salmon Falls Stoneware)
207-384-5195

Tina Lincoln-(Owner, Aggie's Ice Cream-South Berwick, ME)
207-384-5016

Steve Lincoln-(Owner, Aggie's Ice Cream-South Berwick, ME)
207-384-5016

Erin E. Ross

Objective

Obtain a position in Health Care, which will continue to build knowledge and skills from both education and experiences gained.

Qualifications

Mature, energetic individual possessing management experience, organizational skills, multi-tasking abilities, good work initiative and communicates well with internal and external contacts. Proficient in computer skills.

Education

September 1998 – May 2002 **Bachelor of Science in Health Management & Policy**
University of New Hampshire
Durham, New Hampshire 03824

Related Experience

July 2011 – Present **Chief Financial Officer**
Goodwin Community Health

- Responsible for financial oversight of center to include supervision of accountant, bookkeeper, billing department and all clinical administrative staff.
- Assist Executive Director in budgeting process each fiscal year for center.
- Generate and assist with financial aspects of all center grants received.
- Complete on an as needed basis finance analysis's of various agency programs.
- Participate in agency fiscal audit at the end of each fiscal year.
- Member of Board of Directors level Finance Committee

August 2006 – June 2011 **Service Expansion Director**
Avis Goodwin Community Health Center

- Responsible for the overall function of the Winter St location of Avis Goodwin Community Health Center.
- Maintain all clinical equipment and order all necessary supplies.
- Coordinate the scheduling of all clinical and administrative staff in the office.
- Assist with the continued integration of dental services and now mental health services to existing primary care services.
- Assist with the integration of private OB/GYN practice into Avis Goodwin Community Health Center.
- Organize patient outcome data collection and quality improvement measures to monitor multiple aspects and assure sustainability for Avis Goodwin Community Health Center.

January 2005 – August 2006 **Site Manager, Dover Location & Front Office Manager**
Avis Goodwin Community Health Center

- Responsible for the overall function of the Dover location of Avis Goodwin Community Health Center.
- Maintain all clinical equipment and order all necessary supplies.
- Assist with the continued integration of dental services and now mental health services to existing primary care services.
- Coordinate the scheduling of all clinical and administrative staff in the office.
- Organize patient outcome data collection and quality improvement measures to monitor multiple aspects and assure sustainability for Avis Goodwin Community Health Center.
- Supervise, hire and evaluate front office staff of both Avis Goodwin Community Health Center locations.
- Develop and implement policies and procedures for the smooth functioning of the front office.

May 2004 – January 2010 **Dental Coordinator**
Avis Goodwin Community Health Center

- Supervise, hire and evaluate dental staff, including Dental Assistant and Hygienists.
- Acted as general contractor during construction and renovation of existing facility for 4 dental exam rooms.
- Responsible for the operations of the dental center, development of educational programs for providers and staff and supervision of the school-based dental program.
- Developed policy and procedure manual, including OSHA and Infection Control protocols.
- Organize patient outcome data collection and quality improvement measures to monitor dental program and assure sustainability.
- Maintain all dental equipment and order all dental supplies.

- Coordinate grant fund requirements to multiple agencies on a quarterly basis.
- Oversee all aspects of billing for dental services, including training existing billing department staff.

July 2003 – May 2004 **Administrative Assistant to Medical Director**
Avis Goodwin Community Health Center

- Assist with Quality Improvement program by attending all meetings, generating monthly minutes documenting all aspects of the agenda and reporting quarterly data followed by the agency.
- Generate a monthly report reflecting provider productivity including number patients seen by each provider and no show and cancellation rates of appointments.
- Served as a liaison between patients and Chief Financial Officer to effectively handle all patient concerns and compliments.
- Established and re-created various forms and worksheets used by many departments.

December 2002 – May 2004 **Billing Associate**
Avis Goodwin Community Health Center

- Organize and respond to correspondence, rejections and payments from multiple insurance companies.
- Created an Insurance Manual for Front Office Staff and Intake Specialists as an aide to educate patients on their insurance.
- Responsible for credentialing and Re-credentialing of providers, including physicians, nurse practitioners and physician assistants, within the agency and to multiple insurance companies.
- Apply knowledge of computer skills, including Microsoft Office, Logician, PCN and Centricity.
- Designed a statement to generate from an existing Microsoft Access database for patients on payment plans to receive monthly statements.
- Assist Front Office Staff during times of planned and unexpected staffing shortages.

June 2002 - December 2002 **Billing Associate**
Automated Medical Systems
Salem, New Hampshire 03079

- Communicate insurance benefits and explain payments and rejections to patients about their accounts.
- Responsible for organizing and responding to correspondence received for multiple doctor offices.
- Determine effective ways for rejected insurance claims to get paid through communicating with insurance companies and patients.
- Apply knowledge of computer skills, including Microsoft Office, Accuterm and Docstar.

Work Experience

October 1998 – May 2002 **Building Manager**
Memorial Union Building – UNH
Durham, New Hampshire 03824

- Recognized as a Supervisor, May 2001-May 2002.
- Supervised Building Manager and Information Center staff.
- Responsible for managing and documenting department monetary transactions.
- Organized and led employee meetings on a weekly basis.
- Established policies and procedures for smooth functioning of daily events.
- Oversaw daily operations of student union building, including meetings and campus events.
- Served as a liaison between the University of New Hampshire, students, faculty and community.
- Organized and maintained a weekly list of rental properties available for students.
- Developed and administered new ideas for increased customer service efficiency.

References

Available upon request

MEGAN J ATKINS

OBJECTIVE

To obtain a position as an Outreach and Enrollment Specialist and Data Analyst within Goodwin Community Health; using my knowledge, experience, and training to empower access to healthcare and improve the quality of care patients receive.

CERTIFICATIONS AND SKILLS

Certifications

- New Hampshire Medicaid Certified Application Counselor since 2006
- Affordable Care Act Health Insurance Marketplace Certified Application Counselor

Skills

- Microsoft Office Suite, Centricity EMR and Practice Solutions
- Medical Terminology, Typing 70 WPM

EXPERIENCE

2005-Present Patient Advocate, *Goodwin Community Health*

- Reduced number of Medicaid qualified yet uninsured prenatal patients from 24% to 1.7% in less than six months.
- Created and maintained Medicaid application tracking spreadsheets, patient electronic charts, and monthly prenatal census.
- Successfully completed 125 Medicaid applications for pregnant women and children since January 2014.

2002-2005 Head Cashier, *The Home Depot, Inc.*

- Generated efficiency and accuracy reports and maintained personnel records for all Front End employees.
- Supervised and trained ten to fifteen Front End employees, including cashiers, switchboard, and customer service desk.

EDUCATION

2000 Business Administration, *Shawsheen Valley High School*

Robin Barber

PROFILE

Highly skilled professional with more than 30 years practical experience in primary care, home health and hospital environment.
Computer skilled, ability to manage heavy daily patient volume including appointment scheduling and patient referral. Proficient in all documenting, record maintenance and paperwork to ensure accuracy and patient confidentiality.
CPC certification through AAPC.

EXPERIENCE

GOODWIN COMMUNITY HEALTH — **AUGUST 2016-PRESENT**

10 hours weekly as Telephone Triage Nurse in family practice. Responsibilities include reviewing test results and provider recommendations with patients, triage using Clear Triage Software under direction of providers, assessment of walk in patients to asses plan of care, medication preparation and administration, immunization administration, ..
20 hours a week working in Quality Department- duties include over seeing the Home Blood Pressure Management program, outreach to patient to assist in problems related to monitoring Blood Pressure at home and problems related to managing Hypertension. Extensive outreach regarding Colo-Rectal Screening, outreach to patients with Diagnosis of Diabetes with an Hgb A1c or greater than 9, review of Missed Care Ops reporting from NH Medicaid and private payers, chart review for Quality measures included in HRSA and UDS requirements, assisting the coding and billing department in researching proper diagnosis code for lab billing issues.

WENTWORTH HOME , DOVER NH — **JULY 2016-PRESENT**

Per Diem Charge Nurse. Responsibilities include medication administration for 23 residents, vital signs and assessment, coordinating with residents PCP regarding changes in care, oversee facility needs that arise during shift, supervising CNA's.

DERMATOLOGY AND SKIN HEALTH, DOVER NH — **AUGUST 2015-FEBRUARY 2016**

Responsibilities include preparing patients for provider visits, assisting with simple surgical procedures, educating patients in care of surgical wound, telephone triage, preparing medical record for prescription refills, maintaining office medical equipment.

HOME CARE NURSE, CORNERSTONE VNA, ROCHESTER NH — **JUNE 2014-OCTOBER 2014**

Provided in home skilled nursing care. Responsibilities included but not limited to full patient assessment, wound care and wound vacuums, venipuncture, Protime and blood glucose monitoring, patient education related to Chronic and Acute conditions, coordinating patient care with provider's office, coordinating and scheduling additional nursing visits.

OFFICE NURSE, WENTWORTH DOUGLASS HOSPITAL, DOVER NH — **2000-2015**

Responsibilities included preparing patients for provider visit, reviewing medical records to assess for services due related to Health Maintenance and Chronic Medical Diagnosis, triage and reviewing test results with patients under the direction of a provider, patient education in regards to Chronic Disease Management, immu-

nization administration, assisting with simple surgical procedures, venipuncture, CLIA waived POC testing, NH State pediatric immunization ordering, maintaining medical supply inventory, medical record review for Quality Measures set in place by the Corporation.

TELEMETRY/ OFFICE NIURSE, FRISBIE MEMORIAL HOSPITAL, ROCHESTER NH **1990-2000**

Telemetry Nurse- Primary Care nursing for patients requiring cardiac monitoring, daily assessment, medication administration, patient education, analyzing cardiac rhythm strips, discharge planning.
Office Nurse- Preparing patient for provider visit, telephone triage, POC testing, assisting provider with simple surgical procedures, reviewing test results and provider recommendations with patient.

EDUCATION

Saratoga Warren County Vocation School, Saratoga Springs NY
LPN

REFERENCES AVAILABLE UPON REQUEST

Shannon Lubbe

Skills

Hello, I'm a new graduate with my license and new the healthcare field. I have had amazing experiences in my clinical rounds, from giving all the different types of injections(PPDs, Insulin, Heparin, Lovenox) testing blood sugars, Wound dressing changes, Straight catheterization, medication administration (PO, Ophthalmic, Inhalants, G-Tube, nebulizer), head to toe assessments, and care plans.

Experience

March 2013- July 2017

Foss Manufacturing, Hampton, NH - *Retail Operator*

- Operating machines Safely
- Inspecting Material for flaws
- Following specification for packaging and shipping.
- Using efficient time management skills and self directed skills

November 2006- June 2009

Mcdonalds, Rochester NH - *Shift Manager*

- Making sure all employees follow food safety regulations and personal hygiene procedures
- Positioning employee for maximal efficacy of production
- Handling conflict between staff and customers

Education

August 2017-July 2018

Salter School of Nursing and Allied Health, Manchester, NH- *LPN*

- LPN Degree- High Honors

References

Toni Williams

A mission driven nursing experience, providing high quality compassionate care to vulnerable or high-risk populations

Work Experience

Shelter Based Clinic Operations Coordinator, Family Team

Boston Health Care for the Homeless Program - Boston MA
July 2005 to February 2023

· Manage nursing operations by initiating, coordinating, and enforcing program, operational, and personnel policies and procedures and those required by the
Department of Public Health and other licensing entities
· Identification of and comprehensive nursing interventions tailored to both episodic illness and preventative care for families experiencing homelessness
· Surveying for and developing culturally and educationally competent, evidence based, educational programs for at-risk families (including women's health, individualized self- management goal setting, newborn care, shaken baby syndrome and reproductive life planning)
· Aiding families to identify local health and social, community-based resources to support family in coping with current life altering health and social challenges
· Maintaining constant and appropriate communications with shelter staffs, advocacy community and public health agencies
· Providing health consultation including staff trainings for a cadre of homeless shelters, 4 homeless childcare centers and two residential treatment programs
· Coordination of clinic work flows and materials including management of medical supplies, their correct storage and evaluation for expiration according to DPH regulations.
· Responsible for the regulatory requirements related to all medications, vaccines and equipment at all clinical sites

Program Nurse

The Italian Home for Children - Jamaica Plain MA
February 2005 to July 2005

Managing the health, acute psychiatric illnesses, medication administration and medical orders for both residential and short-term pediatric patients
Developing and implementing health education sessions pertaining to medical issues of patients for lay staffs
Triaging the health needs of pediatric patients including on-call beeper rotation
24-7

Staff Nurse

Correctional Medical Services-Suffolk County House of Corrections - Boston, MA
September 2004 to February 2005

Triage, medical treatments, medication administration for incarcerated patients

Director of Client Services

Harvard Medical School-The Family Van - Boston, MA
September 2002 to September 2004

Restored mobile community and public health screening model
Enhanced data collection strategies, oversight of new staff recruitment, implemented new personnel policies and procedures
Created and implemented age-based prevention education based on community assessment and public health data
Evaluation of prevention strategies for both program and funders
Restored relationships with community-based health partners, philanthropic organizations and local health professions schools
Restored and implemented new quality control measures for mobile health screenings, updating protocols and securing CLIA licensure

Consultant

Harvard Medical School – The Family Van - Boston, MA
January 2002 to September 2004

Data analysis culminating in grant, report and newsletter writing
Identifying and securing new collaborative partners
Designing and implementing new community education and research projects

Director, Family Van

Beth Israel Deaconess Medical Center - Boston, MA
November 1997 to November 2001

Hiring, supervising and evaluation of program personnel including student interns, collaborative staff and volunteers
Leadership of the collaborative which includes staffs of seven community health centers including process and planning for activities to coordinate services for at-risk groups
Developing and administering operating and capital budgets including the analysis of annual expenses and cost controls
Strategic planning, grant writing and negotiation of in-kind support and donations

Manager of Health Education and Outreach Services

Mattapan Community Health Center - Mattapan, MA
September 1994 to October 1997

Created and coordinated the primary care and community service experiences of
Northeastern University Nursing and Boston University Medical students
Designed and implemented re-occurring health center based special projects including open houses, influenza and childhood vaccine and blood pressure clinics
Contract manager for Boston Public School's Medical Services Grant, including medical screenings and curriculum design and classroom implementation
Created and coordinated annual outreach initiative, "Takin'It to the Street" including outreach medical screenings, data collection and report writing

Specialty Clinic Coordinator (Lead Clinic) Public Health Nurse

Boston Childhood Lead Poisoning Prevention Program - Boston, MA

July 1990 to November 1993

Coordinated activities of the Lead Clinic including administration of medications, screening, assessment, and case management of all clinic patients (caseload high of 205)
Counseled and educated parents, health and childcare professionals on lead poisoning and its physiological effects on children and adults
Designed and implemented multiple lead poisoning and lead awareness education workshops for community residents in high-risk neighborhoods
Coordinated the clinical safety and efficacy trial of meso-2,3demercaptosuccinic acid (DMSA);duties included: participant identification and enrollment, informed consent and all data management activities

Boston City Hospital Pediatric Staff Nurse
· Brigham and Women's Hospital, Maternity/Newborn Nursery Staff Nurse

Education

AS in Nursing
honors Quincy College - Quincy, MA, US
2005

BS in Management
University of Massachusetts at Boston - Boston, MA, US
1990

Boston City Hospital School of Practical Nursing - Boston, MA, US
1983

Skills

- Experienced leader of responsive community based health care programs, models, projects
  Effective cross-cultural communicator
  Accomplished, expressive style leadership with exceptional motivating skills
- Project Implementation
- Healthcare Management

Casey Wade

I am a dependable, punctual, and detail oriented individual. I am very outgoing and work well with others while also working efficiently on my own. I love to learn and I pick up on things quickly. I am seeking a position where I can advance and excel while giving my best to an employer.

Experience

November 2014-Present Goodwin Community Health
Patient Advocate

As a Patient Advocate I assist patients with the following:
*Appointment Check-In
*Insurance Information
*Paperwork
*Client Questions

August 2014-Present Magna Home Cleaning Greenland, NH
Cleaning Technician

We travel to client's homes and businesses to clean and organize.

November, 2012-August, 2014 Salmon Falls Stoneware, Dover, NH
Sales Associate, Bookkeeper's Assistant and Factory Worker

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Waitress

In addition to serving, duties included cleaning and stocking the kitchen, bathrooms, dining room and patio. A severely sprained ankle was the reason for leaving.

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Waitress and Hostess

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Cashier and Scooper.

Aggie's was my first job. I worked there while going to high school and on summer vacations from the University of Southern Maine. I learned a lot about customer service and handling money. Eventually I decided to move on to waitress at Fogarty's.

Education

University of Southern Maine
(2009-2010)

York County Community College-Wells, Maine
Associate in Liberal Arts (2011-2013)

Skills:

Computer skills (Excel, Word)
Customer service skills

Appendix E

Program Staff List

New Hampshire Department of Health and Human Services

COMPLETE ONE PROGRAM STAFF LIST FOR EACH STATE FISCAL YEAR

Proposal Agency Name: Greater Seacoast Community Health
Program: Primary Care Services
Budget Period: July 1, 2024 - June 30, 2025

A	B	C	D	E	F	G	H
Position Title	Current Individual in Position	Projected Hrly Rate as of 1st Day of Budget Period	Hours per Week dedicated to this program	Amnt Funded by this program for Budget Period	Total Salary for Budget Period	% of Salary Funded by this program	Site*
Example:							
Program Coordinator	Sandra Smith	$21.00	40	$13,680	$43,680	31%	
Administrative Salaries							
						#DIV/0!	
						#DIV/0!	
						#DIV/0!	
						#DIV/0!	
						#DIV/0!	
Total Admin. Salaries				$0	$0	#DIV/0!	
Direct Service Salaries							
Primary Care Nurse	Shannon Lubbe	31	40	$64,480	$64,480	100%	Portsmouth
Primary Care Nurse	Vacant	33.5	20	$34,840	$34,840	100%	
Primary Care Nurse	Toni Williams	33.5	20	$34,840	$34,840	100%	Mobile Program
Social Worker	Bailey Morrison	21	40	$43,680	$43,680	100%	Portsmouth
Primary Care Nurse	Heather Langlais	33.75	24	$42,120	$42,120	100%	Somersworth
Quality Data Analyst	Megan Atkins	27.25	20	$28,340	$28,340	50%	All
Quality Registered Nurse	Robin Barber	31.5	20	$32,760	$32,760	50%	All
Social Worker	Lauren Haley	23	40	$47,840	$47,840	100%	Somersworth
Social Worker	Christopher Pond	34	20	$35,360	$35,360	50%	Somersworth
Social Worker	Vacant	21	40	$43,680	$43,680	100%	
Social Worker	Casey Carr	20.5	40	$42,640	$42,640	100%	Mobile Program
Total Direct Salaries				$450,580	$450,580	100%	
Total Salaries by Program				$450,580.00	$450,580.00	100%	

Please note, any forms downloaded from the DHHS website will NOT calculate. Forms will be sent electronically via e-mail to all programs submitting a Letter of Intent by the due date.
*Please list which site(s) each staff member works at, if your agency has multiple sites.

JUN02'22 AM11:22 RCVD

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

May 25, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into contracts with the Contractors listed below in an amount not to exceed $8,158,520 to increase access to integrated prevention and primary health care services for Women, Infants, Children and Adolescents, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through June 30, 2024. 10% Federal Funds. 90% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Amoskeag Health	157274-B001	Manchester	$1,529,850
Concord Hospital, Inc.	177653-B011	Concord	$658,569
Coos County Family Health Services, Inc.	155327-B001	Berlin	$731,721
Greater Seacoast Community Health	166629-B001	Somersworth	$1,232,685
HealthFirst Family Care Center, Inc.	158221-B001	Franklin	$597,648
Lamprey Health Care, Inc.	177677-R001	Newmarket	$1,112,527
Manchester Health Department	177433-B009	Manchester	$412,006
Mid-State Health Center	158055-B001	Plymouth	$640,823
Weeks Medical Center	177171-R001	Lancaster	$617,806
White Mountain Community Health Center	174170-R001	Conway	$624,885
		Total:	**$8,158,520**

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, and are anticipated to be available in State Fiscal Year 2024, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Department to increase access to integrated prevention and primary health care for the Maternal and Child Health (MCH) target population of women, infants, children and adolescents, and to address the maternal and youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

Approximately 194,940 individuals will be served from June 1, 2022 to June 30, 2024.

The Contractors will provide increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, and pregnant women and women of childbearing age, and must not exclude individuals who are uninsured; underinsured; and/or considered low-income. Integrated prevention and primary health care services are provided to individuals who may experience barriers to accessing health care due to issues such as lack of insurance, inability to pay, limited language proficiency and geographic isolation. The Contractors will integrate and coordinate access to medical, behavioral and social services by reducing barriers to care through an array of services such as care coordination, translation services, outreach, eligibility assistance, transportation, and health education.

The Department will monitor services through the following performance measures:

- Percent of infants who were ever breastfed.
- Percent of adolescents 12 to 21 years of age who had at least one (1) comprehensive well-care visit/comprehensive physical exam during the measurement year.
- Percent of postpartum women screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive screen, a follow-up plan is documented on the date of the positive screen.

The Department selected the Contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from January 14, 2022 through February 25, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Executive Council not authorize this request, the Department may be unable to ensure increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, pregnant women and women of childbearing age, and individuals who are uninsured; underinsured; considered low-income.

Source of Federal Funds: CFDA #93.994, FAIN B04MC45230

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

Respectfully submitted,

DocuSigned by:
Ann H. Landry
24BAB37ED8EB488...

Lori A. Shibinette
Commissioner

Maternal and Child Health in the Integrated Primary Care Setting
RFP-2022-DPHS-19-PRIMA
Fiscal Detail Sheet

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH

1. Amoskeag Health, Vendor # 157274-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$161,194
SFY 2023	102-500731	Contracts for Program Services	90080112	$684,328
SFY 2024	102-500731	Contracts for Program Services	90080112	$684,328
			Subtotal:	*$1,529,850*

2. Concord Hospital, Inc., Vendor # 177653-B011 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$26,343
SFY 2023	102-500731	Contracts for Program Services	90080112	$316,113
SFY 2024	102-500731	Contracts for Program Services	90080112	$316,113
			Subtotal:	*$658,569*

3. Coos County Family Health Services, Inc., Vendor # 155327-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$29,269
SFY 2023	102-500731	Contracts for Program Services	90080112	$351,226
SFY 2024	102-500731	Contracts for Program Services	90080112	$351,226
			Subtotal:	*$731,721*

4. Greater Seacoast Community Health, Vendor # 166629-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$49,307
SFY 2023	102-500731	Contracts for Program Services	90080112	$591,689
SFY 2024	102-500731	Contracts for Program Services	90080112	$591,689
			Subtotal:	*$1,232,685*

5. Health First Family Care Center, Vendor # 158221-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$23,906
SFY 2023	102-500731	Contracts for Program Services	90080112	$286,871
SFY 2024	102-500731	Contracts for Program Services	90080112	$286,871
			Subtotal:	*$597,648*

6. Lamprey Health Care, Inc., Vendor # 177677-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$44,501
SFY 2023	102-500731	Contracts for Program Services	90080112	$534,013
SFY 2024	102-500731	Contracts for Program Services	90080112	$534,013
			Subtotal:	*$1,112,527*

7. Manchester Health Dept. Vendor #177433-B009 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$16,480
SFY 2023	102-500731	Contracts for Program Services	90080112	$197,763
SFY 2024	102-500731	Contracts for Program Services	90080112	$197,763
			Subtotal:	*$412,006*

8. Mid-State Health Center, Vendor # 158055-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$25,633
SFY 2023	102-500731	Contracts for Program Services	90080112	$307,595
SFY 2024	102-500731	Contracts for Program Services	90080112	$307,595
			Subtotal:	*$640,823*

9. Weeks Medical Center, Vendor # 177171-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,712
SFY 2023	102-500731	Contracts for Program Services	90080112	$296,547
SFY 2024	102-500731	Contracts for Program Services	90080112	$296,547
			Subtotal:	*$617,806*

10. White Mountain Community Health Center, Vendor # 174170-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,995
SFY 2023	102-500731	Contracts for Program Services	90080112	$299,945
SFY 2024	102-500731	Contracts for Program Services	90080112	$299,945
			Subtotal:	*$624,885*
			TOTAL:	**$8,158,520**

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFP-2022-DPHS-19-PRIMA

Project Title Maternal and Child Health Care in the Integrated Primary Care Setting

	Maximum Points Available	Amoskeag Health	City of Manchester Health Department	Concord Hospital Family Health Center	Coos County Family Health Services	Greater Seacoast Community Health	HealthFirst Family Care Center Inc	Lamprey Healthcare	Mid-State Health	Weeks Medical Center	White Mountain Community Health Center
Technical											
Primary Care Services (Q1)	30	28	24	25	23	29	25	25	28	25	28
Social Determinants of Health (Q2)	20	20	18	13	18	20	18	15	18	15	18
Enabling Service Initiatives (Q3)	20	20	18	14	18	19	18	13	19	18	16
Quality Improvement Projects (Q4)	20	20	20	12	17	18	18	17	15	18	16
Staffing (Q5)	5	3	3	3	3	5	4	2	4	3	3
and Training Plan (Q6)	5	4	3	3	3	5	4	5	4	4	2
Technical Score*	**100**	**95**	**86**	**70**	**82**	**96**	**87**	**77**	**88**	**83**	**83**
TOTAL SCORE	**100**	**95**	**86**	**70**	**82**	**96**	**87**	**77**	**88**	**83**	**83**

**Minimum Passing Technical Score = 70 of 100 possible points.*

	Reviewer Name	Title
1	Rhonda Siegel	Administrator
2	Shari Campbell	Program Specialist III
3	Erica Tenney	Program Coordinator
4	Lisa Storez	Public Health Nurse Consultant
5	Ellen Stickney	Public Health Nurse Coordinator

FORM NUMBER P-37 (version 12/11/2019)

Subject: Maternal and Child Health Care in the Integrated Primary Care Setting (RFP-2022-DPHS-19-PRIMA-05)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Greater Seacoast Community Health		1.4 Contractor Address 311 Route 108 Somersworth, NH 03878	
1.5 Contractor Phone Number (603) 841-2350	1.6 Account Number 05-95-90-902010-5190	1.7 Completion Date June 30, 2024	1.8 Price Limitation $1,232,685
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Janet Laatsch Date: 5/17/2022		1.12 Name and Title of Contractor Signatory Janet Laatsch CEO	
1.13 State Agency Signature DocuSigned by: Iain Watt Date: 5/18/2022		1.14 Name and Title of State Agency Signatory Iain Watt Deputy Director - DPHS	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By: Director, On:			
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Robyn Guarino On: 5/24/2022			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number: G&C Meeting Date:			

Contractor Initials DS
Date 5/17/2022

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials JL

Date 5/17/2022

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

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

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

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

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

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

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

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of the

Contractor Initials JL

Date 5/17/2022

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation")*.

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

Contractor Initials DS

Date 5/17/2022

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall increase access to integrated healthcare for the Maternal and Child Health (MCH) target population of Women, Infants, Children and Adolescents from birth to 21 years of age, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

1.2. The Contractor shall provide and increase access to healthcare for New Hampshire Infants, Children and Adolescents from birth to 21 years of age, and Pregnant Women and Women of Childbearing age, and must not exclude individuals who are:

1.2.1. Uninsured.

1.2.2. Underinsured.

1.2.3. Considered low-income defined as less than 185% of the U.S. Department of Health and Human Services (US DHHS) Poverty Guidelines.

1.2.4. Lacking housing, including individuals whose primary residence during the night is a supervised public or private facility, such as a shelter, that provides temporary living accommodations.

1.2.5. Residing in transitional housing.

1.2.6. Unable to maintain their housing situation.

1.2.7. Forced to stay with a series of friends and/or extended family members, hence are considered homeless.

1.2.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

1.3. The Contractor shall provide integrated preventative and primary health care services to the populations in Subsection 1.2 above, which must include:

1.3.1. Behavioral health care;

1.3.2. Prenatal care either on site or by referral;

1.3.3. Care management; and

1.3.4. Enabling services.

1.4. The Contractor shall provide eligibility determination services that include, but are not limited to:

1.4.1. Notifying the Department in writing if/when access to primary care services for new patients is limited or closed for more than thirty (30)

consecutive business days or any sixty (60) non-consecutive business days.

1.4.2. Assisting individuals with completing a Medicaid/Expanded Medicaid and/or other health insurance applications.

1.4.3. Maximizing billing to private and commercial insurances for all reimbursable services rendered.

1.4.4. Posting a public notice in a conspicuous location specifying that no individual will be denied services due to inability to pay.

1.4.5. Developing and implementing a sliding fee scale for services in accordance with the Federal Poverty Guidelines and providing the sliding fee scale to the Department upon request.

1.5. The Contractor shall ensure primary care services are provided by a New Hampshire licensed:

1.5.1. Medical Doctor (MD);

1.5.2. Doctor of Osteopathic Medicine (DO);

1.5.3. Advanced Practice Registered Nurse (APRN); and/or

1.5.4. Physician Assistant (PA) to eligible individuals in the service area.

1.6. The Contractor shall provide services in an office-based setting which may include, but is not limited to:

1.6.1. Federally Qualified Health Centers (FQHCs) and/or Rural Health Clinics.

1.6.2. School Based Health Clinics.

1.6.3. Mobile Care Delivery Services.

1.7. The Contractor shall ensure services include, but are not limited to:

1.7.1. Reproductive health services.

1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral.

1.7.3. Preventive primary care services for women, infants, children and adolescents, including screenings and health education in accordance with established, documented state or national guidelines and evidence based practices.

1.7.4. Integrated behavioral health services.

1.7.5. Assessment of need and follow-up/referral as indicated for:

1.7.5.1. Tobacco cessation, including referral to programs such as QuitWorks-NH (http://www.QuitWorksNH.org);

1.7.5.2. Social services that address Social Determinants of Health (SDOH);

1.7.5.3. Chronic Disease management, including disease specific referral and self-management education such as referral to Diabetes Self-Management Education (DSME) as recommended by American Diabetes Association (ADA);

1.7.5.4. Nutrition services, including Women, Infants and Children (WIC) Food and Nutrition Service, as appropriate;

1.7.5.5. Screening, Brief Intervention and Referral to Treatment (SBIRT) services; and

1.7.5.6. Referrals to any specialists as needed that are not offered on site, including home visiting services and oral health.

1.8. The Contractor shall provide and facilitate enabling services to all individuals served with special emphasis given to the MCH population of women and infants, children and adolescents from birth to 21 years of age. Enabling services must include at a minimum:

1.8.1. Case management;

1.8.2. Benefit counseling and/or eligibility assistance;

1.8.3. Health education and supportive counseling; and

1.8.4. Language interpretation, outreach, transportation and education of patients and the community regarding the availability and appropriate use of health services.

1.9. The Contractor shall ensure management services for individuals enrolled for primary care services include, but are not limited to:

1.9.1. Integrated and coordinated services that ensure patients receive necessary care, including behavioral health and oral care when and where it is needed and wanted; and in a culturally and linguistically appropriate manner; and

1.9.2. Direct access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, by referral or subcontract.

1.10. The Contractor shall develop, define, facilitate and implement a minimum of two (2) enabling services initiatives and enabling services initiative work plans that focus on the Title V MCH Block Grant population of women, infants, children and adolescents, as follows:

1.10.1. Initiative One (1) – Screening and Referrals for SDOH, in accordance with Attachment #1; and

1.10.2. Initiative Two (2) – Increase Referrals to Home Visiting Programs for Qualifying Children, in accordance with Attachment #2.

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1.11. The Contractor shall monitor, update and implement each enabling services initiative work plan in accordance with Attachment #3 – Reporting Requirements Calendar.

1.12. The Contractor shall develop, define, facilitate and implement a minimum of two (2) quality improvement (QI) projects, which must consist of systematic and continuous actions that lead to measurable improvements in health care services and the health status of all individuals served, including:

1.12.1. QI Project One (1): Adolescent Well Child Visits, in accordance with Attachment #4; and

1.12.2. QI Project Two (2): Breastfeeding, in accordance with Attachment #5.

1.13. The Contractor shall monitor, update and implement the work plans for each QI project in accordance with Attachment #3 – Reporting Requirements Calendar.

1.14. The Contractor shall attend in-person and/or virtual meetings and trainings facilitated by the Department, which include, but are not limited to:

1.14.1. MCH Agency Directors' Meetings scheduled by the Department on an as-needed basis.

1.14.2. MCH Primary Care Coordinators' Meetings up to two (2) times per year, which may require attendance by selected Vendor(s) quality improvement and clinical staff.

1.15. The Contractor shall ensure all services in this Exhibit B, Scope of Services, are provided by qualified health and allied health professionals.

1.16. The Contractor shall provide supporting documentation to the Department that verifies staff hours funded under the Agreement that may include, but is not limited to, timecards.

1.17. The Contractor shall ensure all health and allied health professionals possess and maintain the appropriate and current New Hampshire licenses whether directly employed, contracted or subcontracted.

1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator or staff person essential to providing services. The Contractor shall ensure notification:

1.18.1. Is provided to the Department no later than thirty business (30) days from the date of hire; and

1.18.2. Includes a copy of the newly hired individual's resume.

1.19. The Contractor shall notify the Department in writing when:

1.19.1. Any critical position is vacant for more than thirty (30) business days;

1.19.2. There is not adequate staffing to perform all required services for any

period lasting more than thirty (30) consecutive business days or any sixty (60) non-consecutive business days.

1.20. The Contractor shall ensure that all employees and subcontractors providing direct services to clients under this Agreement have undergone a criminal background check and have no convictions for crimes that represent evidence of behavior that could endanger clients served under this Agreement.

1.21. The Contractor shall permit an individual, or team or individuals, authorized by the Department to schedule and conduct periodic virtual and/or on-site reviews of documentation related to contracted services, including:

1.21.1. Administration;

1.21.2. Data collection and submission;

1.21.3. Clinical and financial management; and

1.21.4. Delivery of education services.

1.22. The Contractor shall ensure the information needed by the Department to conduct virtual and/or on-site reviews is available, which may include, but is not limited to:

1.22.1. Client records.

1.22.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

1.23. The Contractor shall adhere to any corrective action plans issued by the Department should virtual and/or on-site reviews yield results that services provided are not in compliance with the Agreement. Any corrective action plans shall not prevent the Department from taking action under paragraph 8, Event of Default/Remedies and paragraph 9, Termination, of the General Provisions, Form P-37, of the Agreement.

1.24. The Contractor shall actively and regularly collaborate with the Department to enhance contract management and improve results.

1.25. The Contractor may be required to collect and share other key data and metrics with the Department, including client-level demographic, performance, and service data, in a format specified by the Department.

1.26. Reporting

1.26.1. The Contractor shall collect and submit the data and reports as specified in Attachment #3 – Reporting Requirements Calendar to the Department. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include but is not limited to:

1.26.1.1. Uniform Data System (UDS) outcomes.

1.26.1.2. Performance Measure outcomes.

1.26.1.3. Work plan for each Enabling Service Initiative.

1.26.1.4. Work Plan for each QI Project.

1.27. Performance Measures

1.27.1. The Contractor shall report data on the Performance Measures in Appendix F at regular intervals as specified in Appendix G – Reporting Requirements Calendar, utilizing Appendix K – DTT-PC2022 Template.

1.27.2. The Contractor shall meet or exceed their proposed goals and objectives for the required Performance Measures in Attachment #6. Should the Contractor not meet or exceed their goals, the Contractor shall submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment #7 – Performance Measure Outcome Report Template, at reporting intervals as specified in Appendix G – Reporting Requirements Calendar.

1.27.3. The Department may identify other performance measures in the resulting Agreement.

2. Exhibits Incorporated

2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

3.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

3.4. Operation of Facilities: Compliance with Laws and Regulations

3.4.1. In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental

license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

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

4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate, provided

however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 10% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration, CFDA #93.994, FAIN B04MC45230.
   1.2. 90% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget through Exhibit C-3, Budget.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
   4.3. Identifies and requests payment for allowable costs incurred in the previous month.
   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

   8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

      8.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

      8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

      8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

   8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

      8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

   8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

New Hampshire Department of Health and Human Services *Complete one budget form for each budget period.* **Contractor Name:** *Greater Seacoast Community Health* **Budget Request for:** *Primary Care* **Budget Period** *date of G&C - 6/30/22* **Indirect Cost Rate (if applicable)** 0.00%	
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$40,738
2. Fringe Benefits	$8,569
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$49,307
Total Indirect Costs	$0
TOTAL	**$49,307.00**

Contractor Initials DS

Date 5/17/2022

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *Greater Seacoast Community Health*

Budget Request for: *Primary Care*

Budget Period *SFY23*

Indirect Cost Rate (If applicable) 0.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$485,628
2. Fringe Benefits	$106,061
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$591,689
Total Indirect Costs	$0
TOTAL	**$591,689.00**

Contractor Initials DS

Date 5/17/2022

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *Greater Seacoast Community Health*

Budget Request for: *Primary Care*

Budget Period *SFY24*

Indirect Cost Rate (if applicable) 0.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$485,628
2. Fringe Benefits	$106,061
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$591,689
Total Indirect Costs	$0
TOTAL	**$591,689.00**

Contractor Initials DS

Date 5/17/2022

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
   - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
   - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
     - 1.2.1. The dangers of drug abuse in the workplace;
     - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
     - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
     - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
   - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
     - 1.4.1. Abide by the terms of the statement; and
     - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
   - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Vendor Name:

5/17/2022
Date

DocuSigned by:
Janet Laatsch
Name: Janet Laatsch
Title: CEO

CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Vendor Name:

DocuSigned by:
Janet Laatsch

5/17/2022
Date

Name: Janet Laatsch
Title: CEO

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

DocuSigned by:
Janet Laatsch

5/17/2022
Date

Name: Janet Laatsch
Title: CEO

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

New Hampshire Department of Health and Human Services
Exhibit G

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

DocuSigned by:
Janet Laatsch

5/17/2022
Date

Name: Janet Laatsch
Title: CEO

New Hampshire Department of Health and Human Services
Exhibit H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

5/17/2022
Date

DocuSigned by:
Janet Laatsch
Name: Janet Laatsch
Title: CEO

Contractor Initials JL
Date 5/17/2022

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) **Definitions**.

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

Contractor Initials JL

Date 5/17/2022

l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH
Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:
   I. For the proper management and administration of the Business Associate;
   II. As required by law, pursuant to the terms set forth in paragraph d. below; or
   III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) **Obligations and Activities of Business Associate.**

a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person used the protected health information or to whom the disclosure was made;
- Whether the protected health information was actually acquired or viewed
- The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.

d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services	Greater Seacoast Community Health
The State	Name of the Contractor
Iain Watt	Janet Laatsch
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Janet Laatsch
Name of Authorized Representative	Name of Authorized Representative
Deputy Director - DPHS	CEO
Title of Authorized Representative	Title of Authorized Representative
5/18/2022	5/17/2022
Date	Date

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

DocuSigned by:
Janet Laatsch

5/17/2022
Date

Name: Janet Laatsch
Title: CEO

DS
Contractor Initials

5/17/2022
Date

New Hampshire Department of Health and Human Services
Exhibit J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 020304203

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   X NO _____ YES

   If the answer to #2 above is NO, stop here

   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____ YES

   If the answer to #3 above is YES, stop here

   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

   Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

DS

Contractor Initials _____

5/17/2022

Date _____

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third-party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

Attachment #1 – Screening and Referrals for SDOH

Enabling Services Work Plan Agency Name: Greater Seacoast Community Health Name and Role of Person(s) Completing Work Plan: Jess Garlough, Director of Family and Social Services			
Enabling Services Focus Area: Social Determinates of Health Screening			
Project Goal: Assist clients in accessing additional supportive services and programs identified in SDOH screenings.			
Project Objective: Increase the number of patients 20 and over who are screened for SDOH when registered as a new patient. This will increase the screenings from 0% to 75% by August 2022.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each Activity)	Evaluation Plans (list as needed for each Activity)	Timeline for Activity (estimated timeline for the duration of each Activity)
Fill open social work position that will be part of the team responsible for screening social work intake form of New Patients (includes SDOH).	Human resources will complete posting and recruitment of full-time open position. Social Work Manager will be responsible for hiring and training new staff.	Social work manager will have weekly check-ins with the human resources recruiter on candidates and plan for recruitment efforts as needed.	Expected to fill and onboard position by May 2022
Create a new patient questionnaire with SDOH to screen patients for potential social service needs.	Social work team will work with the clinical team and front office staff to implement workflow where new patients are given screening tool.	Social Work Manager will audit at least ten new patient charts monthly to see if the screening tool is completed. The social work manager will report any lapses in screening to the front office manager for appropriate workflow adjustment, follow-up, and re-training as needed.	April 2022
Train social work staff to utilize the SDOH screening tool available in EMR (using.SDOH quick text) while seeing patients for non-urgent visits the first time.	Front office manager and patient experience manager will work together to create the most effective workflow for patient engagement and return rates.	Social Work Manager will audit social work visits to ensure this is completed. Appropriate follow-up as needed.	May 2022

Attachment #1 – Screening and Referrals for SDOH

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Social Determinates of Health Screening Project Objective: Increase the number of patients 20 and over who are screened for SDOH when registered as a new patient. This will increase the screenings from 0% to 75% by August of 2022.	
July 2022 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the Objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** ____Yes ____No	
January 2023 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your Objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** ____Yes ____No	

Attachment #1 – Screening and Referrals for SDOH

July 2023 Project Update **SFY23 Outcome** (insert your organization's data/outcome results here for 7/1/22-6/30/23).	
Did you meet your Target/Objective?	____Yes ____No
July 2023 Project Update **SFY23 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2023 Project Update **SFY23 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the Objective. If revisions need to be made to your work plan, please revise and resubmit to the Department for review and/or approval.	

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Attachment #1 – Screening and Referrals for SDOH

Work Plan Revisions submitted: ____Yes ____No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update **SFY24 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2024 Project Update **SFY24 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment #2 – Increase Referrals to Home Visiting Programs for Qualifying Children

Enabling Services Work Plan Agency Name: Greater Seacoast Community Health Name and Role of Person(s) Completing Work Plan: Jess Garlough, Director of Family and Social Services			
Enabling Services Focus Area: Increase the referrals for qualifying children to home visiting programs.			
Project Goal: To increase families' connections in need of supportive services and early supports.			
Project Objective: Increase the home visiting referrals for adolescents 21 and under made by GSCH. Agency will collect data from March 2022 through July 2022 to collect baseline data. Goal targets will be set in July 2022 going forward.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each Activity)	Evaluation Plans (list as needed for each Activity)	Timeline for Activity (estimated timeline for the duration of each Activity)
Reach out to Strafford County Community Action Program (CAP) to confirm the most up-to-date referral process for client referrals.	Director of family and social services will outreach to the CAP family and child services director to coordinate.	Updated forms will be shared with social work, prenatal, and primary care teams. Education at staff meetings, primary care team meetings, and staff updates will be done to remind staff of the importance of referrals.	Outreach to CAP for updated materials – March 2022 Outreach to staff and continued education on referral process – April 2022
Update workflow for internal referrals to go through the social work department.	Director of family and social services will work with the social work manager to coordinate new internal workflow.	New workflow will be discussed at each monthly clinical staff meeting. Team social workers will discuss with their pods as well.	April 2022
Social worker team will update brochures and materials in clinical sites that offer benefits of home visiting programs.	Director of family and social services will outreach to local agencies for brochures and materials.	Materials will be distributed to CHOW worker and the social work team for distribution and display at sites.	April 2022
Internal workflow and integration of the family resource center's home visiting program will continue.	Director of family and social services will continue to work with the family center manager and staff to increase visibility and "warm hand-offs" to clients while in the center.	Increase integration of family center staff into clinical processes and departments, thus increasing referrals and expanded services.	April 2022

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Attachment #2 – Increase Referrals to Home Visiting Programs for Qualifying Children

Increase awareness with clinical staff and other programs that home visits can be referred from prenatal to age 21.	Director of family and social services, family center manager, and social work manager	Progress will be reviewed monthly via continuous quality improvement reports.	Monthly starting in April 2022

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Increase the referrals for qualifying children to home visiting programs. Project Objective: Increase the home visiting referrals for adolescents 21 and under made by GSCH. Agency will collect data March 2022 through July 2022 to collect baseline data. Goal targets will be set in July 2022 going forward.	
July 2022 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation	

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Attachment #2 – Increase Referrals to Home Visiting Programs for Qualifying Children

plans or timeline? • Please give a brief update on your progress in meeting the Objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** ____Yes ____No	
January 2023 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your Objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** ____Yes ____No	
July 2023 Project Update **SFY23 Outcome** (insert your organization's data/outcome results here for 7/1/22-6/30/23).	
Did you meet your Target/Objective?	____Yes ____No
July 2023 Project Update **SFY23 Narrative**: If met--Explain what happened during the year that contributed to the success.	

Attachment #2 – Increase Referrals to Home Visiting Programs for Qualifying Children

If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2023 Project Update **SFY23 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the Objective. If revisions need to be made to your work plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** _____Yes ____No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update	

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Attachment #2 – Increase Referrals to Home Visiting Programs for Qualifying Children

SFY24 Narrative: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2024 Project Update **SFY24 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

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Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 23 (July 1, 2022-June 30, 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
SFY 24 (July 1, 2023 – June 30, 2024)	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #4 – Adolescent Well Child Visits

Quality Improvement Work Plan Agency Name: Greater Seacoast Community Health Name and Role of Person(s) Completing Work Plan: Megan Atkins, Data Analyst & Tonya Ames, Clinical Director			
MCH Performance Measure: Adolescent Well Child Visits- Percent of children ages 12 through 21 who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year.			
Project Objective: Increase the number of adolescents with a well child visit within the last year from 58% (baseline January 2022) to 65% by January 2023 and 68% by January 2024.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each Activity)	Evaluation Plans (list as needed for each Activity)	Timeline for Activity (estimated timeline for the duration of each Activity)
Proactive annual reminder letters for WCC and immunizations	Administrative staff to send letters	Progress is to be reviewed monthly by the continuous quality improvement (CQI) Committee, CEO, clinical director, and board of directors	Ongoing
Letters for patients turning 18 years old offering support transitioning to adult care (including insurance assistance, social workers, etc.)	Administrative staff to send letters, social workers to help with obtaining resources, insurance assisters to help transition to adult insurance	Progress is to be reviewed monthly by the CQI Committee, CEO, clinical director, and board of directors	Ongoing
Utilize technology to send reminders (emails & text messages)	IT to set up email & text reminders system, administrative staff to upload reports into the reminder system	Progress is to be reviewed monthly by the CQI Committee, CEO, clinical director, and board of directors	Ongoing
Advertise and assist with obtaining insurance company patient incentives for completing yearly physicals	Marketing department to create advertising, administrative staff to help with paperwork required, insurance company provider representatives for materials	Progress is to be reviewed monthly by the CQI Committee, CEO, clinical director, and board of directors	Ongoing
Generate recall list using new scheduling system to ensure timely appointment scheduling	Administrative staff to enter recalls into the scheduling system and follow up on recall reports by	Progress is to be reviewed monthly by the CQI Committee, CEO, clinical director, and board	Ongoing

Attachment #4 – Adolescent Well Child Visits

	outreaching to patients	of directors Audits will be performed to ensure the recall list is accurate and beneficial.	
Prize drawing for adolescents who have their school physical prior to the start of the school year	Clinical management to obtain funding for a prize, administrative staff to assist with the drawing, marketing department to create advertising	Progress is to be reviewed monthly by the CQI Committee, CEO, clinical director, and board of directors	Summer-Fall 2022 and Summer-Fall 2023

QI Work Plan Progress Report Performance Measure: Percent of children ages 12 through 21 who had at least one comprehensive well care visit with a PCP or OB/GYN practitioner during the measurement year. Project Objective: Increase number of adolescents with a well child visit within the last year from 58% to 65% by January 2023 and to 68% by January 2024.	
July 2022 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your Objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
January 2023 Progress Report— • Are you on track with the work plan as submitted?	

Attachment #4 – Adolescent Well Child Visits

• Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your Objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2023 Project Update **SFY23 Outcome** (insert your agency's data/outcome results here for 7/1/22-6/30/23)	
Did you meet your Target/Objective?	____Yes ____No
July 2023 Project Update **SFY23 Narrative:** If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** ____Yes ____No	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your	

Attachment #4 – Adolescent Well Child Visits

progress in meeting your Objective. If revisions need to be made to your work plan, please revise and resubmit. **Work plan Revisions submitted:** _____Yes ____No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update **SFY24 Narrative:** If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year	

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Attachment #5 – Breastfeeding

Quality Improvement Work Plan Agency Name: Greater Seacoast Community Health Name and Role of Person(s) Completing Work Plan: Megan Atkins, Data Analyst & Tonya Ames, Clinical Director			
MCH Performance Measure: Breastfeeding- Percentage of infants ever breastfed or received breast milk who were born during the measurement year.			
Project Objective: Increase the number of infants who have received breast milk from 71% (baseline December 2021) to 77% by January 2023 and 80% by January 2024.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each Activity)	Evaluation Plans (list as needed for each Activity)	Timeline for Activity (estimated timeline for the duration of each Activity)
Start group zoom classes with lactation counselor for prenatal and postpartum patients	Certified lactation counselor to teach classes, IT for Zoom assistance, the marketing department for developing marketing materials and advertising on social media	Progress is to be reviewed monthly by the continuous quality improvement (CQI) Committee, CEO, director of family and social services, and board of directors	Start March 2022, then ongoing
New breastfeeding lounge in Portsmouth and Somersworth locations	Clinical management to request space, space utilization planning group to decide where to locate the lounges, social workers to promote lounges, WIC to promote lounges	Progress is to be reviewed monthly by the CQI Committee, CEO, director of family and social services, and board of directors A log will track the number of patients utilizing the rooms.	Start March 2022, then ongoing
Advertise breastfeeding lounges and Zoom classes across sites	Marketing department to create marketing materials and social media posts, prenatal and primary care staff to promote classes and lounge and hang marketing materials in exam rooms, social workers to promote classes and lounge, WIC to promote classes and lounge	Progress is to be reviewed monthly by the CQI Committee, CEO, director of family and social services, and board of directors	March 2022, then ongoing
Annual and as needed clinical	Clinical management to ensure	Progress is to be reviewed	Annually and as needed

Attachment #5 – Breastfeeding

EMR documentation and metric training	yearly training, clinical staff to attend training, QI staff to develop a standardized training program	monthly by the CQI Committee, CEO, director of family and social services, and board of directors. Quarterly audits will be performed to identify documentation issues in the EMR.	
Add breastfeeding question to birth record QuickText for preloading of records	IT to add to QuickText, medical records to use QuickText for preloading old records, clinical staff to use QuickText for preloading of birth records	Progress is to be reviewed monthly by the CQI Committee, CEO, director of family and social services, and board of directors. Quarterly audits will be performed to identify documentation issues in the EMR.	February 2022, then ongoing
Partner with WIC to identify breastfed infants who are patients and enter data into EMR	Clinical management to partner with WIC, WIC to screen patients and report results of breastfeeding measure, medical records to preload results into EMR	Progress is to be reviewed monthly by the CQI Committee, CEO, director of family and social services, and board of directors	February 2022, then ongoing

QI Work Plan Progress Report Performance Measure: Percentage of infants ever breastfed or received breast milk who were born during the measurement year Project Objective: Increase number of infants who have received breast milk from 71% to 77% by January 2023 and to 80% by January 2024.	
July 2022 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline?	

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Attachment #5 – Breastfeeding

• Please give a brief update on your progress in meeting your Objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
January 2023 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your Objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
July 2023 Project Update **SFY23 Outcome** (insert your agency's data/outcome results here for 7/1/22-6/30/23)	
Did you meet your Target/Objective?	____Yes ____No
July 2023 Project Update **SFY23 Narrative**: If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year	

Attachment #5 – Breastfeeding

Work Plan Revisions submitted: ____Yes ____No	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your Objective. If revisions need to be made to your work plan, please revise and resubmit. **Work plan Revisions submitted:** ____Yes ____No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update **SFY24 Narrative**: If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year	

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Attachment #6 – Performance Measures

1. Definitions

1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. Percent of infants who are ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Testing

This measure will be broken down in to two age based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months (NH MCHS).

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Attachment #6 – Performance Measures

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

2.2.1.2. Denominator: All children who turned twenty-four months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months (NH MCHS).

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents, twelve (12) through twenty-one (21) years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients ages twelve (12) and older screened for clinical depression using an age appropriate standardized depression screening tool on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

Attachment #6 – Performance Measures

2.4.1.3. Denominator: All patients twelve (12) years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose

and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Adult Measure

2.5.1. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period **AND** if the most recent BMI is outside of normal parameters, a follow-up plan is documented (NQF 0421, UDS):

2.5.1.1. Normal parameters: BMI ≥ 18.5 and < 25.

2.5.1.2. Numerator: Patients with BMI calculated within the measurement year or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

Child/Adolescent Measure

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS):

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting

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year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year **AND** who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: Number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco at least one within the past twelve (12) months AND received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least two (2) medical visit during the measurement year, OR 1 preventative visit

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

Attachment #6 – Performance Measures

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) –Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adult Measure

2.7.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

Adolescent Measure

2.7.2. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: All patients aged 12-17 years during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.7.2.4. Definitions:

2.7.2.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.2.4.2. Brief Intervention: Includes guidance or counseling.

2.7.2.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

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Attachment #6 – Performance Measures

2.7.3. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.3.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services

2.7.3.2. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.3.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8 Developmental Screening Measure

Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months (NH MCHS)

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and who had at least (1) medical visit during the measurement year

Attachment #7 – Performance Measure Outcome Report Template

Instructions for completing this Performance Measure Outcome Report (PMOR):
The Performance Measure Outcome Report (PMOR) is to be completed by your agency and emailed to shari.campbell@dhhs.nh.gov at the intervals specified on the Reporting Calendar.

Please complete the Narrative and Plan for Improvement sections for any of the following measures where your agency did not meet your agency target for the reporting period (July 1, 20XX – June 30, 20XX).

Performance measures:

- Breastfeeding
- Lead Screening for 1 Year Olds
- Lead Screening for 2 Year Olds
- Adolescent well care visit
- Depression screening and follow up plan if positive screening, 12 years and older
- Maternal Depression Screening
- Adults with documented BMI and follow-up plan if BMI outside of normal range
- Children 3-17 with documented BMI, nutrition counseling and physical activity counseling
- Adult tobacco screening and cessation counseling intervention for smokers
- Prenatal Tobacco screening each trimester and cessation counseling intervention for smokers
- SBIRT, Adults
- SBIRT, Adolescents
- SBIRT, Pregnant Women
- Developmental Screening-M-CHAT

* Note: Not met performance measures that have been addressed by your agency SFYXX Work Plan are excluded from this report. For example, the PMOR will omit Adolescent Visit measure for Primary Care Services

1. The Narrative section is to explain what happened during the year i.e. why measure was not met, what barriers/challenges your agency faced, describe any improvement activities that took place during the year to correct along the way, etc.

2. The Plan for Improvement section is to describe what steps your agency will take to achieve your agency target in SFYXX i.e. describe your strategy (PDSA), what will you plan to do differently etc.

3. Please email your completed PMOR **Shari Campbell at shari.campbell@dhhs.nh.gov by the dates indicated in the Reporting Calendar.** If you have any questions about completing this document, please contact Jannell Levine at Jannell.E.Levine@dhhs.nh.gov or 603-856-6449.

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Attachment #7 – Performance Measure Outcome Report Template

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____ **Agency Outcome:** ___% **Agency Target:** ___%
Narrative for Not Meeting Target:
Plan for Improvement:

Performance Measure Name: _____ **Agency Outcome:** ___% **Agency Target:** ___%
Narrative for Not Meeting Target:
Plan for Improvement:

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Attachment #7 -- Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Please copy above pages/sections as needed to complete for all not met measures.

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State of New Hampshire
Department of Health and Human Services
Amendment #1

This Amendment to the Maternal and Child Health Care in the Integrated Primary Care Setting contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and HealthFirst Family Care Center, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 15, 2022 (Item #32), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2025

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $862,285

3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:

   Robert W. Moore, Director

4. Modify Exhibit B, Scope of Services, Section 1.3.2., to read:

   1.3.2. Prenatal care either on site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data related to prenatal performance measures.

5. Modify Exhibit B, Scope of Services, Section 1.7.2., to read:

   1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data relating to prenatal performance measures to the Department.

6. Modify Exhibit B, Scope of Services, Section 1.10.1. through Section 1.10.2., to read:

   1.10.1. Initiative One (1) – Screening and Referrals for SDOH; and

   1.10.2. Initiative Two (2) – Contractor's choice, which must focus on enabling services.

7. Modify Exhibit B, Scope of Services, Section 1.12.1. through Section 1.12.2., to read:

   1.12.1. QI Project One (1): Increasing Adolescent Well Visits; and

   1.12.2. QI Project Two (2): Increasing post-partum clinical depression screening of women within the first 12 weeks after delivering.

8. Modify Exhibit B, Scope of Services, Section 1.18., to read:

   1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator, or staff person essential to providing services and/or any personnel changes to these positions. The Contractor shall ensure notification:

      1.18.1. Is provided to the Department no later than thirty (30) business days from the date of hire or personnel change; and

      1.18.2. Includes a copy of the new staff individual's resume as well as an updated

staffing list.

9. Modify Exhibit B, Scope of Services, by adding Section 1.28., to read:

   1.28. The Contractor shall provide de-identifiable patient level data on the integrated and primary health care services provided, as specified in Subsection 1.3., and Section 1.26. Reporting.

10. Modify Exhibit C, Payment Terms, Section 1.1. through Section 1.2., to read:

    1.1. 14% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.994, FAIN B04MC45230, and as awarded on October 27, 2022, ALN 93.994, FAIN B04MC47432.

    1.2. 86% General funds.

11. Modify Exhibit C, Payment Terms, Section 3., to read:

    3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget Sheet through Exhibit C-4, Budget Sheet, Amendment #1.

12. Modify Exhibit C, Payment Terms, Section 4.3., to read:

    4.3. Identifies and requests payment for allowable costs incurred in the previous month. Allowable costs are costs incurred that specifically supports only New Hampshire Infants, Children and Adolescents from birth to 21 years of age, Pregnant Women, and Women of Childbearing age.

13. Modify Add Exhibit C, Payment Terms, by adding Section 4.7., to read:

    4.7. Includes budget line items that are used exclusively for serving the Maternal and Child Health population and invoicing must clearly state how the incurred expenses benefited this specific patient population.

14. Modify Attachment 3, Reporting Calendar, by replacing it in its entirety with Attachment 3, Amendment #1, Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

15. Modify Attachment 6, Performance Measures, by replacing it in its entirety with Attachment 6, Amendment #1 – SFY 2025 Performance Measures, which is attached hereto and incorporated by reference herein.

16. Modify Attachment 7, Performance Measure Outcome Report (PMOR), by replacing it in its entirety with Attachment 7, Amendment #1, Performance Measure Outcome Report (PMOR), which is attached hereto and incorporated by reference herein.

17. Add Attachment 8, Amendment #1, DTT – MCH in the Integrated Primary Care Setting Template, which is attached hereto and incorporated by reference herein.

18. Add Exhibit C-4, Budget Sheet, Amendment #1, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2024, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

5/1/2024
Date

DocuSigned by:
Iain Watt
D778B863F9704C7...
Name: Iain Watt
Title: Interim Director - DPHS

HealthFirst Family Care Center, Inc

4/25/2024
Date

DocuSigned by:
Ted Bolognani
104BDBE5E2E448C...
Name: Ted Bolognani
Title: Chief Financial Officer

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

OFFICE OF THE ATTORNEY GENERAL

5/13/2024

Date

DocuSigned by:
Robyn Guarino
748734844941460...

Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

C-4, Budget Sheet, Amendment #1

New Hampshire Department of Health and Human Services	
Contractor Name:	HealthFirst Family Care Center, Inc.
Budget Request for:	Integrated Primary Care
Budget Period	July 1, 2024 - June 30, 2025
Indirect Cost Rate (if applicable)	0.1
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$190,809
2. Fringe Benefits	$45,794
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$3,976
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$240,579
Total Indirect Costs	$24,058
TOTAL	$264,637

Contractor Initial: TB (DS)

Date: 4/25/2024

Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets. • UDS Data
SFY 2024	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2025	
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2024	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets
January 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2024 - December 31, 2024) • Complete January 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2026	
July 31, 2025	**SFY25 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2024 - June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

1. Definitions

1.1. **Measurement Year** – Consists of 365 days and is defined as either:

1.1.1. A Calendar Year (January 1st through December 31st), or

1.1.2. A State Fiscal Year (July 1st through June 30th).

1.2. **Medical Visit** –Defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. The UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the expectation is that the Contractor will adhere to the most up to date UDS guidance.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. Percent of infants who were ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for approximately six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Testing

This measure will be broken down into two (2) age-based measures, based on current NH Legislation RSA 130-A:5-a, which requires children be tested for lead at one (1) year of age, and at two (2) years of age.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between 12 and 23 months of age (NH MCHS).

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2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between 12 and 23 months of age.

2.2.1.2. Denominator: All children who turned 24 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between 24 and 36 months of age (NH MCHS).

2.2.2.1. Numerator: All children who received at least one (1) capillary or venous blood lead test between 24 and 36 months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients 12 through 21 years of age screened for clinical depression using an age-appropriate standardized depression screening tool on the date of the encounter or within 14 days prior to the date of the encounter **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients 12 through 21 years of age who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 through 21 years of age by the end of the measurement year who had at least one (1) medical visit during the measurement year.

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2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit in the first 12 weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

DS
TB.

Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

2.5.1. Percent of patients three (3) through 17 years of age who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.1.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.1.2. Denominator: Number of patients who were one (1) year after their second (2nd) birthday (i.e., three (3) years of age) through adolescents who were up to one (1) year past their 16th birthday (i.e., 17 years of age) at some point during the measurement year, who had at least one (1) medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.1.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers **PLUS** queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) – Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adolescent Measure

2.7.1. SBIRT – Percent of patients 12 through 17 years of age who were screened for substance use using a formal valid screening tool during

any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use using a formal valid screening tool during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients 12 through 17 years of age during the measurement year with at least one (1) medical visit during the measurement year and with at least two (2) medical visits ever.

2.7.1.4. Definitions:

2.7.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.1.4.2. Brief Intervention: Includes guidance or counseling.

2.7.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.7.2. Percent of pregnant women who were screened using a formal valid screening tool for substance use during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of women in the denominator who were screened for substance use using a formal and valid screening tool during each trimester they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8. **Developmental Screening Measure**

Percent of children who reached 30 months of age by the end of the reporting period, and were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age (NH MCHS).

Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age.

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and had at least one (1) medical visit during the measurement year.

DS
TB
4/25/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS
TB

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

OS
TB

4/25/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS TB

4/25/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS
TB

4/25/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

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Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS TB

4/25/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS
TB

4/25/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS
TB

4/25/2024

Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

Organization Name

		7/1/21-6/30/22	1/1/22-12/31/22	7/1/22-6/30/23	1/1/23-12/31/23	7/1/23-6/30/24	1/1/24-12/31/24	7/1/24-6/30/25
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

4B. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5A. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6A. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6B Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7A. Percent of patients aged 18 years and older who were screened for	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7C Percent of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

DS
TB

4/25/2024

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 HEALTHFIRST FAMILY CARE CENTER, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 23, 1996. 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: **248976**

Certificate Number: **0006660366**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of April A.D. 2024.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, **Michael Stanley**, hereby certify that:
(Name of the elected Officer of the Corporation/LLC)

1. I am a duly elected **Chairman of the Board of Directors for the Nonprofit Corporation HealthFirst Family Care Center, Inc.**

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on Monday, April 15, 2024, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That **the CFO, Ted Bolognani** is duly authorized on behalf of this Corporation to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

Dated: 4/15/24

Signature

Name: Michael Stanley

Title: Chairman of the Board

HEALFIR-01 PCANTLIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/11/2023

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

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

PRODUCER License # AGR8150 Clark Insurance One Sundial Ave Suite 302N Manchester, NH 03103	CONTACT NAME: PHONE (A/C, No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: info@clarkinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Citizens Ins Co of America	31534
INSURED HealthFirst Family Care Center, Inc. 841 Central St Franklin, NH 03235	INSURER B : AmTrust Financial Services.Inc.	
	INSURER C : AIX Specialty Insurance Co	12833
	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	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			OBVA044172	7/1/2023	7/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			OBVA044172	7/1/2023	7/1/2024	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR			OBVA044172	7/1/2023	7/1/2024	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			SWC1394026	7/1/2023	7/1/2024	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
C	Professional Liab			L3V D302912 07	7/1/2023	7/1/2024	Each Incident	1,000,000
C	Professional Liab			L3V D302912 07	7/1/2023	7/1/2024	Aggregate	3,000,000

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

CERTIFICATE HOLDER

State of NH
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Margie Ruth

2024 HealthFirst Mission Statement

Through dedication, respect, and compassion for our patients and one another, we aim to inspire hope, and to advance the health and well-being of our patients, community, and staff.

Tag line – *Where we put your health first.*

BerryDunn

HEALTH FIRST

FINANCIAL STATEMENTS

and

REPORTS IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS* AND THE UNIFORM GUIDANCE

September 30, 2023 and 2022

With Independent Auditor's Report

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
HealthFirst Family Care Center, Inc.

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of HealthFirst Family Care Center, Inc. (the Organization), which comprise the balance sheets as of September 30, 2023 and 2022, and the related statements of operations and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of September 30, 2023 and 2022, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, on October 1, 2022, the Organization adopted the provisions of Financial Accounting Standards Board Accounting Standards Codification Topic 842, *Leases*. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the 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 Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's 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 U.S. generally accepted auditing standards 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 U.S. generally accepted auditing standards 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 financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization'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.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated February 20, 2024 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
February 20, 2024

HEALTHFIRST FAMILY CARE CENTER, INC.

Balance Sheets

September 30, 2023 and 2022

ASSETS

	2023	2022
Current assets		
Cash and cash equivalents	$ 2,856,309	$ 3,241,036
Short-term certificates of deposit	1,456,049	936,933
Patient accounts receivable	492,511	603,886
Grants receivable	216,383	546,838
Other current assets	29,799	-
Total current assets	5,051,051	5,328,693
Long-term certificates of deposit	58,448	57,043
Assets limited as to use	212,913	204,326
Operating lease right-of-use assets	592,402	-
Property and equipment, net	2,766,998	1,653,559
Total assets	$ 8,681,812	$ 7,243,621

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 414,527	$ 121,040
Accrued payroll and related expenses	618,025	674,080
Due to third-party payers	483,055	483,055
Deferred revenue	24,426	69,854
Provider Relief Fund refundable advance	-	74,234
Current portion of operating lease liabilities	41,347	-
Current portion of long-term debt	72,169	62,594
Total current liabilities	1,653,549	1,484,857
Operating lease liabilities, less current portion	559,029	-
Long-term debt, less current portion	1,712,717	1,316,264
Total liabilities	3,925,295	2,801,121
Net assets		
Without donor restrictions	4,318,010	4,442,500
With donor restrictions	438,507	-
Total net assets	4,756,517	4,442,500
Total liabilities and net assets	$ 8,681,812	$ 7,243,621

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

HEALTHFIRST FAMILY CARE CENTER, INC.

Statements of Operations and Changes in Net Assets

Years Ended September 30, 2023 and 2022

	2023	2022
Operating revenue		
Net patient service revenue	$ 6,064,553	$ 5,985,581
Grants, contracts and contributions	3,783,363	2,545,307
Other operating revenue	187,089	23,661
Total operating revenue	10,035,005	8,554,549
Operating expenses		
Salaries and wages	5,272,940	4,615,736
Employee benefits	1,158,797	978,936
Program supplies	722,789	546,508
Contracted services	1,389,859	914,576
Occupancy	223,581	145,625
Information technology	527,697	385,304
Other	735,486	489,481
Depreciation	69,101	67,208
Interest	59,245	55,870
Total operating expenses	10,159,495	8,199,244
(Deficiency) excess of revenue over expenses and (decrease) increase in net assets without donor restrictions	(124,490)	355,305
Net assets with donor restrictions		
Grants received for capital acquisition, purchased but not in service	438,507	-
Change in net assets	314,017	355,305
Net assets, beginning of year	4,442,500	4,087,195
Net assets, end of year	$ 4,756,517	$ 4,442,500

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

HEALTHFIRST FAMILY CARE CENTER, INC.

Statements of Functional Expenses

Years Ended September 30, 2023 and 2022

	2023		
	Healthcare Services	Support Services	Total
Salaries and wages	$ 4,558,275	$ 714,665	$ 5,272,940
Employee benefits	1,001,740	157,057	1,158,797
Program supplies	722,789	-	722,789
Contracted services	1,197,695	192,164	1,389,859
Occupancy	193,278	30,303	223,581
Information technology	456,176	71,521	527,697
Other	635,803	99,683	735,486
Depreciation	59,735	9,366	69,101
Interest	51,215	8,030	59,245
Total operating expenses	$ 8,876,706	$ 1,282,789	$ 10,159,495

	2022		
	Healthcare Services	Support Services	Total
Salaries and wages	$ 3,914,418	$ 701,318	$ 4,615,736
Employee benefits	830,196	148,740	978,936
Program supplies	546,508	-	546,508
Contracted services	782,396	132,180	914,576
Occupancy	123,499	22,126	145,625
Information technology	326,761	58,543	385,304
Other	415,109	74,372	489,481
Depreciation	56,996	10,212	67,208
Interest	47,381	8,489	55,870
Total operating expenses	$ 7,043,264	$ 1,155,980	$ 8,199,244

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

HEALTHFIRST FAMILY CARE CENTER, INC.

Statements of Cash Flows

Years Ended September 30, 2023 and 2022

	2023	2022
Cash flows from operating activities		
Change in net assets	$ 314,017	$ 355,305
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	69,101	67,208
Amortization of operating lease right-of-use assets	35,101	-
Grants received for capital acquisition	(438,507)	-
(Increase) decrease in the following assets		
Patient accounts receivable	111,375	132,706
Grants receivable	330,455	(433,582)
Other current assets	(29,799)	701
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	209,415	(78,980)
Accrued payroll and related expenses	(56,055)	172,888
Due to third-party payers	-	186,758
Deferred revenue	(45,428)	1,482
Operating lease liabilities	(27,127)	-
Provider Relief Fund refundable advance	(74,234)	74,234
Net cash provided by operating activities	398,314	478,720
Cash flows from investing activities		
Purchase of certificates of deposit	(500,000)	-
Capital expenditures	(1,098,468)	(113,827)
Reinvestment of certificates of deposit interest	(20,521)	(2,148)
Net cash used by investing activities	(1,618,989)	(115,975)
Cash flows from financing activities		
Grants received for capital acquisition	438,507	-
Proceeds from issuance of long-term debt	468,000	-
Principal payments on long-term debt	(61,972)	(58,971)
Net cash provided (used) by financing activities	844,535	(58,971)
Net (decrease) increase in cash and cash equivalents	(376,140)	303,774
Cash and cash equivalents, beginning of year	3,445,362	3,141,588
Cash and cash equivalents, end of year	$ 3,069,222	$ 3,445,362

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

HEALTHFIRST FAMILY CARE CENTER, INC.

Statements of Cash Flows (Concluded)

Years Ended September 30, 2023 and 2022

	2023	2022
Composition of cash and cash equivalents, end of year		
Cash and cash equivalents	$ 2,856,309	$ 3,241,036
Assets limited as to use	212,913	204,326
	$ 3,069,222	$ 3,445,362
Supplemental cash flow disclosures		
Cash paid for interest	$ 59,245	$ 55,870
Capital acquisitions included in accounts payable and accrued expenses	$ 84,072	$ -
Operating right-of-use assets obtained in exchange for new operating lease liabilities	$ 586,285	$ -

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

Organization

HealthFirst Family Care Center, Inc. (the Organization) is a not-for-profit corporation organized in the State of New Hampshire. The Organization is a Federally Qualified Health Center (FQHC), providing high-quality primary healthcare, treatment, prevention, and education services required by the residents in the Twin Rivers Region of New Hampshire, commensurate with available resources, and coordinating and cooperating with other community and regional healthcare providers to ensure the people of the region the fullest possible range of health services.

1. Summary of Significant Accounting Policies

Basis of Presentation

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

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

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

Use of Estimates

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

Income Taxes

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

Cash and Cash Equivalents

Cash and cash equivalents consist of business checking and savings accounts, certificates of deposit with an original maturity of three months or less and petty cash funds. Certificates of deposit are set to autorenew for the same term upon maturity. Those with original maturity dates greater than three months but less than twelve months are reported as short-term and those with original maturity dates greater than twelve months are reported as long-term.

The Organization maintains cash and certificates of deposit balances at several financial institutions. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 per financial institution. At various times throughout the year, the Organization's balances may exceed FDIC insurance. The Organization has not experienced any losses in such accounts and management believes it is not exposed to any significant risk.

Revenue Recognition and Patient Accounts Receivable

Net patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including commercial insurers and governmental programs). Generally, the Organization bills the patients and third-party payers several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligations as follows:

- Medical, behavioral health and ancillary services are measured from the commencement of an in-person or virtual encounter with a patient to the completion of the encounter. Ancillary services provided the same day are considered to be part of the performance obligation and are not deemed to be separate performance obligations.
- Contract pharmacy services are measured when the prescription is dispensed to the patient as reported by the pharmacy administrator.

The majority of the Organization's performance obligations are satisfied at a point in time.

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payer. In assessing collectability, the Organization has elected the portfolio approach. The portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers (patients). The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payer or group of payers will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. Significant payer concentrations are presented in Note 8.

A summary of payment arrangements follows:

Medicare

The Organization is primarily reimbursed for services provided to patients based on the lesser of actual charges or prospectively set rates for all FQHC services provided to a Medicare beneficiary on the same day. Certain other services provided to patients are reimbursed based on predetermined payment rates for each Current Procedural Terminology (CPT) code, which may be less than the Organization's public fee schedule.

Medicaid

The Organization is primarily reimbursed for medical, behavioral health and ancillary services provided to patients based on prospectively set rates for all FQHC services furnished to a Medicaid beneficiary on the same day. Certain other services provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Organization's public fee schedule. The rate was legislatively increased from $238.53 to $287.09 effective October 1, 2023.

Other Payers

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. Under these arrangements, the Organization is reimbursed for services based on contractually obligated payment rates for each CPT code, which may be less than the Organization's public fee schedule.

Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount program. The Organization estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Organization sliding fee discount policy amounted to $157,283 and $125,159 for the years ended September 30, 2023 and 2022, respectively. The Organization is able to provide these services with a component of funds received through federal grants.

For uninsured patients who do not qualify under the Organization's sliding fee discount program, the Organization bills the patient based on the Organization's standard rates for services provided. Patient balances are typically due within 30 days of billing; however, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

340B Contract Pharmacy Program Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization contracts with local pharmacies under this program. The contract pharmacies dispense drugs to eligible patients of the Organization and bill commercial insurances on behalf of the Organization. Reimbursement received by the contract pharmacies is remitted to the Organization, less dispensing and administrative fees. The dispensing and administrative fees are costs of the program and not deemed to be implicit price concessions which would reduce the transaction price. The Organization recognizes revenue in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription after the amount has been determined by the pharmacy benefits manager.

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid, and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

Patient Accounts Receivable

Patient accounts receivable and due from third-party payers are stated at the amount management expects to collect from outstanding balances.

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

The Organization receives a significant amount of grants from the Department of Health and Human Services (HHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended September 30, 2023 and 2022, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 88% and 69%, respectively, of grants, contracts and contributions revenue.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has met the performance requirements or incurred expenditures in compliance with specific contract or grant provisions, as applicable. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue.

The Organization has been awarded cost reimbursable grants that have not been recognized at September 30, 2023 because qualifying expenditures have not yet been incurred as follows:

	Amount	Available Through
Health Center Program	$ 1,009,462	February 29, 2024
FY 2023 Bridge Access Program	13,707	December 31, 2024
FY 2023 Expanding COVID-19 Vaccination	1,897	December 31, 2024
Rural Communities Opioid Response-Implementation	773,776	August 31, 2025

Assets Limited as to Use

Assets limited as to use include cash and cash equivalents set aside under loan agreements for repairs and maintenance on the real property collateralizing the loan, and assets designated by the Board of Directors for specific projects or purposes as discussed further in Note 3.

Right-of-Use Assets and Lease Liabilities

Effective October 1, 2022, the Organization adopted Financial Accounting Standards Board Accounting Standards Codification (ASC) Topic 842, *Leases* (Topic 842). The Organization determines if an arrangement is a lease or contains a lease at inception of a contract. A contract is determined to be or contain a lease if the contract conveys the right to control the use of identified property, plant or equipment (an identified asset) in exchange for consideration. The Organization determines these assets are leased because the Organization has the right to obtain substantially all of the economic benefit from and the right to direct the use of the identified asset.

Assets in which the supplier or lessor has the practical ability and right to substitute alternative assets for the identified asset and would benefit economically from the exercise of its right to substitute the asset are not considered to be or contain a lease because the Organization determines it does not have the right to control and direct the use of the identified asset. The Organization's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

In evaluating its contracts, the Organization separately identifies lease and non-lease components, such as maintenance costs, in calculating the right-of-use (ROU) asset and lease liability for its facility lease.

Leases result in the recognition of ROU assets and lease liabilities on the balance sheet. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Organization determines lease classification as operating or finance at the lease commencement date. The Organization did not have any finance leases as of September 30, 2023.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent and lease incentives. Topic 842 requires the use of the implicit rate in the lease when readily determinable. As the leases do not provide an implicit rate, the Organization elected the practical expedient to use the risk-free rate when the rate of the lease is not implicit in the lease agreement.

The lease term may include options to extend or to terminate the lease that the Organization is reasonably certain to exercise. The Organization has elected not to record leases with an initial term of 12 months or less on the balance sheet. Lease expense on such leases is recognized on a straight-line basis over the lease term.

Lease expense on operating leases is recognized over the expected lease term on a straight-line basis, while expense on finance leases is recognized using the effective interest rate method which amortizes the ROU asset to expense over the lease term and interest costs are expensed on the lease obligation throughout the lease term.

Upon adoption of Topic 842, the Organization elected the package of practical expedients permitted under the transition guidance within the new standard which includes the following: relief from determination of lease contracts included in existing or expiring leases at the point of adoption, relief from having to reevaluate the classification of leases in effect at the point of adoption and relief from reevaluation of existing leases that have initial direct costs associated with the execution of the lease contract.

The adoption of Topic 842 resulted in the recognition of the following assets and liabilities on October 1, 2022:

Operating lease right-of-use asset	$ 41,217
Current portion of operating lease liability	$ 11,525
Operating lease liability, less current portion	29,692
Operating lease liability	$ 41,217

Results for the period prior to October 1, 2022 continue to be reported in accordance with the Organization's historical accounting treatment for leases.

Property and Equipment

Property and equipment are carried at cost. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. The Organization's capitalization policy is applicable for acquisitions greater than $5,000.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit 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 statements of operations and changes in net assets as net assets released from restriction. Contributions whose restrictions are met in the same period as the support was received are recognized as net assets without donor restrictions.

The Organization reports gifts of property and equipment as support without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Donated Pharmaceuticals

The Organization acts as a conduit for pharmaceutical company patient assistance programs. The Organization provides assistance to patients in applying for and distributing prescription drugs under the programs. The value of the prescription drugs distributed by the Organization to patients is not reflected in the accompanying financial statements. The Organization estimates that the value of prescription drugs distributed by the Organization for the years ended September 30, 2023 and 2022 was $545,829 and $311,204, respectively.

Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function; therefore, these expenses require allocation on a reasonable basis that is consistently applied. As the Organization is a service organization, such expenses, which include employee benefits, occupancy, depreciation, interest, and other operating expenses, are allocated between healthcare services and administrative support based on the percentage of direct care wages to total wages.

(Deficiency) Excess of Revenue Over Expenses

The statements of operations and changes in net assets reflect the (deficiency) excess of revenue over expenses. Changes in net assets without donor restrictions which are excluded from this measure include contributions of long-lived assets (including assets acquired using grants and contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through February 20, 2024, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

Effective November 1, 2023, the Organization completed an operations transfer pursuant to an operations transfer agreement signed in April 2023, assuming the operations of Mascoma Community Healthcare, Inc. (MCH), a New Hampshire non-profit corporation. As part of the agreement, the Organization will lease the clinic facility in Canaan, New Hampshire under a lease agreement for 10 years with initial monthly payments of $1,080 and hire the employees of MCH on the transfer date. There were no assets or liabilities transferred as part of the agreement.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and certificates of deposit. The Organization had average days cash and cash equivalents and certificates of deposit on hand (based on normal expenditures) of 158 and 190 at September 30, 2023 and 2022, respectively.

Financial assets available for general expenditure were as follows at September 30:

	2023	2022
Cash and cash equivalents	$ 2,856,309	$ 3,241,036
Short-term certificates of deposit	1,456,049	936,933
Patient accounts receivable, net	492,511	603,886
Grants receivable	216,383	546,838
Financial assets available	$ 5,021,252	$ 5,328,693

The Organization has certain board-designated assets limited to use which are available for general expenditure within one year in the normal course of operations upon obtaining approval from the Board of Directors. The Organization has other assets limited to use under certain loan agreements which are available for general expenditure within one year for maintenance and repairs on the Organization's buildings upon obtaining approval from the lenders. Accordingly, these assets have not been included in the qualitative information above.

3. Assets Limited as to Use

Assets limited as to use are made up of cash and cash equivalents which are to be used for the following purposes at September 30:

	2023	2022
Repairs and maintenance on the real property collateralizing loans with the United States Department of Agriculture, Rural Development (Rural Development)	$ 108,750	$ 107,090
Board-designated for		
Working capital	40,000	40,000
Capital improvements	64,163	57,236
Total board-designated	104,163	97,236
Total	$ 212,913	$ 204,326

4. Property and Equipment

Property and equipment consisted of the following at September 30:

	2023	2022
Land	$ 427,679	$ 109,217
Building and improvements	2,585,474	2,152,726
Furniture and equipment	193,283	179,772
Total cost	3,206,436	2,441,715
Less accumulated depreciation	1,019,039	949,937
	2,187,397	1,491,778
Construction in progress	579,601	161,781
Property and equipment, net	$ 2,766,998	$ 1,653,559

Construction in progress relates to the renovation of the Organization's clinic in Laconia, New Hampshire. The total estimated project cost is $838,658 and is anticipated to be completed in January 2024. The project is primarily funded by federal grants. The Organization has architect and contractor contracts in place with a remaining balance to be paid at September 30, 2023 of approximately $411,000.

The Organization also has a planned construction project for the Organization's clinic in Franklin, New Hampshire with an estimated project cost of $3,462,000 and anticipated completion in the fall of 2025. The project is planned to be primarily funded by federal grants, of which $2,236,500 has been awarded to date. The Organization currently has a contract for architect services billed on an hourly basis.

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government retains a residual ownership interest in the assets, requiring prior approval and restrictions on disposition.

5. Operating Leases

The Organization has entered into the following lease arrangements:

Long-Term Operating Leases

The Organization has operating leases for clinic facilities with maturities ranging from December 2025 through February 2035. Certain leases contain renewal options and escalation clauses which range from 2.6% to 4%. Termination of the leases are generally prohibited unless there is a violation under the lease agreement.

Short-Term Leases

The Organization has certain leases that are for a period of 12 months of less or contain renewals for periods of 12 months or less.

Lease Cost

Lease cost, which approximates lease payments, for the year ended September 30, 2023 is as follows:

Long-term operating leases	$ 50,145
Short-term leases	6,401
Total	$ 56,546

Other Information

Weighted-average remaining lease term:	
Operating leases	10.96 years
Weighted-average discount rate:	
Operating leases	4.05%

Future Minimum Lease Payments and Reconciliation to the Balance Sheet

Future minimum payments due under the facility lease agreements for the years ending September 30, are as follows:

2024	$ 64,690
2025	67,413
2026	58,998
2027	57,643
2028	59,949
Thereafter	445,665
Total future undiscounted lease payments	754,358
Less present value discount	153,982
Total operating lease liabilities	600,376
Current portion of operating lease liabilities	41,347
Operating lease liabilities, net of current portion	$ 559,029

6. Long-Term Debt

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

	2023	2022
4.125% promissory note payable to Rural Development through March 2037, paid in monthly installments of $8,186, including interest. The note is collateralized by all tangible property owned by the Organization.	$ 1,013,563	$ 1,068,728
6.5% promissory note payable to local banking institution, through July 2048, paid in monthly installments of $3,188, including interest. The note is collateralized by real estate.	467,431	
3.375% promissory note payable to Rural Development, through May 2052, paid in monthly installments of $1,384, including interest. The note is collateralized by all tangible property owned by the Organization.	303,892	310,130
Total	1,784,886	1,378,858
Less current portion	72,169	62,594
Long-term debt, less current portion	$ 1,712,717	$ 1,316,264

Future maturities of long-term debt are as follows at September 30:

2024	$ 72,169
2025	75,034
2026	78,345
2027	81,809
2028	85,257
Thereafter	1,392,272
Total	$ 1,784,886

7. Net Assets

Net assets without donor restrictions are designated for the following purposes at September 30:

	2023	2022
Undesignated	$ 4,213,847	$ 4,345,264
Board-designated (see Note 3)	104,163	97,236
Total	$ 4,318,010	$ 4,442,500

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

	2023	2022
Grants received for capital acquisition, purchased but not in service	$ 438,507	$ -

8. Net Patient Service Revenue

Net patient service revenue was as follows for the years ended September 30:

	2023	2022
Gross charges	$ 7,684,449	$ 7,478,288
Less: Contractual adjustments and implicit price concessions	(3,206,927)	(2,884,264)
Sliding fee and charity care discounts	(133,291)	(122,705)
Net medical and behavioral health patient service revenue	4,344,231	4,471,319
340B contract pharmacy revenue	1,720,322	1,514,262
Total net patient service revenue	$ 6,064,553	$ 5,985,581

Revenue from patients and third-party payers, net of allowances and adjustments, was as follows for the years ended September 30:

	2023	2022
Governmental plans		
Medicare	17 %	15 %
Medicaid	47 %	54 %
Commercial payers	35 %	30 %
Patient	1 %	1 %
Total	100 %	100 %

9. Retirement Plan

The Organization has a defined contribution plan covering eligible employees. The Organization contributed $153,050 and $160,379 for the years ended September 30, 2023 and 2022, respectively.

10. Malpractice

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of September 30, 2023, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of either FTCA or medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

11. Litigation

From time-to-time certain complaints are filed against the Organization in the ordinary course of business. Management vigorously defends the Organization's actions in those cases and utilizes insurance to cover material losses. In the opinion of management, there are no matters that will materially affect the Organization's financial statements.

SUPPLEMENTARY INFORMATION

HEALTHFIRST FAMILY CARE CENTER, INC.

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2023

Federal Grantor/Pass-Through Grantor Program Title	Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services			
Direct			
Health Center Program Cluster			
Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ 475,166
COVID-19 Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		818,586
Total AL 93.224			1,293,752
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		1,300,003
COVID-19 Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		122,834
Total AL 93.527			1,422,837
Total Health Center Program Cluster			2,716,589
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement	93.912		226,224
COVID-19 Provider Relief Fund	93.498		455,678
Affordable Care Act (ACA) Grants for Capital Development in Health Centers	93.526		438,507
Pass-Through			
Bi-State Primary Care Association, Inc.			
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	n/a	138,555
State of New Hampshire Department of Health and Human Services			
Maternal and Child Health Services Block Grant to the States	93.994	102-500731/90080000	31,543
Total U.S. Department of Health and Human Services			4,007,096
U.S. Department of Treasury			
Pass-Through			
Bi-State Primary Care Association, Inc.			
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	n/a	123,803
U.S. Department of Agriculture			
Direct			
Community Facilities Loans and Grants	10.766		1,378,858
Total Expenditures of Federal Awards			$ 5,509,757

The accompanying notes are an integral part of this schedule.

HEALTHFIRST FAMILY CARE CENTER, INC.

Notes to Schedule of Expenditures of Federal Awards

Year Ended September 30, 2023

1. Summary of Significant Accounting Policies

Expenditures reported on the schedule of expenditures of federal awards (the Schedule) are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), wherein certain types of expenditures are not allowable or are limited as to reimbursement.

2. De Minimis Indirect Cost Rate

HealthFirst Family Care Center, Inc. (the Organization) has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

3. Basis of Presentation

The Schedule includes the federal grant activity of the Organization. The information in this Schedule is presented in accordance with the requirements of the Uniform Guidance. Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

4. Loan Programs

The Organization has promissory notes outstanding through the U.S. Department of Agriculture (USDA). As required, the Schedule reflects the outstanding balances as of October 1, 2022 of $1,378,858. The balances outstanding at September 30, 2023 was $1,317,455.

BerryDunn

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
HealthFirst Family Care Center, Inc.

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of HealthFirst Family Care Center, Inc. (the Organization), which comprise the balance sheet as of September 30, 2023, and the related statements of operations and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 20, 2024.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization'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.

Board of Directors
HealthFirst Family Care Center, Inc.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

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 Organization'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 Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
February 20, 2024

BerryDunn

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors
HealthFirst Family Care Center, Inc.

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited HealthFirst Family Care Center, Inc.'s (the Organization) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget *Compliance Supplement* that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2023. The Organization's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2023.

Basis for Opinion on Each Major Federal Program

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

We are required to be independent of the Organization 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 the major federal program. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

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 Organization's federal programs.

Auditor's 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 Organization'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 U.S. generally accepted auditing standards, *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 Organization's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with U.S. generally accepted auditing standards, *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 Organization'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 Organization'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 Organization'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 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 item 2023-001. Our opinion on each major federal program is not modified with respect to this matter.

Government Auditing Standards requires the auditor to perform limited procedures on the Organization's response to the noncompliance finding identified in our audit described in the accompanying schedule of findings and questioned costs. The Organization'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.

Board of Directors
HealthFirst Family Care Center, Inc.

Report on Internal Control over Compliance

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

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's 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. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

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.

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.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
February 20, 2024

HEALTHFIRST FAMILY CARE CENTER, INC.

Schedule of Findings and Questioned Costs

Year Ended September 30, 2023

Section 1. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:			Unmodified	
Internal control over financial reporting:				
Material weakness(es) identified?	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Noncompliance material to financial statements noted?	☐	Yes	☑	No

Federal Awards

Internal control over major programs:				
Material weakness(es) identified:	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Type of auditor's report issued on compliance for major programs:			Unmodified	
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	☑	Yes	☐	No

Identification of major programs:

Assistance Listing Number	Name of Federal Program or Cluster
	Health Center Program Cluster
10.766	Community Facilities Loans and Grants

Dollar threshold used to distinguish between Type A and Type B programs:			$750,000	
Auditee qualified as low-risk auditee?	☑	Yes	☐	No

Section 2. Financial Statement Findings

None

HEALTHFIRST FAMILY CARE CENTER, INC.

Schedule of Findings and Questioned Costs (Continued)

Year Ended September 30, 2023

Section 3. Federal Award Findings and Questioned Costs

Finding Number:	2023-001
Finding Type:	Compliance - Special Tests and Provisions
Information on the Federal Program:	Program Name: Health Center Program Cluster (AL numbers 93.224 and 93.527) Grant Award: 2 H80CS00295-21 from March 1, 2022 through February 28, 2023 and 5 H80CS00295-22 from March 1, 2023 through February 29, 2024 Agency: U.S. Department of Health and Human Services, Health Resources and Services Administration Pass-Through Entity: N/A
Criteria:	In accordance with Section 330(k)(3)(G) of the Public Health Services Act (42 U.S. Code § 254b), as an FQHC, the Organization must have a sliding fee discount program in which the Organization's fee schedule is discounted based on a patient's ability to pay.
Condition Found and Context:	The Organization has not applied sliding fee discounts to patient charges consistent with its sliding fee discount program. Through testing a statistically valid sample of transactions for the appropriate application of the Organization's sliding fee discount program to 53 individual patient balances, we noted the sliding fee discount applied was not consistent with the Organization's sliding fee discount policy for two patients. Based on income and family size, both patients qualified for a Level 2 discount category with a patient responsibility of $20 but were awarded and received a Level 1 discount with a patient responsibility of $15.
Cause and Effect:	Approval of the sliding fee discount applications involves manual processes and errors can occur. To help mitigate errors, the Organization has implemented monthly monitoring procedures which include the sampling of discounts provided to patient balances to ensure the appropriate discount level was awarded to the patient and the discount was appropriately applied to the patient's account consistent with the Organization's sliding fee discount program. The volume of discounts provided to patients annually does not allow for 100% review of all patient discounts. Due to the inherent nature of sampling all errors may not be identified and corrected. It is possible the Organization may not apply sliding fee discounts to patient charges consistent with its sliding fee discount program.

Section 3. Federal Award Findings and Questioned Costs

Finding Number:	2023-001 (Concluded)
Questioned Costs:	None
Repeat Finding:	No
Recommendation:	We recommend management management review the current process for approval of applications and update the process as deemed appropriate. We also recommend management provide additional training to the individuals involved in the approval process. We further recommend management consider increasing the number of transactions reviewed as part of the Organization's internal monitoring procedures.
Views of a Responsible Official and Corrective Action Plan:	Management agrees with the finding and will review the approval process and internal monitoring procedures for opportunities for improvement to increase compliance with the program requirements.

HEALTH FIRST FAMILY CARE CENTER, INC.
Board of Directors Listing

HealthFirst Family Care Center - Board of Directors List

Last	First	Title	Classification	City	State	Zip
Burns	Scott	Director				
Everett	Myla	Director				
Lennon	Michelle	**Secretary & Treasurer**				
Lunt	Susan	Director				
Mackwood	Matthew	Director				
Thurber	Peter	Director				
Sanchez	Dawn	Director				
St. Jacques, Sr.	Robert	Director				
Stanley	Michael	**Chair**				
Wells	James	Director				
Wnuk	Susan	**Vice Chair**				
Hollis	Leroy	Director				
Swett	Dennis	Director				
Wolff	Stephanie	Director				

Jiselle G Bogardus LPN

Objective: To be in an environment where education is encouraged, and knowledge and team effort are rewarded.

Work Experience: LPN

HealthFirst Family Care Center ----------February 22, 2016 to present

All Locations: Franklin, Laconia, Canaan

Senior Clinical Staff Nurse, Immunization Coordinator for all locations, Triage, Nurse visits, Immunizations, dispense medications as directed, documentation, return patient calls, relay results and recommendations, assist providers and staff as needed. Involved in Life Safety committee. Have direct contact with the State for vaccines. Take on responsibilities as deemed necessary by leadership and supervisor. Used Athena Flow and AthenaOne EMR systems.

Elliot Family Medicine at Bedford Commons----July 2011 to Jan 26, 2016

Triage, nurse visit, immunizations, dispense medications, documentation, , return patient calls, relay results and recommendations, assist providers and staff as needed. Keep facility based on JACHO standards. Immunization Coordinator. Used Epic EMR system.

More work history disclosed at your request.

Education:

St Joseph Hospital School of Practical Nursing

Nashua NH – graduated March1995

Graduate Practical Nurse

Excelsior College

Albany NY- graduated June 2019

Associate degree in Health Science for Nursing

Karen Dion

■

Profile:

Knowledgeable Licensed Nursing Assistant/Medical Assistant with more than 9 years in the healthcare field looking to be involved closer to my community.

Skills Summary:

Self Motivated
Exceptional Math Skills
Great Problem Solving Skills
Creative Thinker
Proficient Multi-tasker

Experience:

2012-2014 Concord Hospital *Concord, NH*

Licensed Nursing Assistant, 4 East Medical/ Oncology Unit

- Caring for and assisting patients' with their personal care while encouraging their independence
- Obtaining and charting vital signs, blood glucose tests, EKGs, as well as specimen collection
- Reporting to my RN any changes in appearance, behavior, or abnormal vital signs
- Maintaining the highest respect for patients' privacy
- Member of the Unit Practice Council, finding ways to keep our practices safe and efficient while putting the care and comfort of our patients' and their families first

2006-2012 Concord Hospital *Concord, NH*

Ambassador, Food and Nutrition Services

- Acting as a liaison between nutrition and clinical aspects of patient care
- Assessing patient need such as providing assistance making decisions pertaining to the diet ordered by the physician
- Responding to needs of patients regularly throughout the day, while maintaining workflow between and during meal times
- Notifying nursing and/or dietician of any noticeable changes in patient behavior or major changes in appetite

2007-2010 Concord Hospital *Concord, NH*

Rehab Aide, Inpatient Rehab Services

- Assisted P/T and O/T when needed to walk or transfer a patient

- Offered assistance doing ADL/ ROM exercises
- Provided patients with assistive devices when ordered by P/T or O/T.
- Attended Discharge Planning Meetings.
- Processed P/T and O/T consults ordered by the physician
- Updated patient charts with information given by the P/T or O/T

Education

2012 ***American Red Cross,*** *Concord NH*

Licensure: Licensed Nursing Assistant

2003 ***Hesser College,*** *Concord NH*

Diploma: Medical Assisting

Dawn Marie Baum, LPN

Objective:

Utilize my nursing, transitional care management, HEDIS and CMS knowledge and interpersonal skills to provide services that are needed for my teammates, providers and the community we service.

Nursing Related Employment History:

Aug 2020 – Current Health First Family Care Center 22 Strafford Street, Laconia, NH 03246

QA/QI Nurse Supervisor, Breast and Cervical Cancer Program Coordinator and WiseWomen/1815 Grant Coordinator October 2021 – Current: Responsibilities include the supervisory role of the Quality Team, working directly with all staff to educate on grants/programs, accurate documentation, services provided and processes to meet and exceed quality measures, aid in the development and follow through of new grants, manage monthly, quarterly and yearly reporting as required by state and federal guidelines including but not limited to BCCP program, WiseWomen, 1815 Grant, DHHS Equity Grant, HEDIS, PCMH, UDS and MCH. Work with our community to educate on programs for their healthier wellbeing.
Staff Nurse August 2020 – October 2021: Responsibilities included providing direct and indirect patient care in the office setting including Triage, phlebotomy, medication reconciliation, patient education and teaching, assisting providers and other team members, Medicare wellness exams, BP checks, appointment scheduling, assisting providers with MAT, quality controls, COVID testing and vaccinations, accurate EMR documentation, care management with VNA, other provider offices and facilities.
I take pride in being a dedicated team player with leadership, clinical and non-clinical staff.
I'm also an active participant on the Life Safety Committee and The Patient Experience Committee.

Apr 2018 – Jul 2020: VillageMD, 304 Meetinghouse Road, NH 03110

Transitional Care Manager - Responsibilities include providing transitional care management to patients who are discharging from hospital inpatient stays, skilled nursing facilities or rehabilitative care. This includes phone assessments and education for the patient and involved families, acknowledging patients' needs, medication reconciliation, setting up case management and social work services if indicated and appointment scheduling. Provide the physician with a detailed report of findings and sending urgent messages via the EMR if needed. Noting accurate documentation in the reporting system for analytics.

Jul 2013 - Apr 2018: Pleasant Street Family Medicine, 280 Pleasant Street, Concord, NH 03301

Primary Care Nurse for multiple providers - Duties include support for family care practitioners and medical assistance in a team-based environment triage calls, referrals, prior authorizations, medications refills per protocol, medical records review, medication reconciliations, phlebotomy, transitional care management; perform nurse visits which include blood pressure checks, injections, wound care and suture/staple removal, patient teaching; assist provider during office surgeries, rooming patients, Medicare

wellness exams, mini MOCA testing, guide substance abuse patients through the outpatient community programs and in office medication treatment.

Sep 2011 - Dec 2012: Manchester VNA and Hospice, 1070 Holt Ave, Manchester, NH 03104

Skilled visiting nurse: provided skilled nursing care to home bound patients. Duties include following care plans as provided by case managers, patient teaching, wound care, assessments, cardiac and diabetic management, ostomy care, phlebotomy, medication management and med planner fills and anticoagulant therapy monitoring. Actively participated in team meetings for reassessment of patient's care.

Oct 2007 - Sep 2011: Interim Healthcare, 608 Chestnut Street, Manchester, NH 03104

Associate Case Manager - provided skilled nursing care to home bound patients and reporting to case managers. Services provided included wound care, medication management, patient teaching, tracheostomy and ventilator care, general ostomy care, diabetic management, patient assessments and phlebotomy. Assisted case manager with creating and implementing care plans.

Feb 2004 - Oct 2007: Dartmouth Hitchcock Concord, 253 Pleasant Street, Concord, NH 03301

Specialty Care Nurse assigned to the following departments: dermatology, endocrinology, surgery, orthopedics, OB/GYN, allergy, pediatrics, international travel clinic, podiatry and chiropractic. Responsibilities include knowledge of surgical procedures for all departments, new patient assessments, pulmonary function testing, obtaining prior authorizations and pre-certifications for prescriptions, DME, diagnostic testing and surgical procedures. Performing department staff scheduling, patient scheduling, chart preparations and other nursing functions as required.

Education:

St. Joseph School of Practical Nursing, Nashua, NH March 1995
Licensed Practical Nursing Program, Graduated with Honors

Certifications:

State of NH Board of Nursing, Licensed Practical Nurse
American Heart Association, BLS for Healthcare Providers (CPR & AED)

References Provided Upon Request

DIANE AMERO, LPN

Professional Summary

Dependable employee and skilled nurse offering expertise in primary care nursing. Consistently compliant with standards of nursing practice, health, and safety requirements as well as professional educational requirements.

Professional Experience

LPN-Patient Care Coordinator- October 2015-Present

HealthFirst Family Care Center, Franklin, NH

- Responsible for outreach to diabetic patients with HGBA1c of 9% or greater to educate and initiate self-management goals.
- Respond to care gaps from insurance companies through platforms and outreach.
- Enroll, track, and follow-up with patients for the SMBP and NRT Programs.
- Analyze test/orders report to ensure we have all test results and orders are completed.
- Assists Quality Manager as needed.
- Maintains communication and good rapport with manager, team members, and patients.

LPN – Triage – October 2002-October 2015

HealthFirst Family Care Center, Franklin, NH

- Responsible for triage for a three-provider office and providing triage at our sister office as needed.
- Roomed patients, maintained clinic flow, did clinical tracking, educated patients, assisted provider /chaperoned.
- Performed on site lab work, phlebotomy, and other routine procedures for providers.
- Manages all immunizations for the clinic including inventory and ordering.
- Responsible for medical supply inventory and ordering.
- Responsible for recall letters for adults, child health maintenance and diabetes management.
-

Education

- Licensed practical nurse – NH Vocational Technical College, Berlin, NH
- Stanford Diabetes Self-Management Program Leader Training- Completed 6/16/2017.
- Diabetes Educator Level 1 Career Path Certificate Program- Completed 12/4/2016.
- AFPA Health Coach Certificate- recertified 1/5/2024.

Appendix E

Program Staff List

New Hampshire Department of Health and Human Services

COMPLETE ONE PROGRAM STAFF LIST FOR EACH STATE FISCAL YEAR

Proposal Agency Name: HealthFirst Family Care Center, Inc.
Program: Integrated Primary Care
Budget Period: July 1, 2024 - June 30, 2025

A	B	C	D	E	F	G	H
Position Title	Current Individual in Position	Projected Hrly Rate as of 1st Day of Budget Period	Hours per Week dedicated to this program	Amnt. Funded by this program for Budget Period	Total Salary for Budget Period	% of Salary Funded by this program	Site*
Example:							
Program Coordinator	Sandra Smith	$21.00	40	$13,680	$43,680	31%	
Administrative Salaries							
						#DIV/0!	
						#DIV/0!	
Total Admin. Salaries				$0	$0	#DIV/0!	
Direct Service Salaries							
Quality Improvement Staff	Dawn Baum	$ 32.96	20	$ 34,278	$ 68,557	50%	
Quality Improvement Staff	Diane Amero	$ 28.61	20	$ 29,754	$ 59,509	50%	
Cetified Medical Assistant	Karen Dion	$ 26.78	40	$ 55,702	$ 55,702	100%	
			40	$ -	$ -	#DIV/0!	
Licensed Practical Nurse	Jiselle Bogardus	$ 34.17	40	$ 71,074	$ 71,074	100%	
Total Direct Salaries				$190,809	$254,842	75%	
Total Salaries by Program				$190,809	$254,842	75%	

Please note, any forms downloaded from the DHHS website will NOT calculate. Forms will be sent electronically via e-mail to all programs submitting a Letter of Intent by the due date.
*Please list which site(s) each staff member works at, if your agency has multiple sites.

HealthFirst Family Care Center, Inc.

Program: Maternal & Child Health Services

Budget Narrative

July 1, 2024 - June 30, 2025

Budget Line Item #1: **DHHS Funded Salary & Wages**: Direct Wages: **$190,809**

Following positions are **funded with State of NH Contract monies**;

1. **Dawn Baum**, Quality LPN, is the Quality Assurance Nurse Coordinator, who is responsible for tracking, analyzing, and reporting the state and federal performance measures. She is actively involved in the implementation of PCMH, state, and federal policies, procedures, and initiatives and works closely with the providers and clinical support staff to ensure consistency and accuracy with adherence and documentation. Dawn will lead the clinical and quality team in the new quality initiatives and ensuring their implementation according to the submitted workplans within the clinical processes. Nursing time and services are not reimburseable by insurances. **This position is budgeted at 50% of time for 12 months to dedicate her work on these activites but no charges to this contract will be made for her time.**

2. **Diane Amero**, LPN is the Patient Care Coordinator within the Quality Dept who works very closely with providers, clinical support staff, and patients to ensure that the appropriate resources and care management is provided to the most vulnerable and chronically ill. She participates in the Chronic Disease Champions and Care Transitions Meetings to discuss best practices and bring recommendations back to the organization. She assists the Quality Assurance Nurse Coordinator with the implementation of PCMH, state, and federal policies, procedures, and initiatives and works closely with the providers and clinical support staff to ensure consistency and accuracy with adherence and documentation. Diane helps Dawn lead the clinical and quality team in the new quality initiatives and ensuring their implementation according to the submitted workplans within the clinical processes. Nursing time and services are not reimburseable by insurances. **This position is budgeted at 50% of time for 12 months .**

3. **Karen Dion**, CMA is the Pediatric Medical Assistant that works with our Pediatric Nurse Practitioner. She provides support and education for parents and children regarding immunizations, laboratory tests, and clinical screenings. She addresses all prior authorizations throughout the agency and works very closely with the providers, patients, and insurance companies to ensure that the appropriate documentation and requirements are fulfilled. She will be integral in the PDSA cycles with implementing the new MCH quality initiatives. MA time and services are not reimburseable by insurances. **This position is budgeted at 100% of time for 12 months.**

4. **Jiselle Bogardus**, LPN, is the Clinical Nurse Supervisor who supervises all of the MAs and nurses. She is able to fill in with any position and provides triage services for sick patients when they show up in our Franklin office unexpectedly or call in looking for health care advice. She oversees the orderly flow of patients, manages the CMA's in their day to day duties and insures all patients in the clinic for the day are seen in a timely manner. The Clinical Nurse Supervisor is involved with all new clinical and quality initiatives. She helps provide training and oversight of the PDSA cycles, along with the Quality Assurance Nurse Coordinator. She will ensure 'train the trainer' education and instruction is followed when the new clinical or quality initiatives and implemented organization-wide to ensure all clinical staff are trained the same way. Nursing time and services are not reimburseable by insurances. **This position is budgeted at 100% of time for 12 months.**

Budget Line Item #2: **DHHS Funded Employee Benefit Costs**: Direct: **$45,794**

Following benefits are paid by the employer, which amounts to a 24% charge on salary costs.

FICA/Medicare at 7.65%
Medical Insurance (health center contrib) at 11.82%
Dental Insurance (health center contrib) at 1.09%
403B Plan (health center contribution) at 3.00%
Short-Term Disability (health center contrib) at 0.25%
Group Term Life Insurance (health center contrib) at 0.19%

Direct portion of budget is 24% of share salaries ($190,809 X 24% = $45,794)

Budget Line Item #5: **DHHS Funded Supplies – Medical**: Direct: $3,976

This line item expense will cover costs for supplies and materials used in the direct care of patients who are seen in our Franklin & Laconia Health Centers. These are medical supplies and materials that are used in exam rooms by our Doctors and Register Nurse Practitioners. Cost for items like exam table covers, patient gowns, wound care ointments and bandages, disposable gloves, protective masks, and many other such items used in caring for sick patients.

Total Indirect Costs - indirect costs are applied to DHHS funding and charged each month at 10% of total monthly costs = **$24,058**

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

May 25, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into contracts with the Contractors listed below in an amount not to exceed $8,158,520 to increase access to integrated prevention and primary health care services for Women, Infants, Children and Adolescents, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through June 30, 2024. 10% Federal Funds. 90% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Amoskeag Health	157274-B001	Manchester	$1,529,850
Concord Hospital, Inc.	177653-B011	Concord	$658,569
Coos County Family Health Services, Inc.	155327-B001	Berlin	$731,721
Greater Seacoast Community Health	166629-B001	Somersworth	$1,232,685
HealthFirst Family Care Center, Inc.	158221-B001	Franklin	$597,648
Lamprey Health Care, Inc.	177677-R001	Newmarket	$1,112,527
Manchester Health Department	177433-B009	Manchester	$412,006
Mid-State Health Center	158055-B001	Plymouth	$640,823
Weeks Medical Center	177171-R001	Lancaster	$617,806
White Mountain Community Health Center	174170-R001	Conway	$624,885
		Total:	**$8,158,520**

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, and are anticipated to be available in State Fiscal Year 2024, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Department to increase access to integrated prevention and primary health care for the Maternal and Child Health (MCH) target population of women, infants, children and adolescents, and to address the maternal and youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

Approximately 194,940 individuals will be served from June 1, 2022 to June 30, 2024.

The Contractors will provide increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, and pregnant women and women of childbearing age, and must not exclude individuals who are uninsured; underinsured; and/or considered low-income. Integrated prevention and primary health care services are provided to individuals who may experience barriers to accessing health care due to issues such as lack of insurance, inability to pay, limited language proficiency and geographic isolation. The Contractors will integrate and coordinate access to medical, behavioral and social services by reducing barriers to care through an array of services such as care coordination, translation services, outreach, eligibility assistance, transportation, and health education.

The Department will monitor services through the following performance measures:

- Percent of infants who were ever breastfed.
- Percent of adolescents 12 to 21 years of age who had at least one (1) comprehensive well-care visit/comprehensive physical exam during the measurement year.
- Percent of postpartum women screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive screen, a follow-up plan is documented on the date of the positive screen.

The Department selected the Contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from January 14, 2022 through February 25, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Executive Council not authorize this request, the Department may be unable to ensure increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, pregnant women and women of childbearing age, and individuals who are uninsured; underinsured; considered low-income.

Source of Federal Funds: CFDA #93.994, FAIN B04MC45230

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

Respectfully submitted,

DocuSigned by:
Ann H. Landry
24BAB37ED8EB488...

Lori A. Shibinette
Commissioner

Maternal and Child Health in the Integrated Primary Care Setting
RFP-2022-DPHS-19-PRIMA
Fiscal Detail Sheet

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH

1. Amoskeag Health, Vendor # 157274-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$161,194
SFY 2023	102-500731	Contracts for Program Services	90080112	$684,328
SFY 2024	102-500731	Contracts for Program Services	90080112	$684,328
			Subtotal:	*$1,529,850*

2. Concord Hospital, Inc., Vendor # 177653-B011 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$26,343
SFY 2023	102-500731	Contracts for Program Services	90080112	$316,113
SFY 2024	102-500731	Contracts for Program Services	90080112	$316,113
			Subtotal:	*$658,569*

3. Coos County Family Health Services, Inc., Vendor # 155327-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$29,269
SFY 2023	102-500731	Contracts for Program Services	90080112	$351,226
SFY 2024	102-500731	Contracts for Program Services	90080112	$351,226
			Subtotal:	*$731,721*

4. Greater Seacoast Community Health, Vendor # 166629-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$49,307
SFY 2023	102-500731	Contracts for Program Services	90080112	$591,689
SFY 2024	102-500731	Contracts for Program Services	90080112	$591,689
			Subtotal:	*$1,232,685*

5. Health First Family Care Center, Vendor # 158221-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$23,906
SFY 2023	102-500731	Contracts for Program Services	90080112	$286,871
SFY 2024	102-500731	Contracts for Program Services	90080112	$286,871
			Subtotal:	*$597,648*

6. Lamprey Health Care, Inc., Vendor # 177677-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$44,501
SFY 2023	102-500731	Contracts for Program Services	90080112	$534,013
SFY 2024	102-500731	Contracts for Program Services	90080112	$534,013
			Subtotal:	*$1,112,527*

7. Manchester Health Dept. Vendor #177433-B009 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$16,480
SFY 2023	102-500731	Contracts for Program Services	90080112	$197,763
SFY 2024	102-500731	Contracts for Program Services	90080112	$197,763
			Subtotal:	*$412,006*

8. Mid-State Health Center, Vendor # 158055-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$25,633
SFY 2023	102-500731	Contracts for Program Services	90080112	$307,595
SFY 2024	102-500731	Contracts for Program Services	90080112	$307,595
			Subtotal:	*$640,823*

9. Weeks Medical Center, Vendor # 177171-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,712
SFY 2023	102-500731	Contracts for Program Services	90080112	$296,547
SFY 2024	102-500731	Contracts for Program Services	90080112	$296,547
			Subtotal:	*$617,806*

10. White Mountain Community Health Center, Vendor # 174170-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,995
SFY 2023	102-500731	Contracts for Program Services	90080112	$299,945
SFY 2024	102-500731	Contracts for Program Services	90080112	$299,945
			Subtotal:	*$624,885*
			TOTAL:	**$8,158,520**

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFP-2022-DPHS-19-PRIMA

Project Title Maternal and Child Health Care in the Integrated Primary Care Setting

	Maximum Points Available	Amoskeag Health	City of Manchester Health Department	Concord Hospital Family Health Center	Coos County Family Health Services	Greater Seacoast Community Health	HealthFirst Family Care Center Inc	Lamprey Healthcare	Mid-State Health	Weeks Medical Center	White Mountain Community Health Center
Technical											
Primary Care Services (Q1)	30	28	24	25	23	29	25	25	28	25	28
Social Determinants of Health (Q2)	20	20	18	13	18	20	18	15	18	15	18
Enabling Service Initiatives (Q3)	20	20	18	14	18	19	18	13	19	18	16
Quality Improvement Projects (Q4)	20	20	20	12	17	18	18	17	15	18	16
Staffing (Q5)	5	3	3	3	3	5	4	2	4	3	3
and Training Plan (Q6)	5	4	3	3	3	5	4	5	4	4	2
Technical Score*	100	95	86	70	82	96	87	77	88	83	83
TOTAL SCORE	100	95	86	70	82	96	87	77	88	83	83

**Minimum Passing Technical Score = 70 of 100 possible points.*

	Reviewer Name	Title
1	Rhonda Siegel	Administrator
2	Shari Campbell	Program Specialist III
3	Erica Tenney	Program Coordinator
4	Lisa Storez	Public Health Nurse Consultant
5	Ellen Stickney	Public Health Nurse Coordinator

FORM NUMBER P-37 (version 12/11/2019)

Subject: Maternal and Child Health Care in the Integrated Primary Care Setting (RFP-2022-DPHS-19-PRIMA-06)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name HealthFirst Family Care Center, Inc.		1.4 Contractor Address 841 Central St. Franklin, NH 03235	
1.5 Contractor Phone Number (603) 934-0177	1.6 Account Number 05-95-90-902010-5190	1.7 Completion Date June 30, 2024	1.8 Price Limitation $597,648
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Russell Keene Date: 5/20/2022		1.12 Name and Title of Contractor Signatory Russell Keene — President/CEO	
1.13 State Agency Signature DocuSigned by: Iain Watt Date: 5/20/2022		1.14 Name and Title of State Agency Signatory Iain Watt — Deputy Director - DPHS	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Robyn Guarino		On: 5/20/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials: RK

Date: 5/20/2022

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials RK

Date 5/20/2022

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

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

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

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

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

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

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

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of the

Contractor Initials KL

Date 5/20/2022

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation")*.

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

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Contractor Initials RK

Date 5/20/2022

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting
EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

   1.1. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

      3.3. The parties may extend the Agreement for up four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

   1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

      12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting
EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall increase access to integrated healthcare for the Maternal and Child Health (MCH) target population of Women, Infants, Children and Adolescents from birth to 21 years of age, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

1.2. The Contractor shall provide and increase access to healthcare for New Hampshire Infants, Children and Adolescents from birth to 21 years of age, and Pregnant Women and Women of Childbearing age, and must not exclude individuals who are:

1.2.1. Uninsured.

1.2.2. Underinsured.

1.2.3. Considered low-income defined as less than 185% of the U.S. Department of Health and Human Services (US DHHS) Poverty Guidelines.

1.2.4. Lacking housing, including individuals whose primary residence during the night is a supervised public or private facility, such as a shelter, that provides temporary living accommodations.

1.2.5. Residing in transitional housing.

1.2.6. Unable to maintain their housing situation.

1.2.7. Forced to stay with a series of friends and/or extended family members, hence are considered homeless.

1.2.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

1.3. The Contractor shall provide integrated preventative and primary health care services to the populations in Subsection 1.2 above, which must include:

1.3.1. Behavioral health care;

1.3.2. Prenatal care either on site or by referral;

1.3.3. Care management; and

1.3.4. Enabling services.

1.4. The Contractor shall provide eligibility determination services that include, but are not limited to:

1.4.1. Notifying the Department in writing if/when access to primary care services for new patients is limited or closed for more than thirty (30)

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consecutive business days or any sixty (60) non-consecutive business days.

1.4.2. Assisting individuals with completing a Medicaid/Expanded Medicaid and/or other health insurance applications.

1.4.3. Maximizing billing to private and commercial insurances for all reimbursable services rendered.

1.4.4. Posting a public notice in a conspicuous location specifying that no individual will be denied services due to inability to pay.

1.4.5. Developing and implementing a sliding fee scale for services in accordance with the Federal Poverty Guidelines and providing the sliding fee scale to the Department upon request.

1.5. The Contractor shall ensure primary care services are provided by a New Hampshire licensed:

1.5.1. Medical Doctor (MD);

1.5.2. Doctor of Osteopathic Medicine (DO);

1.5.3. Advanced Practice Registered Nurse (APRN); and/or

1.5.4. Physician Assistant (PA) to eligible individuals in the service area.

1.6. The Contractor shall provide services in an office-based setting which may include, but is not limited to:

1.6.1. Federally Qualified Health Centers (FQHCs) and/or Rural Health Clinics.

1.6.2. School Based Health Clinics.

1.6.3. Mobile Care Delivery Services.

1.7. The Contractor shall ensure services include, but are not limited to:

1.7.1. Reproductive health services.

1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral.

1.7.3. Preventive primary care services for women, infants, children and adolescents, including screenings and health education in accordance with established, documented state or national guidelines and evidence based practices.

1.7.4. Integrated behavioral health services.

1.7.5. Assessment of need and follow-up/referral as indicated for:

1.7.5.1. Tobacco cessation, including referral to programs such as QuitWorks-NH (http://www.QuitWorksNH.org);

1.7.5.2. Social services that address Social Determinants of Health (SDOH);

1.7.5.3. Chronic Disease management, including disease specific referral and self-management education such as referral to Diabetes Self-Management Education (DSME) as recommended by American Diabetes Association (ADA);

1.7.5.4. Nutrition services, including Women, Infants and Children (WIC) Food and Nutrition Service, as appropriate;

1.7.5.5. Screening, Brief Intervention and Referral to Treatment (SBIRT) services; and

1.7.5.6. Referrals to any specialists as needed that are not offered on site, including home visiting services and oral health.

1.8. The Contractor shall provide and facilitate enabling services to all individuals served with special emphasis given to the MCH population of women and infants, children and adolescents from birth to 21 years of age. Enabling services must include at a minimum:

1.8.1. Case management;

1.8.2. Benefit counseling and/or eligibility assistance;

1.8.3. Health education and supportive counseling; and

1.8.4. Language interpretation, outreach, transportation and education of patients and the community regarding the availability and appropriate use of health services.

1.9. The Contractor shall ensure management services for individuals enrolled for primary care services include, but are not limited to:

1.9.1. Integrated and coordinated services that ensure patients receive necessary care, including behavioral health and oral care when and where it is needed and wanted, and in a culturally and linguistically appropriate manner; and

1.9.2. Direct access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, by referral or subcontract.

1.10. The Contractor shall develop, define, facilitate and implement a minimum of two (2) enabling services initiatives and enabling services initiative work plans that focus on the Title V MCH Block Grant population of women, infants, children and adolescents, as follows:

1.10.1. Initiative One (1) – Screening and Referrals for SDOH, in accordance with Attachment #1; and

1.10.2. Initiative Two (2) – Implement Adverse Childhood Experiences (ACES) Screening in the Pediatric/Adolescent Patient Population, in

accordance with Attachment #2.

1.11. The Contractor shall monitor, update and implement each enabling services initiative work plan in accordance with Attachment #3 – Reporting Requirements Calendar.

1.12. The Contractor shall develop, define, facilitate and implement a minimum of two (2) quality improvement (QI) projects, which must consist of systematic and continuous actions that lead to measurable improvements in health care services and the health status of all individuals served, including:

1.12.1. QI Project One (1): Adolescent Well-Care Visits, in accordance with Attachment #4; and

1.12.2. QI Project Two (2): Measuring Developmental Screening, in accordance with Attachment #5.

1.13. The Contractor shall monitor, update and implement the work plans for each QI project in accordance with Attachment #3 – Reporting Requirements Calendar.

1.14. The Contractor shall attend in-person and/or virtual meetings and trainings facilitated by the Department, which include, but are not limited to:

1.14.1. MCH Agency Directors' Meetings scheduled by the Department on an as-needed basis.

1.14.2. MCH Primary Care Coordinators' Meetings up to two (2) times per year, which may require attendance by selected Vendor(s) quality improvement and clinical staff.

1.15. The Contractor shall ensure all services in this Exhibit B, Scope of Services, are provided by qualified health and allied health professionals.

1.16. The Contractor shall provide supporting documentation to the Department that verifies staff hours funded under the Agreement that may include, but is not limited to, timecards.

1.17. The Contractor shall ensure all health and allied health professionals possess and maintain the appropriate and current New Hampshire licenses whether directly employed, contracted or subcontracted.

1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator or staff person essential to providing services. The Contractor shall ensure notification:

1.18.1. Is provided to the Department no later than thirty business (30) days from the date of hire; and

1.18.2. Includes a copy of the newly hired individual's resume.

1.19. The Contractor shall notify the Department in writing when:

1.19.1. Any critical position is vacant for more than thirty (30) business days;

1.19.2. There is not adequate staffing to perform all required services for any period lasting more than thirty (30) consecutive business days or any sixty (60) non-consecutive business days.

1.20. The Contractor shall ensure that all employees and subcontractors providing direct services to clients under this Agreement have undergone a criminal background check and have no convictions for crimes that represent evidence of behavior that could endanger clients served under this Agreement.

1.21. The Contractor shall permit an individual, or team or individuals, authorized by the Department to schedule and conduct periodic virtual and/or on-site reviews of documentation related to contracted services, including:

1.21.1. Administration;

1.21.2. Data collection and submission;

1.21.3. Clinical and financial management; and

1.21.4. Delivery of education services.

1.22. The Contractor shall ensure the information needed by the Department to conduct virtual and/or on-site reviews is available, which may include, but is not limited to:

1.22.1. Client records.

1.22.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

1.23. The Contractor shall adhere to any corrective action plans issued by the Department should virtual and/or on-site reviews yield results that services provided are not in compliance with the Agreement. Any corrective action plans shall not prevent the Department from taking action under paragraph 8, Event of Default/Remedies and paragraph 9, Termination, of the General Provisions, Form P-37, of the Agreement.

1.24. The Contractor shall actively and regularly collaborate with the Department to enhance contract management and improve results.

1.25. The Contractor may be required to collect and share other key data and metrics with the Department, including client-level demographic, performance, and service data, in a format specified by the Department.

1.26. Reporting

1.26.1. The Contractor shall collect and submit the data and reports as specified in Attachment #3 – Reporting Requirements Calendar to the Department. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include but is not limited to:

1.26.1.1. Uniform Data System (UDS) outcomes.

1.26.1.2. Performance Measure outcomes.

1.26.1.3. Work plan for each Enabling Service Initiative.

1.26.1.4. Work Plan for each QI Project.

1.27. Performance Measures

1.27.1. The Contractor shall report data on the Performance Measures in Appendix F at regular intervals as specified in Appendix G – Reporting Requirements Calendar, utilizing Appendix K – DTT-PC2022 Template.

1.27.2. The Contractor shall meet or exceed their proposed goals and objectives for the required Performance Measures in Attachment #6. Should the Contractor not meet or exceed their goals, the Contractor shall submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment #7 – Performance Measure Outcome Report Template, at reporting intervals as specified in Appendix G – Reporting Requirements Calendar.

1.27.3. The Department may identify other performance measures in the resulting Agreement.

2. Exhibits Incorporated

2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

3.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

3.4. Operation of Facilities: Compliance with Laws and Regulations

3.4.1. In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental

license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

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

4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate, provided

however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting
EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 10% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration, CFDA #93.994, FAIN B04MC45230.
   1.2. 90% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget through Exhibit C-3, Budget.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
   4.3. Identifies and requests payment for allowable costs incurred in the previous month.
   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.govor mailed to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *HealthFirst Family Care Center, Inc.*

Budget Request for: *Integrated Primary Care*

Budget Period *Date of G&C Approval - 6/30/2022*

Indirect Cost Rate (if applicable) 10.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$16,437
2. Fringe Benefits	$3,945
3. Consultants	$0.00
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0.00
5.(a) Supplies - Educational	$0.00
5.(b) Supplies - Lab	$0.00
5.(c) Supplies - Pharmacy	$0.00
5.(d) Supplies - Medical	$1,351
5.(e) Supplies Office	$0.00
6. Travel	$0.00
7. Software	$0.00
8. (a) Other - Marketing/Communications	$0.00
8. (b) Other - Education and Training	$0.00
8. (c) Other - Other (specify below)	
Other Language Interpretation Services	$0.00
Other (please specify)	$0.00
Other (please specify)	$0.00
Other (please specify)	$0.00
9. Subrecipient Contracts	$0.00
Total Direct Costs	$21,733
Total Indirect Costs	$2,173
TOTAL	**$23,906.00**

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Contractor Initials RK

Date 5/20/2022

New Hampshire Department of Health and Human Services.	
Complete one budget form for each budget period.	
Contractor Name:	*HealthFirst Family Care Center, Inc.*
Budget Request for:	*Integrated Primary Care*
Budget Period	*7/1/22 - 6/30/23 (SFY 23)*
Indirect Cost Rate (if applicable)	10.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$178,402
2. Fringe Benefits	$42,816
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$22,074
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$10,000
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Other Language Interpretation Services	$7,500
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$260,792
Total Indirect Costs	$26,079
TOTAL	$286,871.00

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Contractor Initials

5/20/2022

Date

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name:	*HealthFirst Family Care Center, Inc.*
Budget Request for:	*Integrated Primary Care*
Budget Period	*7/1/23 - 6/30/24 (SFY 24)*
Indirect Cost Rate (if applicable)	10.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$178,402
2. Fringe Benefits	$42,816
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$22,074
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$10,000
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Other Language Interpretation Services	$7,500
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$260,792
Total Indirect Costs	$26,079
TOTAL	$286,871

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Contractor Initials

5/20/2022

Date

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
   - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
   - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
     - 1.2.1. The dangers of drug abuse in the workplace;
     - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
     - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
     - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
   - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
     - 1.4.1. Abide by the terms of the statement; and
     - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
   - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

Vendor Initials RK
Date 5/20/2022

has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Vendor Name:

5/20/2022
Date

DocuSigned by:
Russell Keene
Name: Russell Keene
Title: President/CEO

New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Vendor Name:

5/20/2022
Date

DocuSigned by:
Russell Keene
Name: Russell Keene
Title: President/CEO

DS
RK
Vendor Initials
5/20/2022
Date

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters; and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

Contractor Initials KE
Date 5/20/2022

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

5/20/2022
Date

DocuSigned by:
Russell Keene
Name: Russell Keene
Title: President/CEO

DS
RK
Contractor Initials

5/20/2022
Date

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

DS

Contractor Initials RK

Date 5/20/2022

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

DocuSigned by:
Russell Keene
[illegible]

5/20/2022
Date

Name: Russell Keene
Title: President/CEO

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

5/20/2022
Date

DocuSigned by:
Russell Keene
Name: Russell Keene
Title: President/CEO

Contractor Initials DS RK
Date 5/20/2022

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH
Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:
   I. For the proper management and administration of the Business Associate;
   II. As required by law, pursuant to the terms set forth in paragraph d. below; or
   III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) **Obligations and Activities of Business Associate.**

a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person used the protected health information or to whom the disclosure was made;
- Whether the protected health information was actually acquired or viewed
- The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.

d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

Contractor Initials RL

Date 5/20/2022

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement..

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services	HealthFirst Family Care Center
The State by:	Name of the Contractor
Iain Watt	Russell Keene
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Russell Keene
Name of Authorized Representative	Name of Authorized Representative
Deputy Director - DPHS	President/CEO
Title of Authorized Representative	Title of Authorized Representative
5/20/2022	5/20/2022
Date	Date

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

DocuSigned by:
Russell Keene

5/20/2022
Date

Name: Russell Keene
Title: President/CEO

DS
RK

Contractor Initials

5/20/2022
Date

New Hampshire Department of Health and Human Services
Exhibit J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 026459417

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   X NO _____ YES

   If the answer to #2 above is NO, stop here

   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____ YES

   If the answer to #3 above is YES, stop here

   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Initials DS RL

Date 5/20/2022

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

   Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

Contractor Initials DS

Date 5/20/2022

Attachment #1 – Screening and Referrals for SDOH

Appendix D – Enabling Service Work Plan and Progress Report Template

Enabling Services Work Plan Agency Name: HealthFirst Family Care Center Name and Role of Person(s) Completing Work Plan: Alisha Nadeau, MSN, RN, CNL; Senior Director of Clinical Operations			
Enabling Services Focus Area: To address social determinants of health (SDOH) and reduce health disparities.			
Project Goal: Have dedicated staff and community partnerships that equip us to provide education and resources to our patients.			
Project Objective: To continue to provide enabling services as a key component of a comprehensive community health center model of care.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Provide daily access to the patient advocates in both office locations, expanding telehealth access, increase use of online and DocuSign systems, to create ease of access as a resource for patients without requiring an in-person visit	COVID CHW MAT Team Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists Medical Interpreters CTS and other transportation services	The Practice Manager will track volume of Patient Advocate and telehealth visits on a monthly basis and report visit volume to the management team.	March 2022
Increase our 340b pharmacy partnership program by adding an additional pharmacy to the HF 340b pharmacy program by January 2023	Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager HF 340b Pharmacy program	The CFO will track progress and report to the management team the status of adding a Pharmacy to the HF pharmacy partner program.	January 2023
Increase our community outreach efforts with offering additional counselor involvement	Behavioral Health Clinicians COVID CHW MAT Team	The Behavioral Health Manager will track progress with the counselors for community	September 2022

Attachment #1 – Screening and Referrals for SDOH

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Appendix D – Enabling Service Work Plan and Progress Report Template

with at least one additional school district (ie Belmont School district) by Sept 2022	Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager	outreach to include an additional school district (ie: Belmont School district(s)). Update will be provided at the Management Team Meeting.	
Update our resource material for dental care access in our catchment area to include school based dental services by April 2022. This goal will be affected by the school's agreement to have this collaborative effort offered and COVID pandemic restrictions to access schools.	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Administrative personnel- Intake and referral coordinators Patient Advocates and Certified Application Specialists Dental Resources and Hygienist	The Practice Manager will track progress with dental referrals and number of patients in the School Dental Program. An update will be provided to the Management Team on # of patients and schools supporting participation quarterly.	April 2022
Provide additional training and education to administrative personnel each quarter at their team meetings. The Patient Advocate and/or Quality Project nurse will present information that will equip our team to better guide the patients. Team agenda will include the Patient Advocate and/or Quality nurse starting in April 2022 and will include focus on the following: Services covered by a Patient Advocate Services covered by the COVID CHW Services covered by a CRSW	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists Breast and Cervical Cancer program (BCCP) staff Dental Resources and Hygienist	The Practice Manager will schedule the Patient Advocate & Quality Project Nurse, set the agenda, and document minutes of the Patient Services Team meetings. The minutes (including handouts) will be saved on a shared drive for staff to refer to. An update will be provided to the Management Team when complete.	Quarterly starting in April 2022

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Attachment #1 – Screening and Referrals for SDOH

Appendix D – Enabling Service Work Plan and Progress Report Template

Sliding Fee Scale determination process Update on community collaborative efforts and services available in our community (such as housing, education, food & nutrition) BCCP program awareness and how to offer this to our uninsured women patients			
Interpreter's annual contract will be renewed in 2022 to continue to provide translation services for our patients.	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Behavioral Health Clinicians Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists Medical Interpreters CTS and other transportation services Breast and Cervical Cancer program (BCCP) staff Dental Resources and Hygienist HF 340b Pharmacy program	The Practice Manager will track progress with the interpretation and language services contracts. An update will be provided to the Management Team once completed.	June 2022
Participation in cross-agency multi-disciplinary teams working on community wellness and	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers	The Practice Manager and Senior Director of Clinical Operations will schedule the interdisciplinary	Quarterly starting in March 2022

Attachment #1 – Screening and Referrals for SDOH

Appendix D – Enabling Service Work Plan and Progress Report Template

Interagency communication and collaborative education and information projects.	COVID CHW MAT Team Behavioral Health Clinicians Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists Medical Interpreters CTS and other transportation services Breast and Cervical Cancer program (BCCP) staff Dental Resources and Hygienist HF 340b Pharmacy program	team meetings, set the agenda, and document minutes of the cross-agency meetings. The minutes (including handouts) will be saved on a shared drive for staff to refer to. An update will be provided to the Management Team when complete.	
Collect PRAPARE screening questions of SDOH needs during patient intake process and add the rescreening of patients to their annual forms that need to be completed every year	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists	Senior Director of Clinical Operations will prepare a handout of the PRAPARE screening questions to be added to the intake packets. The Practice Manager will share the SDOH questions with the intake team to add to the annual and New Patient packets	October 2022
Instruct the Medical Assistants (MAs) to import the PRAPARE screening answers into the	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers	The PRAPARE screening question handout will be scanned to the MA's desktop for documentation	October 2022

Attachment #1 – Screening and Referrals for SDOH

Appendix D – Enabling Service Work Plan and Progress Report Template

patient's chart within the EMR during chart prep before the New Patient Appointment	COVID CHW MAT Team Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager	into the patient's chart. The PRAPARE screening tool is already integrated within our EMR for electronic documentation purposes	
Have the MA review the patient's PRAPARE screening answers during the New Patient Appointment and ask patient if (s)he would like a referral for services with our Patient Advocate, COVID CHW, CRSW, or social worker	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Behavioral Health Clinicians Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists	The PRAPARE screening questions will be reviewed by the MA at the New Patient Appt and their SDOH needs confirmed If necessary and willing, the MA will refer the patient to the most appropriate in-house employee to help address their needs- Patient Advocate, Certified Application Specialist, COVID CHW, CRSW, MAT, social worker, or BH clinician	October 2022
Add the PRAPARE screening to patient's annual physicals for MAs to rescreen patients for SDOH needs	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists	The integrated EMR PRAPARE screening tool form will be added to the necessary appointment types so the MA will be prompted to ask the patient about their SDOH needs on an annual basis, at a minimum	January 2023

Attachment #1 – Screening and Referrals for SDOH

Appendix D – Enabling Service Work Plan and Progress Report Template

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2022 Progress Report– • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise, and resubmit to the Department for review and/or approval. Work Plan Revisions submitted: _____Yes ____No	
January 2023 Progress Report– • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise, and resubmit to the Department for review and/or approval. Work Plan Revisions submitted: _____Yes ____No	

Attachment #1 – Screening and Referrals for SDOH

Appendix D – Enabling Service Work Plan and Progress Report Template

July 2023 Project Update SFY23 Outcome (Insert your organization's data/outcome results here for 7/1/22-6/30/23).	
Did you meet your Target/Objective?	____Yes ____No
July 2023 Project Update SFY23 Narrative: If met–Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. Work Plan Revisions submitted: ____Yes ____No	
July 2023 Project Update SFY23 Patient Success Story: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise, and	

Attachment #1 – Screening and Referrals for SDOH

Appendix D – Enabling Service Work Plan and Progress Report Template

resubmit to the Department for review and/or approval. Work Plan Revisions submitted: ____Yes ____No	
July 2024 Project Update SFY24 Outcome (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update SFY24 Narrative: If met—Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2024 Project Update SFY24 Patient Success Story: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment #2 – Implement Adverse Childhood Experiences (ACES) Screening in the Pediatric/Adolescent Patient Population

Appendix D – Enabling Service Work Plan and Progress Report Template

Enabling Services Work Plan Agency Name: HealthFirst Family Care Center Name and Role of Person(s) Completing Work Plan: Alisha Nadeau, MSN, RN, CNL; Senior Director of Clinical Operations			
Enabling Services Focus Area: Implement ACES (Adverse Childhood Experiences) screening in the pediatric/adolescent patient population			
Project Goal: Have dedicated staff and evidence-based screening tools that equip us to provide education and resources to our patients regarding the impacts and effects childhood trauma can have on development and services necessary for the patient			
Project Objective: To continue to provide trauma informed care, care coordination, appropriate referrals, and effective services for our patients as a key component of a comprehensive community health center model of care.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Research evidence-based ACES screening tools appropriate for primary care integration	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Behavioral Health Clinicians Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists	Develop a work group to research and evaluate ACES screening tools appropriate for primary care agencies Choose one or two ACES screening tools to try with a Pilot group	October 2022
Ensure sufficient staff to conduct ACES screening according to integrated model	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Behavioral Health Clinicians	Senior Director of Clinical Operations to grow and develop the MA and nursing teams to ensure appropriate staff available to conduct the screenings during medical patient visits	December 2022

Contractor Initials DS RK

Date 5/20/2022

Attachment #2 – Implement Adverse Childhood Experiences (ACES) Screening in the Pediatric/Adolescent Patient Population

Appendix D – Enabling Service Work Plan and Progress Report Template

	Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists	Behavioral Health Manager to grow and develop the behavioral health team to ensure appropriate staff available to conduct the screenings during behavioral health patient visits	
Provide training to integrated care and behavioral health team to ensure fidelity to the ACES model	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team . Behavioral Health Clinicians Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists	Annual review of ACES screening protocol Semi-annual re-education of all clinical and behavioral health staff on ACES screening protocol Semi-annual performance updates during clinical and behavioral health staff meetings QA Nurse Coordinator will review data on a quarterly basis and share with the Staff QI Committee on a quarterly basis to identify improvement opportunities Review annual performance with PCPs Measure results will be reported to BOD QI Subcommittee semi-annually	April 2023
Modify and/or adapt current Electronic Medical Records (EMR) systems to track ACES completions, actions, recommendations, and follow-ups	Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager CHAN	Senior Director of Clinical Operations and the Quality Nurse Coordinator will work with CHAN to get the selected ACES screening form uploaded into the EMR for documentation purposes	January 2023

Attachment #2 – Implement Adverse Childhood Experiences (ACES) Screening in the Pediatric/Adolescent Patient Population

Appendix D – Enabling Service Work Plan and Progress Report Template

Use ACES in the EMR to bill for trauma informed care services	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Behavioral Health Clinicians Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists Billing and Finance Team	HFFCC billing and finance team to research billing and reimbursement opportunities for the medical and BH clinicians to be reimbursed for ACES screening If possible, the appropriate orders and CPT codes will be uploaded into our EMR for clinician use and billing purposes	January 2023
Coordinate care between internal and external treatment partners that provide trauma informed care services based on ACES findings not available primary care site	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Behavioral Health Clinicians Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists	The Senior Director of Clinical Operations will track progress with external referrals and number of patients referred for services. An update will be provided to the Management Team on # of patients quarterly The Behavioral Health Manager will track referrals sent via UniteUs platform	April 2023
Test ACES fidelity with subset of target population prior to full implementation with all pediatric and adolescent patients	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team	Determine the appropriate pilot team to test the ACES screening question for the target population	June 2023

Attachment #2 – Implement Adverse Childhood Experiences (ACES) Screening in the Pediatric/Adolescent Patient Population

Appendix D – Enabling Service Work Plan and Progress Report Template

	Behavioral Health Clinicians Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists	Complete PDSA cycles to ensure the questionnaire's integration within the clinical team's workflow is sustainable Once achieved, roll out the ACES screening questions to the rest of the pediatric and adolescent patient population at all sites of care	

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2022 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. Work Plan Revisions submitted: ____Yes ____No	

Attachment #2 – Implement Adverse Childhood Experiences (ACES) Screening in the Pediatric/Adolescent Patient Population

Appendix D – Enabling Service Work Plan and Progress Report Template

January 2023 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. Work Plan Revisions submitted: ____Yes ____No	
July 2023 Project Update SFY23 Outcome (Insert your organization's data/outcome results here for 7/1/22-6/30/23).	
Did you meet your Target/Objective?	____Yes ____No
July 2023 Project Update SFY23 Narrative: If met–Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. Work Plan Revisions submitted: ____Yes ____No	

Attachment #2 – Implement Adverse Childhood Experiences (ACES) Screening in the Pediatric/Adolescent Patient Population

Appendix D – Enabling Service Work Plan and Progress Report Template

July 2023 Project Update SFY23 Patient Success Story: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit to the Department for review and/or approval. Work Plan Revisions submitted: ____Yes ____No	
July 2024 Project Update SFY24 Outcome (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update SFY24 Narrative: If met--Explain what happened during the year that contributed to the success.	

Attachment #2 – Implement Adverse Childhood Experiences (ACES) Screening in the Pediatric/Adolescent Patient Population

Appendix D – Enabling Service Work Plan and Progress Report Template

If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2024 Project Update SFY24 Patient Success Story: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 23 (July 1, 2022-June 30, 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
SFY 24 (July 1, 2023 – June 30, 2024)	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #4 – Adolescents Well-Care Visits

Appendix J – Quality Improvement Project Work Plan and Progress Report Template

Quality Improvement Work Plan Agency Name: HealthFirst Family Care Center Name and Role of Person(s) Completing Work Plan: Alisha Nadeau, MSN, RN, CNL; Senior Director of Clinical Operations			
MCH Performance Measure: Adolescent Well-Care Visit: Percentage of adolescents 12-21 years of age, who had at least one comprehensive well-care visit/CPE with a PCP or an OB/GYN practitioner during the measurement year			
Project Objective: To enhance adolescent health by assuring recommended annual adolescent well-visits, with the hopes of improving the availability of and access to healthcare to maintain the infrastructure of safety net providers and services, decreasing adolescent overweight and obesity, and decreasing the use and abuse of alcohol, tobacco, and other substances among adolescents			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Annual review of adolescent well-care performance measure and protocol	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Administrative personnel- Intake and referral coordinators Patient Advocates and Certified Application Specialists Breast and Cervical Cancer program (BCCP) staff	QA/QI Nurse Coordinator will review data on a quarterly basis and share with the Staff QI Committee and in clinical staff meetings to identify opportunities for improvement and potential tests of change Each Provider will be given his/her individual measure performance percentages quarterly, which will be reviewed with all other clinical staff to help initiate discussion on improving performance Measure results will be reported to the BOD QI Subcommittee on a quarterly basis	March 2022
Semi-annual re-education of all clinical staff on adolescent well-	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers	QA/QI Nurse Coordinator will review data on a quarterly basis and share with the Staff QI	March 2022

Attachment #4 – Adolescents Well-Care Visits

Appendix J – Quality Improvement Project Work Plan and Progress Report Template

care performance measure and protocol	COVID CHW MAT Team Administrative personnel- Intake and referral coordinators Patient Advocates and Certified Application Specialists Breast and Cervical Cancer program (BCCP) staff	Committee and in clinical staff meetings to identify opportunities for improvement and potential tests of change Each Provider will be given his/her individual measure performance percentages quarterly, which will be reviewed with all other clinical staff to help initiate discussion on improving performance The action plan will be reassessed and re-evaluated if the semi-annual target is not met or the quarterly reviews indicate lack of progress or need of revision Measure results will be reported to the BOD QI Subcommittee on a quarterly basis	
Nursing and MA staff to review quarterly reports to identify patients in need of adolescent well-care visits, will contact the family, and schedule appointments	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Administrative personnel- Intake and referral coordinators Patient Advocates and Certified Application Specialists Breast and Cervical Cancer program (BCCP) staff	QA/QI Nurse Coordinator will review data on a quarterly basis and share with the Staff QI Committee and in clinical staff meetings to identify opportunities for improvement and potential tests of change Each Provider will be given his/her individual measure performance percentages quarterly, which will be reviewed with all other clinical staff to help	March 2022, quarterly thereafter

Attachment #4 – Adolescents Well-Care Visits

Appendix J – Quality Improvement Project Work Plan and Progress Report Template

		initiate discussion on improving performance The action plan will be reassessed and re-evaluated if the semi-annual target is not met or the quarterly reviews indicate lack of progress or need of revision Measure results will be reported to the BOD QI Subcommittee on a quarterly basis	
QI staff will review monthly insurance reports and reach out to all patients in need of well-care visits	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Administrative personnel- Intake and referral coordinators Patient Advocates and Certified Application Specialists Breast and Cervical Cancer program (BCCP) staff	QA/QI Nurse Coordinator will review data on a quarterly basis and share with the Staff QI Committee and in clinical staff meetings to identify opportunities for improvement and potential tests of change Each Provider will be given his/her individual measure performance percentages quarterly, which will be reviewed with all other clinical staff to help initiate discussion on improving performance The action plan will be reassessed and re-evaluated if the semi-annual target is not met or the quarterly reviews indicate lack of progress or need of revision	March 2022, monthly thereafter

Attachment #4 – Adolescents Well-Care Visits

Appendix J – Quality Improvement Project Work Plan and Progress Report Template

		Measure results will be reported to the BOD QI Subcommittee on a quarterly basis	
Improve daily use of protocol assessment tool and 'check protocols' button in the EMR by clinical staff to identify adolescents in need of well-care visit	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists Breast and Cervical Cancer program (BCCP) staff	QA/QI Nurse Coordinator will review data on a quarterly basis and share with the Staff QI Committee and in clinical staff meetings to identify opportunities for improvement and potential tests of change Each Provider will be given his/her individual measure performance percentages quarterly, which will be reviewed with all other clinical staff to help initiate discussion on improving performance The action plan will be reassessed and re-evaluated if the semi-annual target is not met or the quarterly reviews indicate lack of progress or need of revision Measure results will be reported to the BOD QI Subcommittee on a quarterly basis	March 2022
Improve use of pre-planning procedure and Care Management Reports to document the last date of adolescent well-care visit, which will trigger the check-out staff to	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team	QA/QI Nurse Coordinator will review data on a quarterly basis and share with the Staff QI Committee and in clinical staff meetings to identify	March 2022

Attachment #4 – Adolescents Well-Care Visits

Appendix J – Quality Improvement Project Work Plan and Progress Report Template

schedule the well-care visit before patient leaves the office	Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists Breast and Cervical Cancer program (BCCP) staff	opportunities for improvement and potential tests of change Each Provider will be given his/her individual measure performance percentages quarterly, which will be reviewed with all other clinical staff to help initiate discussion on improving performance The action plan will be reassessed and re-evaluated if the semi-annual target is not met or the quarterly reviews indicate lack of progress or need of revision Measure results will be reported to the BOD QI Subcommittee on a quarterly basis	
During acute visits, parents and adolescents will be counseled and encouraged to come in for annual health visits by their PCPs and nurses	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists Breast and Cervical Cancer program (BCCP) staff	QA/QI Nurse Coordinator will review data on a quarterly basis and share with the Staff QI Committee and in clinical staff meetings to identify opportunities for improvement and potential tests of change Each Provider will be given his/her individual measure performance percentages quarterly, which will be reviewed with all other clinical staff to help initiate discussion on improving performance	March 2022

Attachment #4 – Adolescents Well-Care Visits

Appendix J – Quality Improvement Project Work Plan and Progress Report Template

July 2022 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ___No	
January 2023 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ___No	

Appendix J – Quality Improvement Project Work Plan and Progress Report Template

July 2023 Project Update **SFY23 Outcome** (insert your agency's data/outcome results here for 7/1/22-6/30/23)	
Did you meet your Target/Objective?	____Yes ____No
July 2023 Project Update **SFY23 Narrative:** If met–Explain what happened during the year that contributed to the success If NOT met–what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** ____Yes ____No	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work plan Revisions submitted:** ____Yes ____No	

Attachment #4 – Adolescents Well-Care Visits

Appendix J – Quality Improvement Project Work Plan and Progress Report Template

July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	___Yes ___No
July 2024 Project Update **SFY24 Narrative:** If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year	

Attachment #5 – Measuring Developmental Screening

Appendix J – Quality Improvement Project Work Plan and Progress Report Template

Quality Improvement Work Plan Agency Name: HealthFirst Family Care Center Name and Role of Person(s) Completing Work Plan: Alisha Nadeau; MSN, RN, CNL; Senior Director of Clinical Operations			
MCH Performance Measure: Developmental Screening Measure: Percent of children who reached 30 months by the end of the reporting period, and who were screened for autism using the MCHAT at least once between the ages of 16-30 months			
Project Objective: To enhance pediatric health and increase appropriate referrals to specialty services by assuring recommended evidence-based developmental screenings are completed by the recommend age guidelines			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Ensure sufficient staff to conduct MCHAT screening according to Integrated model	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Behavioral Health Clinicians Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists	Senior Director of Clinical Operations to grow and develop the MA and nursing teams to ensure appropriate staff available to conduct the screenings during medical patient visits Behavioral Health Manager to grow and develop the behavioral health team to ensure appropriate staff available to conduct the screenings during behavioral health patient visits	July 2022
Provide training to integrated care and behavioral health team to ensure fidelity to the MCHAT screening	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Behavioral Health Clinicians Administrative personnel- Intake and referral coordinators	Annual review of MCHAT screening protocol Semi-annual re-education of all clinical and behavioral health staff on MCHAT screening protocol	September 2022

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Attachment #5 – Measuring Developmental Screening

Appendix J – Quality Improvement Project Work Plan and Progress Report Template

	Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists	Semi-annual performance updates during clinical and behavioral health staff meetings QA Nurse Coordinator will review data on a quarterly basis and share with the Staff QI Committee on a quarterly basis to identify improvement opportunities Review annual performance with PCPs Measure results will be reported to BOD QI Subcommittee semi-annually	
Modify and/or adapt current Electronic Medical Records (EMR) systems to track MCHAT completions, actions, recommendations, and follow-up	Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager CHAN	Senior Director of Clinical Operations and the Quality Nurse Coordinator will work with CHAN to get the MCHAT screening form updated in the EMR for documentation purposes	September 2022
Coordinate care between internal and external treatment partners that provide autism informed care, diagnoses, and services based on MCHAT findings that is not available primary care site	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Behavioral Health Clinicians Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager	The Senior Director of Clinical Operations will track progress with external referrals and number of patients referred for services. An update will be provided to the Management Team on # of patients quarterly The Behavioral Health Manager will track referrals sent via UniteUs platform, if applicable	December 2022

Attachment #5 – Measuring Developmental Screening

Appendix J – Quality Improvement Project Work Plan and Progress Report Template

	Patient Advocates and Certified Application Specialists		
Test MCHAT fidelity with target population and one pediatric medical provider prior to full implementation with all pediatric patients	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Behavioral Health Clinicians Administrative personnel- Intake and referral coordinators Management personnel – CEO, CFO, Clinical Director, HR Director and Practice Manager Patient Advocates and Certified Application Specialists	Determine the appropriate pilot team to test the MCHAT screening question for the target population Complete PDSA cycles to ensure the questionnaire's integration within the clinical team's workflow is sustainable Once achieved, roll out the MCHAT screening questions to the rest of the pediatric and adolescent patient population at all sites of care	December 2022
Annual review of MCHAT screening protocol and semi-annual re-education of all clinical staff on MCHAT screening protocol	Clinical personnel- Nurses, Medical Assistants (MAs), Quality Nurses, and medical providers COVID CHW MAT Team Administrative personnel- Intake and referral coordinators Patient Advocates and Certified Application Specialists Breast and Cervical Cancer program (BCCP) staff	QA/QI Nurse Coordinator will review data on a quarterly basis and share with the Staff QI Committee and in clinical staff meetings to identify opportunities for improvement and potential tests of change Each Provider will be given his/her individual measure performance percentages quarterly, which will be reviewed with all other clinical staff to help initiate discussion on improving performance Measure results will be reported to the BOD QI Subcommittee on a quarterly basis	January 2023

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Attachment #5 – Measuring Developmental Screening

Appendix J – Quality Improvement Project Work Plan and Progress Report Template

July 2022 Progress Report– • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	
January 2023 Progress Report– • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	

Contractor Initials DS

Date 5/20/2022

Attachment #5 – Measuring Developmental Screening

Appendix J – Quality Improvement Project Work Plan and Progress Report Template

July 2023 Project Update **SFY23 Outcome** (insert your agency's data/outcome results here for 7/1/22-6/30/23)	
Did you meet your Target/Objective?	____Yes ____No
July 2023 Project Update **SFY23 Narrative:** If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** ____Yes ____No	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work plan Revisions submitted:** ____Yes ____No	

Attachment #5 – Measuring Developmental Screening

Appendix J – Quality Improvement Project Work Plan and Progress Report Template

July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	___Yes ___No
July 2024 Project Update **SFY24 Narrative:** If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year	

Contractor Initials DS RK

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Attachment #6 – Performance Measures

1. Definitions

1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. Percent of infants who are ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Testing

This measure will be broken down in to two age based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months (NH MCHS).

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Attachment #6 – Performance Measures

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

2.2.1.2. Denominator: All children who turned twenty-four months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months (NH MCHS).

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents, twelve (12) through twenty-one (21) years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients ages twelve (12) and older screened for clinical depression using an age appropriate standardized depression screening tool on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

Attachment #6 – Performance Measures

2.4.1.3. Denominator: All patients twelve (12) years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose

and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Adult Measure

2.5.1. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period **AND** if the most recent BMI is outside of normal parameters, a follow-up plan is documented (NQF 0421, UDS).

2.5.1.1. Normal parameters: BMI ≥ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the measurement year or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

Child/Adolescent Measure

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting

Attachment #6 – Performance Measures

year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year **AND** who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: Number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco at least one within the past twelve (12) months AND received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least two (2) medical visit during the measurement year, OR 1 preventative visit

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

Attachment #6 – Performance Measures

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) –Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adult Measure

2.7.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

Adolescent Measure

2.7.2. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: All patients aged 12-17 years during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.7.2.4. Definitions:

2.7.2.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.2.4.2. Brief Intervention: Includes guidance or counseling.

2.7.2.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

Attachment #6 – Performance Measures

2.7.3. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.3.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services

2.7.3.2. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.3.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8 Developmental Screening Measure

Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months (NH MCHS)

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and who had at least (1) medical visit during the measurement year.

Attachment #7 – Performance Measure Outcome Report Template

Instructions for completing this Performance Measure Outcome Report (PMOR):
The Performance Measure Outcome Report (PMOR) is to be completed by your agency and emailed to shari.campbell@dhhs.nh.gov at the intervals specified on the Reporting Calendar.

Please complete the Narrative and Plan for Improvement sections for any of the following measures where your agency did not meet your agency target for the reporting period (July 1, 20XX – June 30, 20XX).

Performance measures:

- Breastfeeding
- Lead Screening for 1 Year Olds
- Lead Screening for 2 Year Olds
- Adolescent well care visit
- Depression screening and follow up plan if positive screening, 12 years and older
- Maternal Depression Screening
- Adults with documented BMI and follow-up plan if BMI outside of normal range
- Children 3-17 with documented BMI, nutrition counseling and physical activity counseling
- Adult tobacco screening and cessation counseling intervention for smokers
- Prenatal Tobacco screening each trimester and cessation counseling intervention for smokers
- SBIRT, Adults
- SBIRT, Adolescents
- SBIRT, Pregnant Women
- Developmental Screening-M-CHAT

* Note: Not met performance measures that have been addressed by your agency SFYXX Work Plan are excluded from this report. For example, the PMOR will omit Adolescent Visit measure for Primary Care Services

1. The Narrative section is to explain what happened during the year i.e. why measure was not met, what barriers/challenges your agency faced, describe any improvement activities that took place during the year to correct along the way, etc.

2. The Plan for Improvement section is to describe what steps your agency will take to achieve your agency target in SFYXX i.e. describe your strategy (PDSA), what will you plan to do differently etc.

3. Please email your completed PMOR **Shari Campbell at shari.campbell@dhhs.nh.gov by the dates indicated in the Reporting Calendar.** If you have any questions about completing this document, please contact Jannell Levine at Jannell.E.Levine@dhhs.nh.gov or 603-856-6449.

DS

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Attachment #7 – Performance Measure Outcome Report Template

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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5/20/2022

Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

DS

5/20/2022

Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Please copy above pages/sections as needed to complete for all not met measures.

DS

5/20/2022

State of New Hampshire
Department of Health and Human Services
Amendment #1

This Amendment to the Maternal and Child Health Care in the Integrated Primary Care Setting contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Lamprey Health Care, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 15, 2022 (Item #32), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2025

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $1,604,863

3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:

   Robert W. Moore, Director

4. Modify Exhibit B, Scope of Services, Section 1.3.2., to read:

   1.3.2. Prenatal care either on site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data related to prenatal performance measures.

5. Modify Exhibit B, Scope of Services, Section 1.7.2., to read:

   1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data relating to prenatal performance measures to the Department.

6. Modify Exhibit B, Scope of Services, Section 1.10.1. through Section 1.10.2., to read:

   1.10.1. Initiative One (1) – Screening and Referrals for SDOH; and

   1.10.2. Initiative Two (2) – Contractor's choice, which must focus on enabling services.

7. Modify Exhibit B, Scope of Services, Section 1.12.1. through Section 1.12.2., to read:

   1.12.1. QI Project One (1): Increasing Adolescent Well Visits; and

   1.12.2. QI Project Two (2): Increasing post-partum clinical depression screening of women within the first 12 weeks after delivering.

8. Modify Exhibit B, Scope of Services, Section 1.18., to read:

   1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator, or staff person essential to providing services and/or any personnel changes to these positions. The Contractor shall ensure notification:

      1.18.1. Is provided to the Department no later than thirty (30) business days from the date of hire or personnel change; and

      1.18.2. Includes a copy of the new staff individual's resume as well as an updated

staffing list.

9. Modify Exhibit B, Scope of Services, by adding Section 1.28., to read:

   1.28. The Contractor shall provide de-identifiable patient level data on the integrated and primary health care services provided, as specified in Subsection 1.3., and Section 1.26. Reporting.

10. Modify Exhibit C, Payment Terms, Section 1.1. through Section 1.2., to read:

    1.1. 14% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.994, FAIN B04MC45230, and as awarded on October 27, 2022, ALN 93.994, FAIN B04MC47432.

    1.2. 86% General funds.

11. Modify Exhibit C, Payment Terms, Section 3., to read:

    3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget Sheet through Exhibit C-4, Budget Sheet, Amendment #1.

12. Modify Exhibit C, Payment Terms, Section 4.3., to read:

    4.3. Identifies and requests payment for allowable costs incurred in the previous month. Allowable costs are costs incurred that specifically supports only New Hampshire Infants, Children and Adolescents from birth to 21 years of age, Pregnant Women, and Women of Childbearing age.

13. Modify Add Exhibit C, Payment Terms, by adding Section 4.7., to read:

    4.7. Includes budget line items that are used exclusively for serving the Maternal and Child Health population and invoicing must clearly state how the incurred expenses benefited this specific patient population.

14. Modify Attachment 3, Reporting Calendar, by replacing it in its entirety with Attachment 3, Amendment #1, Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

15. Modify Attachment 6, Performance Measures, by replacing it in its entirety with Attachment 6, Amendment #1 – SFY 2025 Performance Measures, which is attached hereto and incorporated by reference herein.

16. Modify Attachment 7, Performance Measure Outcome Report (PMOR), by replacing it in its entirety with Attachment 7, Amendment #1, Performance Measure Outcome Report (PMOR), which is attached hereto and incorporated by reference herein.

17. Add Attachment 8, Amendment #1, DTT – MCH in the Integrated Primary Care Setting Template, which is attached hereto and incorporated by reference herein.

18. Add Exhibit C-4, Budget Sheet, Amendment #1, which Is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2024, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

5/1/2024
Date

DocuSigned by:
Iain Watt
D778BB83E9704C7...
Name: Iain Watt
Title: Interim Director - DPHS

Lamprey Health Care, Inc.

4/29/2024
Date

DocuSigned by:
Gregory White
7D623A8E49294D6...
Name: Gregory White
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

5/13/2024
Date

DocuSigned by:
Robyn Guarino
74873484941460
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

C-4, Budget Sheet, Amendment #1

New Hampshire Department of Health and Human Services	
Contractor Name:	Lamprey Health Care
Budget Request for:	Primary Care Services
Budget Period	July 1, 2024 - June 30, 2025
Indirect Cost Rate (if applicable)	#DIV/0!
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$431,874
2. Fringe Benefits	$60,462
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$492,336
Total Indirect Costs	$0
TOTAL	$492,336

Contractor Initial: DS GAW

Date: 4/29/2024

Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets. • UDS Data
SFY 2024	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2025	
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2024	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets
January 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2024 - December 31, 2024) • Complete January 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2026	
July 31, 2025	**SFY25 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2024 - June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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New Hampshire Department of Health and Human Services
Maternal Child Health in the Integrated Primary Care Setting

Attachment #6, Amendment #1 – SFY 2025 Performance Measures

1. Definitions

1.1. **Measurement Year** – Consists of 365 days and is defined as either:

1.1.1. A Calendar Year (January 1st through December 31st), or

1.1.2. A State Fiscal Year (July 1st through June 30th).

1.2. **Medical Visit** –Defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. The UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the expectation is that the Contractor will adhere to the most up to date UDS guidance.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. **Breastfeeding**

2.1.1. Percent of infants who were ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for approximately six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. **Preventive Health: Lead Testing**

This measure will be broken down into two (2) age-based measures, based on current NH Legislation RSA 130-A:5-a, which requires children be tested for lead at one (1) year of age, and at two (2) years of age.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between 12 and 23 months of age (NH MCHS).

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2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between 12 and 23 months of age.

2.2.1.2. Denominator: All children who turned 24 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between 24 and 36 months of age (NH MCHS).

2.2.2.1. Numerator: All children who received at least one (1) capillary or venous blood lead test between 24 and 36 months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients 12 through 21 years of age screened for clinical depression using an age-appropriate standardized depression screening tool on the date of the encounter or within 14 days prior to the date of the encounter **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients 12 through 21 years of age who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 through 21 years of age by the end of the measurement year who had at least one (1) medical visit during the measurement year.

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2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit in the first 12 weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

2.5.1. Percent of patients three (3) through 17 years of age who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.1.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.1.2. Denominator: Number of patients who were one (1) year after their second (2nd) birthday (i.e., three (3) years of age) through adolescents who were up to one (1) year past their 16th birthday (i.e., 17 years of age) at some point during the measurement year, who had at least one (1) medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.1.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers **PLUS** queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) – Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adolescent Measure

2.7.1. SBIRT – Percent of patients 12 through 17 years of age who were screened for substance use using a formal valid screening tool during

any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use using a formal valid screening tool during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients 12 through 17 years of age during the measurement year with at least one (1) medical visit during the measurement year and with at least two (2) medical visits ever.

2.7.1.4. Definitions:

2.7.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.1.4.2. Brief Intervention: Includes guidance or counseling.

2.7.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.7.2. Percent of pregnant women who were screened using a formal valid screening tool for substance use during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of women in the denominator who were screened for substance use using a formal and valid screening tool during each trimester they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8. **Developmental Screening Measure**

Percent of children who reached 30 months of age by the end of the reporting period, and were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age (NH MCHS).

DS
GAW

4/29/2024

Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age.

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and had at least one (1) medical visit during the measurement year.

DS
GAW
4/29/2024

Attachment 7 – Amendment 1

SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS GAW

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS GAW

4/29/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS GAW

4/29/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS
GAW

4/29/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS
GAW

4/29/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS
GAW

4/29/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

DS GW

4/29/2024

Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

Organization Name

		7/1/21-6/30/22	1/1/22-12/31/22	7/1/22-6/30/23	1/1/23-12/31/23	7/1/23-6/30/24	1/1/24-12/31/24	7/1/24-6/30/25
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

DS GAW

4/29/2024

Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

4B. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5A. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6A. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6B Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7A. Percent of patients aged 18 years and older who were screened for	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7C Percent of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

DS
GAW

4/29/2024

State of New Hampshire

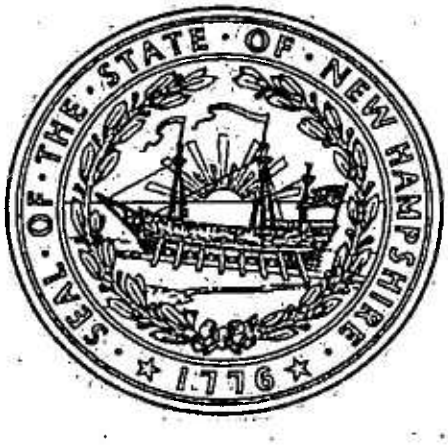
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that LAMPREY HEALTH CARE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 16, 1971. 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: **66382**

Certificate Number: **0006662758**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 9th day of April A.D. 2024.

David M. Scanlan

Secretary of State

CERTIFICATE OF AUTHORITY

I, Andrea Laskey, hereby certify that:

1. I am a duly elected Vice President/Officer of Lamprey Health Care, Inc.
2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on September 27, 2023, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Susan Durkin, co-CEO, Clinical, or Gregory White, co-CEO, Administration, is duly authorized on behalf of Lamprey Health Care, Inc. to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

Dated: 4/24/2024

Andrea Laskey
Signature of Elected Officer
Name: Andrea Laskey
Title: Vice President, Board of Directors

LAMPHEA-01 CSMITH10

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/9/2024

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
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Philadelphia Indemnity Insurance Company — 18058
INSURED Lamprey Health Care, Inc. 207 South Main Street Newmarket, NH 03857	INSURER B : Atlantic Charter Insurance Company — 44326
	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	
A	X COMMERCIAL GENERAL LIABILITY			PHPK2563602	7/1/2023	7/1/2024	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	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 $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCA00545411	7/1/2023	7/1/2024	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A					E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

CERTIFICATE HOLDER

State of NH
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

Our Mission

The mission of Lamprey Health Care is to provide high quality primary medical care and health related services, with an emphasis on prevention and lifestyle management, to all individuals regardless of ability to pay.

- We seek to be **a leader in providing access** to medical and health services that improve the health status of the individuals and families in the communities we serve.
- Our mission is to **remove barriers that prevent access to care**; we strive to eliminate such barriers as language, cultural stereotyping, finances and/or lack of transportation.
- Lamprey Health Care's **commitment to the community** extends to providing and/or coordinating access to a full range of comprehensive services.
- Lamprey Health Care is committed to achieving the highest level of patient satisfaction through a personal and caring approach and **exceeding standards of excellence in quality and service**.

Our Vision

- We will be the **outstanding primary care choice** for our patients, our communities and our service area, and the standard by which others are judged.
- We will continue as **pacesetter** in the use of new knowledge for lifestyle improvement, quality of life.
- We will be a **center of excellence** in service, quality and teaching.
- We will be **part of an integrated system** of care to ensure access to medical care for all individuals and families in our communities.
- We will be an **innovator** to foster development of the best primary care practices, adoption of the tools of technology and teaching.
- We will **establish partnerships**, linkages, networks and referrals with other organizations to provide access to a full range of services to meet our communities' needs.

Our Values

- We exist to **serve the needs of our patients**.
- We value a positive **caring approach** in delivering patient services.
- We are committed to **improving the health** and total well-being of our communities.
- We are committed to **being proactive** in identifying and meeting our communities' health care needs.
- We provide a supportive environment for **the professional and personal growth, and healthy lifestyles of our employees**.
- We provide an **atmosphere of learning** and growth for both patients and employees as well as for those seeking training in primary care.
- We succeed by utilizing a **team approach** that values a positive, constructive commitment to Lamprey Health Care's mission.

Affirmed 11/15/2023

BerryDunn

LAMPREY HEALTH CARE

CONSOLIDATED FINANCIAL STATEMENTS

and

REPORTS IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS* AND THE UNIFORM GUIDANCE

September 30, 2023 and 2022

With Independent Auditor's Report

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the accompanying consolidated financial statements of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. (collectively, the Organization), which comprise the consolidated balance sheets as of September 30, 2023 and 2022, and the related consolidated statements of operations, changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Organization as of September 30, 2023 and 2022, and the results of their operations, changes in their net assets and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's 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 U.S. generally accepted auditing standards 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 consolidated financial statements.

In performing an audit in accordance with U.S. generally accepted auditing standards 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 Organization'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 Organization'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.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheets as of September 30, 2023 and 2022, and the related consolidating statements of operations and changes in net assets for the years then ended, are presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations and changes in net assets of the individual entities, and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* is presented for purposes of additional analysis 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 U.S. generally accepted auditing standards. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated February 16, 2024 on our consideration of the Organization's internal control over financial reporting and on our tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
February 16, 2024

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Balance Sheets

September 30, 2023 and 2022

ASSETS

	2023	2022
Current assets		
Cash and cash equivalents	$ 1,493,983	$ 3,113,427
Patient accounts receivable	1,478,008	1,783,724
Grants receivable	1,167,418	1,196,731
Other receivables	153,045	139,731
Inventory	182,213	238,124
Other current assets	437,916	366,193
Total current assets	4,912,583	6,837,930
Assets limited as to use	3,134,849	3,961,087
Fair value of interest rate swaps	347,166	304,939
Property and equipment, net	8,997,927	7,322,436
Total assets	$ 17,392,525	$ 18,426,392

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 916,612	$ 658,309
Accrued payroll and related expenses	1,420,265	1,381,807
Deferred revenue	277,623	283,638
Current maturities of long-term debt	74,458	72,440
Total current liabilities	2,688,958	2,396,194
Long-term debt, less current maturities	2,620,655	2,700,836
Total liabilities	5,309,613	5,097,030
Net assets		
Without donor restrictions	11,159,483	12,610,798
With donor restrictions	923,429	718,564
Total net assets	12,082,912	13,329,362
Total liabilities and net assets	$ 17,392,525	$ 18,426,392

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

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Operations

Years Ended September 30, 2023 and 2022

	2023	2022
Operating revenue		
Net patient service revenue	$ 10,280,924	$ 11,411,655
Rental income	137,812	164,761
Grants, contracts and contributions	9,525,554	8,142,840
Other operating revenue	957,233	1,077,550
Net assets released from restriction for operations	312,863	363,791
Total operating revenue	21,214,386	21,160,597
Operating expenses		
Salaries and wages	13,327,788	12,359,463
Employee benefits	2,488,649	2,607,293
Supplies	1,275,176	785,520
Purchased services	3,559,583	3,219,637
Facilities	654,237	703,288
Other operating expenses	781,102	532,932
Insurance	150,776	147,154
Depreciation	481,397	465,622
Interest	100,779	93,271
Total operating expenses	22,819,487	20,914,180
(Deficiency) excess of revenue over expenses	(1,605,101)	246,417
Change in fair value of interest rate swaps	42,227	372,380
Net assets released from restriction for capital acquisition	111,559	44,225
(Decrease) increase in net assets without donor restrictions	$ (1,451,315)	$ 663,022

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

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Changes in Net Assets

Years Ended September 30, 2023 and 2022

	2023	2022
Net assets without donor restrictions		
(Deficiency) excess of revenue over expenses	$ (1,605,101)	$ 246,417
Change in fair value of interest rate swaps	42,227	372,380
Net assets released from restriction for capital acquisition	111,559	44,225
(Decrease) increase in net assets without donor restrictions	(1,451,315)	663,022
Net assets with donor restrictions		
Contributions	132,705	419,527
Grants for capital acquisition, purchased and not in service	496,582	93,719
Net assets released from restriction for operations	(312,863)	(363,791)
Net assets released from restriction for capital acquisition	(111,559)	(44,225)
Increase in net assets with donor restrictions	204,865	105,230
Change in net assets	(1,246,450)	768,252
Net assets, beginning of year	13,329,362	12,561,110
Net assets, end of year	$ 12,082,912	$ 13,329,362

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

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statement of Functional Expenses

Year Ended September 30, 2023

	Healthcare Services	AHEC/PHN	Total Program Services	Administration and Support Services	Total
Salaries and wages	$ 10,529,195	$ 647,653	$ 11,176,848	$ 2,150,940	**$ 13,327,788**
Employee benefits	1,839,710	113,161	1,952,871	535,778	**2,488,649**
Supplies	1,125,756	8,612	1,134,368	140,808	**1,275,176**
Purchased services	1,067,039	1,157,156	2,224,195	1,335,388	**3,559,583**
Facilities	601,026	-	601,026	53,211	**654,237**
Other	238,915	148,525	387,440	393,662	**781,102**
Insurance	106,015	14,033	120,048	30,728	**150,776**
Depreciation	337,544	44,682	382,226	99,171	**481,397**
Interest	67,391	8,921	76,312	24,467	**100,779**
Allocated program support	1,462,384	105,489	1,567,873	(1,567,873)	-
Total	**$ 17,374,975**	**$ 2,248,232**	**$ 19,623,207**	**$ 3,196,280**	**$ 22,819,487**

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

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statement of Functional Expenses

Year Ended September 30, 2022

	Healthcare Services	AHEC/PHN	Total Program Services	Administration and Support Services	Total
Salaries and wages	$ 9,991,275	$ 462,982	$ 10,454,257	$ 1,905,206	$ 12,359,463
Employee benefits	2,107,711	97,668	2,205,379	401,914	2,607,293
Supplies	762,477	5,881	768,358	17,162	785,520
Purchased services	1,089,215	849,499	1,938,714	1,280,923	3,219,637
Facilities	559,216	-	559,216	144,072	703,288
Other	194,227	57,048	251,275	281,657	532,932
Insurance	107,077	10,727	117,804	29,350	147,154
Depreciation	338,813	33,943	372,756	92,866	465,622
Interest	68,379	6,850	75,229	18,042	93,271
Allocated program support	812,790	48,489	861,279	(861,279)	-
Total	$ 16,031,180	$ 1,573,087	$ 17,604,267	$ 3,309,913	$ 20,914,180

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

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Cash Flows

Years Ended September 30, 2023 and 2022

	2023	2022
Cash flows from operating activities		
Change in net assets	$ (1,246,450)	$ 768,252
Adjustments to reconcile change in net assets to net cash used by operating activities		
Depreciation	481,397	465,622
Loss on disposal of assets	189,817	-
Insurance proceeds for capital acquisitions	(559,251)	-
Change in fair value of interest rate swaps	(42,227)	(372,380)
Grants for capital acquisition	(496,582)	(93,719)
(Increase) decrease in the following assets:		
Patient accounts receivable	305,716	(394,032)
Grants receivable	(687)	(442,332)
Other receivables	(13,314)	(2,218)
Inventory	55,911	(60,740)
Other current assets	(71,723)	(103,252)
(Decrease) increase in the following liabilities:		
Accounts payable and accrued expenses	(45,615)	59,375
Accrued payroll and related expenses	38,458	75,605
Due to third-party payers	-	(241,394)
Deferred revenue	(6,015)	(140,284)
Net cash used by operating activities	(1,410,565)	(481,497)
Cash flows from investing activities		
Capital acquisitions	(2,042,787)	(222,149)
Insurance proceeds for capital acquisitions	559,251	-
Net cash used by investing activities	(1,483,536)	(222,149)
Cash flows from financing activities		
Grants received for capital acquisition	526,582	63,719
Principal payments on long-term debt	(78,163)	(66,539)
Net cash provided (used) by financing activities	448,419	(2,820)
Net decrease in cash and cash equivalents	(2,445,682)	(706,466)
Cash and cash equivalents, beginning of year	7,074,514	7,780,980
Cash and cash equivalents, end of year	$ 4,628,832	$ 7,074,514

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

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Cash Flows (Concluded)

Years Ended September 30, 2023 and 2022

	2023	2022
Composition of cash and cash equivalents, end of year		
Cash and cash equivalents	$ 1,493,983	$ 3,113,427
Assets limited as to use	3,134,849	3,961,087
	$ 4,628,832	$ 7,074,514
Supplemental disclosure of cash flow information:		
Cash paid for interest	$ 100,779	$ 93,271
Capital expenditures included in accounts payable	$ 362,528	$ 58,610
Property and equipment acquisitions included in grant receivables	$ -	$ 30,000

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

Organization

Lamprey Health Care, Inc. (LHC) is a not-for-profit corporation organized in the State of New Hampshire. LHC is a Federally Qualified Health Center (FQHC) whose primary purpose is to provide high quality family health, medical and behavioral health services to residents of southern New Hampshire without regard to the patient's ability to pay for these services. LHC has three primary clinic facilities in Newmarket, Raymond and Nashua, New Hampshire.

On February 5, 2023, the LHC experienced a catastrophic flooding event in the Newmarket clinic facility as the result of a burst pipe that had frozen due to an extreme weather event. This resulted in closure of that facility for approximately five months for damage mitigation and to rebuild part of the first floor interior and all of the lower level. This event also impacted the computer network operations of the Organization for a period of two weeks, impacting access to the electronic records, telephone systems and network computer files.

The staffing and operations of that facility were partially redeployed to other clinical locations to provide care to patients in person and through telehealth. Tenants in the building were displaced for much of this time, with one permanently relocating to a new location. Staff returned to the facility in June 2023, and have resumed full operations.

LHC recognized a loss on undepreciated improvements, furnishings and equipment in the amount of $189,817 and insurance proceeds of $559,251 for the year ended September 30, 2023 and which are included in other operating revenue on the consolidated statement of operations.

Subsidiary

Friends of Lamprey Health Care, Inc. (FLHC) is a not-for-profit corporation organized in the State of New Hampshire. FLHC's primary purpose is to support LHC. FLHC is also the owner of the property occupied by LHC's administrative and program offices in Newmarket, New Hampshire. LHC is the sole corporate member of FLHC.

1. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of LHC and its subsidiary, FLHC (collectively, the Organization). All significant intercompany balances and transactions have been eliminated in consolidation.

Basis of Presentation

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

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

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity, of which there were none in 2023 or 2022.

Use of Estimates

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

Income Taxes

Both LHC and FLHC are public charities under Section 501(c)(3) of the Internal Revenue Code. As public charities, the entities are exempt from state and federal income taxes on income earned in accordance with their tax-exempt purposes. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the consolidated financial statements.

Cash and Cash Equivalents

Cash and cash equivalents consist of business checking and savings accounts, as well as petty cash funds.

The Organization maintains cash balances at several financial institutions. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 at each financial institution. At various times throughout the year, the Organization's cash balances may exceed FDIC insurance. The Organization has not experienced any losses in such accounts and management believes it is not exposed to any significant risk.

Revenue Recognition and Patient Accounts Receivable

Net patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including commercial insurers and governmental programs). Generally, the Organization bills the patients and third-party payers several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligations as follows:

- Medical, behavioral health and ancillary services are measured from the commencement of an in-person or virtual encounter with a patient to the completion of the encounter. Ancillary services provided the same day are considered to be part of the performance obligation and are not deemed to be separate performance obligations.
- Contract pharmacy services are measured when the prescription is dispensed to the patient as reported by the pharmacy administrator.

The majority of the Organization's performance obligations are satisfied at a point in time.

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payer. In assessing collectability, the Organization has elected the portfolio approach. The portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers (patients). The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payer or group of payers will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. Significant payer concentrations are presented in Note 3.

A summary of payment arrangements follows:

Medicare

The Organization is primarily reimbursed for services provided to patients based on the lesser of actual charges or prospectively set rates for all FQHC services provided to a Medicare beneficiary on the same day. Certain other services provided to patients are reimbursed based on predetermined payment rates for each Current Procedural Terminology (CPT) code, which may be less than the Organization's public fee schedule.

Medicaid

The Organization is primarily reimbursed for medical, behavioral health and ancillary services provided to patients based on prospectively set rates for all FQHC services furnished to a Medicaid beneficiary on the same day. Certain other services provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Organization's public fee schedule. The rate was legislatively increased from $216.74 to $287.09 effective October 1, 2023.

Other Payers

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. Under these arrangements, the Organization is reimbursed for services based on contractually obligated payment rates for each CPT code, which may be less than the Organization's public fee schedule.

Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount program and certain other programs. The Organization estimates the costs associated with providing care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to eligible patients. The estimated cost of providing services to patients under the Organization charity care programs amounted to $1,282,844 and $1,058,465 for the years ended September 30, 2023 and 2022, respectively. The Organization is able to provide these services with a component of funds received through federal grants.

For uninsured patients who do not qualify under the Organization's sliding fee discount program, the Organization bills the patient based on the Organization's standard rates for services provided. Patient balances are typically due within 30 days of billing; however, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

340B Contract Pharmacy Program Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization contracts with local pharmacies under this program. The contract pharmacies dispense drugs to eligible patients of the Organization and bill commercial insurances on behalf of the Organization. Reimbursement received by the contract pharmacies is remitted to the Organization, less dispensing and administrative fees. The dispensing and administrative fees are costs of the program and not deemed to be implicit price concessions which would reduce the transaction price. The Organization recognizes revenue in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription after the amount has been determined by the pharmacy benefits manager.

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid, and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances.

Grants and Other Receivables

Grants and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

The Organization receives a significant amount of grants from the United States Department of Health and Human Services (HHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended September 30, 2023 and 2022, grants from HHS (including both direct awards and awards passed through other organizations) represented the majority of grants, contracts and contributions revenue.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has met the performance requirements or incurred expenditures in compliance with specific contract or grant provisions, as applicable. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue.

The Organization has received notice of direct awards from the U.S. Department of Health and Human Services as outlined below. The awards are cost reimbursable grants and have not been recognized as revenue at September 30, 2023 because qualifying expenditures have not yet been incurred but are available after September 30, 2023 as outlined below:

	Amount	Available Through
Health Center Program	$ 2,258,752	May 31, 2024
Advanced Nursing Education- Nurse Practitioner Residency Fellowship Program	685,386	July 31, 2024
FY 2023 Early Childhood Development	187,973	August 31, 2024
Substance Abuse and Mental Health Services_Projects of Regional and National Significance	499,277	September 29, 2024
FY 2023 Bridge Access Program	32,466	December 31, 2024
Sustaining New Hampshire's CDSM & CPSM Self-Management Network	463,978	April 30, 2025
Community Health Worker Training Program	2,668,251	September 14, 2025

Assets Limited as to Use

Assets limited as to use include cash and cash equivalents designated by the Board of Directors for specific projects or purposes and donor restricted funds, as discussed further in Note 4.

Property and Equipment

Property and equipment are carried at cost. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. The Organization's capitalization policy is applicable for acquisitions greater than $5,000.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit 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 statements of operations and changes in net assets as net assets released from restriction. Contributions whose restrictions are met in the same period as the support was received are recognized as net assets without donor restrictions.

The Organization reports gifts of property and equipment as support without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Functional Expenses

The consolidated financial statements report certain categories of expenses that are attributable to more than one program or supporting function of the Organization. Expenses allocated between program services and administrative support include employee benefits which are allocated based on direct wages, facilities which are based upon square footage occupied by the program, human resources and information technology which is based upon employee worked hours attributed to the programs.

(Deficiency) Excess of Revenue Over Expenses

The statements of operations and changes in net assets reflect the (deficiency) excess of revenue over expenses. Changes in net assets without donor restrictions which are excluded from this measure include contributions of long-lived assets (including assets acquired using grants and contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and the related release from restriction for capital acquisition and the change in the fair value of interest rate swaps.

Subsequent Events

For purposes of the preparation of these consolidated financial statements, management has considered transactions or events occurring through February 16, 2024, the date that the consolidated financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the consolidated financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a line of credit (Note 6). The Organization had average days cash and cash equivalents on hand (based on normal expenditures) of 24 and 56 at September 30, 2023 and 2022, respectively.

Financial assets available for general expenditure within one year as of September 30 were as follows:

	2023	2022
Cash and cash equivalents	$ 1,493,983	$ 3,113,427
Patient accounts receivable	1,478,008	1,783,724
Grants receivable	1,167,418	1,196,731
Other receivables	153,045	139,731
Financial assets available	$ 4,292,454	$ 6,233,613

The Organization has certain board-designated assets limited as to use which are available for general expenditure within one year in the normal course of operations upon obtaining approval from the Board of Directors and other assets limited as to use for donor-restricted purposes, which are more fully described in Note 4. Accordingly, these assets have not been included in the quantitative information above.

3. Patient Accounts Receivable and Net Patient Service Revenue

Patient Accounts Receivable and 340B Contract Pharmacy Receivable

Patient accounts receivable consisted of the following:

	October 1, 2021	September 30, 2022	September 30, 2023
Patient accounts receivable	$ 1,210,952	$ 1,595,065	$ 1,376,419
340B contract pharmacy program	178,740	188,659	101,589
Total patient accounts receivable	$ 1,389,692	$ 1,783,724	$ 1,478,008

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The accounts receivable from patients and third-party payers, net of allowances, were as follows at September 30:

	2023	2022
Governmental plans		
Medicare	33 %	26 %
Medicaid	27 %	32 %
Commercial payers	28 %	31 %
Patient	12 %	11 %
Total	100 %	100 %

Net Patient Service Revenue

Net patient service revenue was as follows for the years ended September 30:

	2023	2022
Gross charges	$15,263,891	$16,193,275
340B contract pharmacy revenue	2,223,873	2,288,391
Total gross revenue	17,487,764	18,481,666
Contractual adjustments and implicit price concessions	(6,629,422)	(6,412,843)
Sliding fee discounts	(905,871)	(813,170)
Other patient related revenue	328,453	156,002
Total patient service revenue	$10,280,924	$11,411,655

The mix of net patient service revenue from patients and third-party payers was as follows for the years ended September 30:

	2023	2022
Medicare	22 %	19 %
Medicaid	43 %	46 %
Commercial payers	31 %	30 %
Patient	4 %	5 %
	100 %	100 %

4. Assets Limited as To Use

Assets limited as to use are made up of cash and cash equivalents which are to be used for the following purposes at September 30:

	2023	2022
Board-designated for:		
Transportation	$ 27,059	$ 27,059
Working capital	1,284,122	1,641,947
Capital improvements	1,431,184	1,677,051
Other	80,131	80,131
Total board-designated	2,822,496	3,426,188
Donor restricted	312,353	577,611
Total	$ 3,134,849	$ 3,961,087

5. Property and Equipment

Property and equipment consists of the following at September 30:

	2023	2022
Land and improvements	$ 1,201,363	$ 1,154,753
Building and improvements	12,069,238	11,901,465
Furniture, fixtures and equipment	1,472,217	1,877,573
Total cost	14,742,818	14,933,791
Less accumulated depreciation	7,525,103	7,862,789
	7,217,715	7,071,002
Construction in progress and assets not in service	1,780,212	251,434
Property and equipment, net	$ 8,997,927	$ 7,322,436

The construction in progress primarily relates to the renovations of the Organization's Nashua, New Hampshire facility to expand clinical space and reconfigure existing space for improved workflows for increased patient access and improved patient experience. The total project cost is estimated to be approximately $3,500,000 and is funded by a capital grant, board-designated and donor restricted cash and debt financing. The renovation is projected to be completed before the expiration of the capital grant in September 2024.

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government retains a residual ownership interest in the assets, requiring prior approval and restrictions on disposition.

6. Line of Credit

The Organization has an available $1,000,000 revolving line of credit from a local bank through May 2024, with an interest rate at the Wall Street Journal Prime Rate, but not less than 3.25% (8.5% at September 30, 2023). The line of credit is collateralized by all business assets. There was no outstanding balance as of September 30, 2023 and 2022.

7. Long-Term Debt

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

	2023	2022
Promissory note payable to local bank; see terms outlined below. (1)	$ 758,910	$ 790,941
Promissory note payable to local bank; see terms outlined below. (2)	1,936,203	1,982,335
Total long-term debt	2,695,113	2,773,276
Less current maturities	74,458	72,440
Long-term debt, less current maturities	$ 2,620,655	$ 2,700,836

(1) The Organization has a promissory note with a local bank which is a ten-year balloon note to be paid at the amortization rate of 20 years, with fixed monthly payments of $4,787 including principal and interest at the one-month Secured Overnight Financing Rate (SOFR) plus 1.5% through February 2032 when the balloon payment is due. The note is collateralized by the real estate. The Organization has an interest rate swap agreement for the ten-year period through 2032 that limits the potential interest rate fluctuation and substantively fixes the rate at 3.77%.

(2) The Organization has a promissory note with a local bank which is a ten-year balloon note to be paid at the amortization rate of 30 years, with variable monthly principal payments plus interest at the one-month SOFR plus 1.57% through October 2029 when the balloon payment is due. The note is collateralized by the real estate. The Organization has an interest rate swap agreement for the ten-year period through 2029 that limits the potential interest rate fluctuation and substantially fixes the rate at 3.173%.

The Organization is required to meet certain administrative and financial covenants under the loan agreements included above. In the event of default, the bank has the option to terminate the agreement and immediately request payment of the outstanding debt without notice of any kind to the Organization. The Organization was not in compliance with certain loan covenants at September 30, 2023 and has received a waiver from the bank for the default.

Maturities of long-term debt for the next five years and thereafter are as follows at September 30:

2024	$ 74,458
2025	79,753
2026	82,546
2027	85,437
2028	88,211
Thereafter	2,284,708
Total	$ 2,695,113

8. Derivative Financial Instruments

The Organization participates in certain fixed-payer swap contracts related to underlying, variable rate debt obligations. The purpose of these contracts is to protect the Organization against rising interest rates related to the variable rate debt. These contracts qualify for hedge accounting as a cash flow hedge and are reported at fair value as an asset or a liability. As a perfectly effective cash flow hedge, the change in fair value of the contracts is reported in the change in net assets without donor restrictions. The Organization expects to hold the swap contracts until their respective maturities.

The interest swap contract terms are summarized as follows at September 30:

Entity	Fixed Rate Paid	Variable Rate Received	Notional Amount	2023 Fair Value Asset	2022 Fair Value Asset	Termination Date	Counterparty
LHC	3.7700 %	6.8306 %	$ 761,746	$ 89,368	$ 68,196	02-17-2032	TD Bank
FLHC	3.1730 %	6.8974 %	1,926,492	257,798	236,743	10-02-2029	TD Bank
Cumulative unrealized asset				$ 347,166	$ 304,939		

U.S. GAAP establish a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs that are classified within Levels 1 and 2 of the hierarchy) and the reporting entity's own assumptions about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy).

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

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

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

The Organization uses inputs other than quoted prices that are observable to value the interest rate swaps. The Organization considers these inputs to be Level 2 inputs in the context of the fair value hierarchy. These values represent the estimated amounts the Organization would receive or pay to terminate agreements, taking into consideration current interest rates and the current creditworthiness of the counterparty (present value of expected cash flows).

9. Net Assets

Net assets without donor restrictions are designated for the following purposes at September 30:

	2023	2022
Undesignated	$ 8,336,987	$ 9,184,610
Board-designated (Note 4)	2,822,496	3,426,188
Total	$11,159,483	$12,610,798

Net assets with donor restrictions were restricted for the following specific purposes at September 30:

	2023	2022
Temporary in nature:		
Capital improvements	$ 38,088	$ 80,477
Capital acquisitions, purchased but not in service	611,076	183,664
Community programs	274,265	454,423
Total	$ 923,429	$ 718,564

10. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b). The Organization contributed $373,182 and $342,532 for the years ended September 30, 2023 and 2022, respectively.

11. Medical Malpractice

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of September 30, 2023, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of either FTCA or medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

12. Litigation

From time to time certain complaints are filed against the Organization in the ordinary course of business. Management vigorously defends the Organization's actions in those cases and utilizes insurance to cover material losses. In the opinion of management, there are no matters that will materially affect the Organization's consolidated financial statements.

SUPPLEMENTARY INFORMATION

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2023

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2023 Consolidated
Current assets			
Cash and cash equivalents	$ 380,556	$ 1,113,427	$ 1,493,983
Patient accounts receivable	1,478,008	-	1,478,008
Grants receivable	1,167,418	-	1,167,418
Other receivables	153,045	-	153,045
Inventory	182,213	-	182,213
Other current assets	437,916	-	437,916
Total current assets	3,799,156	1,113,427	4,912,583
Assets limited as to use	3,134,849	-	3,134,849
Fair value of interest rate swaps	89,368	257,798	347,166
Property and equipment, net	7,540,932	1,456,995	8,997,927
Total assets	$ 14,564,305	$ 2,828,220	$ 17,392,525

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	$ 916,612	$ -	$ 916,612
Accrued payroll and related expenses	1,420,265	-	1,420,265
Deferred revenue	277,623	-	277,623
Due to (from) affiliate	24,092	(24,092)	-
Current maturities of long-term debt	29,001	45,457	74,458
Total current liabilities	2,667,593	21,365	2,688,958
Long-term debt, less current maturities	729,909	1,890,746	2,620,655
Due to (from) affiliate	1,021,406	(1,021,406)	-
Total liabilities	4,418,908	890,705	5,309,613
Net assets			
Without donor restrictions	9,221,968	1,937,515	11,159,483
With donor restrictions	923,429	-	923,429
Total net assets	10,145,397	1,937,515	12,082,912
Total liabilities and net assets	$ 14,564,305	$ 2,828,220	$ 17,392,525

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2022

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2022 Consolidated
Current assets			
Cash and cash equivalents	$ 1,436,518	$ 1,676,909	$ 3,113,427
Patient accounts receivable	1,783,724	-	1,783,724
Grants receivable	1,196,731	-	1,196,731
Other receivables	139,731	-	139,731
Inventory	238,124	-	238,124
Other current assets	366,193	-	366,193
Total current assets	5,161,021	1,676,909	6,837,930
Assets limited as to use	3,961,087	-	3,961,087
Fair value of interest rate swaps	68,196	236,743	304,939
Property and equipment, net	5,755,561	1,566,875	7,322,436
Total assets	$ 14,945,865	$ 3,480,527	$ 18,426,392

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	$ 645,502	$ 12,807	$ 658,309
Accrued payroll and related expenses	1,381,807	-	1,381,807
Deferred revenue	283,638	-	283,638
Due to (from) affiliate	25,100	(25,100)	-
Current maturities of long-term debt	27,993	44,447	72,440
Total current liabilities	2,364,040	32,154	2,396,194
Long-term debt, less current maturities	762,948	1,937,888	2,700,836
Due to (from) affiliate	1,045,164	(1,045,164)	-
Total liabilities	4,172,152	924,878	5,097,030
Net assets			
Without donor restrictions	10,055,149	2,555,649	12,610,798
With donor restrictions	718,564	-	718,564
Total net assets	10,773,713	2,555,649	13,329,362
Total liabilities and net assets	$ 14,945,865	$ 3,480,527	$ 18,426,392

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2023

	Lamprey Health Care Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2023 Consolidated
Operating revenue				
Net patient service revenue	$10,280,924	$ -	$ -	$10,280,924
Rental income	137,812	227,916	(227,916)	137,812
Grants, contracts and contributions	9,525,554	-	-	9,525,554
Other operating revenue	953,725	3,508	-	957,233
Net assets released from restriction for operations	312,863	-	-	312,863
Total operating revenue	21,210,878	231,424	(227,916)	21,214,386
Operating expenses				
Salaries and wages	13,327,788	-	-	13,327,788
Employee benefits	2,488,649	-	-	2,488,649
Supplies	1,275,051	125	-	1,275,176
Purchased services	3,559,508	75	-	3,559,583
Facilities	881,853	300	(227,916)	654,237
Other operating expenses	779,103	1,999	-	781,102
Insurance	150,776	-	-	150,776
Depreciation	371,516	109,881	-	481,397
Interest expense	46,746	54,033	-	100,779
Total operating expenses	22,880,990	166,413	(227,916)	22,819,487
(Deficiency) excess of revenue over expenses	(1,670,112)	65,011	-	(1,605,101)
Change in fair value of interest rate swaps	21,172	21,055	-	42,227
Net assets released from restriction for capital acquisition	111,559	-	-	111,559
Net asset transfer	704,200	(704,200)	-	-
Decrease in net assets without donor restrictions	$ (833,181)	$ (618,134)	$ -	$ (1,451,315)

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2022

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2022 Consolidated
Operating revenue				
Net patient service revenue	$11,411,655	$ -	$ -	$11,411,655
Rental income	164,761	227,916	(227,916)	164,761
Grants, contracts and contributions	8,142,840	-	-	8,142,840
Other operating revenue	1,076,095	1,455	-	1,077,550
Net assets released from restriction for operations	363,791	-	-	363,791
Total operating revenue	21,159,142	229,371	(227,916)	21,160,597
Operating expenses				
Salaries and wages	12,359,463	-	-	12,359,463
Employee benefits	2,607,293	-	-	2,607,293
Supplies	785,520	-	-	785,520
Purchased services	3,219,557	80	-	3,219,637
Facilities	930,904	300	(227,916)	703,288
Other operating expenses	530,932	2,000	-	532,932
Insurance	147,154	-	-	147,154
Depreciation	355,740	109,882	-	465,622
Interest	73,504	19,767	-	93,271
Total operating expenses	21,010,067	132,029	(227,916)	20,914,180
Excess of revenue over expenses	149,075	97,342	-	246,417
Change in fair value of interest rate swaps	70,828	301,552	-	372,380
Net assets released from restriction for capital acquisition	44,225	-	-	44,225
Increase in net assets without donor restrictions	$ 264,128	$ 398,894	$ -	$ 663,022

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2023

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2023 Consolidated
Net assets without donor restrictions			
(Deficiency) excess of revenue over expenses	$ (1,670,112)	$ 65,011	$ (1,605,101)
Change in fair value of interest rate swaps	21,172	21,055	42,227
Net assets released from restriction for capital acquisition	111,559	-	111,559
Net asset transfer	704,200	(704,200)	-
Decrease in net assets without donor restrictions	(833,181)	(618,134)	(1,451,315)
Net assets with donor restrictions			
Contributions	132,705	-	132,705
Grants for capital acquisition, purchased and not in service	496,582	-	496,582
Net assets released from restriction for operations	(312,863)	-	(312,863)
Net assets released from restrictions for capital acquisition	(111,559)	-	(111,559)
Increase in net assets with donor restrictions	204,865	-	204,865
Change in net assets	(628,316)	(618,134)	(1,246,450)
Net assets, beginning of year	10,773,713	2,555,649	13,329,362
Net assets, end of year	$10,145,397	$ 1,937,515	$12,082,912

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2022

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2022 Consolidated
Net assets without donor restrictions			
Excess of revenue over expenses	$ 149,075	$ 97,342	$ 246,417
Change in fair value of interest rate swaps	70,828	301,552	372,380
Grants for capital acquisition	-	-	-
Net assets released from restriction for capital acquisition	44,225	-	44,225
Increase in net assets without donor restrictions	264,128	398,894	663,022
Net assets with donor restrictions			
Contributions	419,527	-	419,527
Grants for capital acquisition	93,719	-	93,719
Net assets released from restrictions for operations	(363,791)	-	(363,791)
Net assets released from restriction for capital acquisition	(44,225)	-	(44,225)
Increase in net assets with donor restrictions	105,230	-	105,230
Change in net assets	369,358	398,894	768,252
Net assets, beginning of year	10,404,355	2,156,755	12,561,110
Net assets, end of year	$10,773,713	$ 2,555,649	$13,329,362

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2023

Federal Grant/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services			
Direct			
Health Center Program Cluster			
Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ 335,810
COVID-19 Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		1,447,112
Total AL 93.224			1,782,922
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		3,246,201
Total Health Center Program Cluster			5,029,123
Direct			
Advanced Nursing Education Grant Program	93.247		879,076
Pass-Through			
University of New Hampshire			
Advanced Nursing Education Grant Program	93.247	PZL0035	28,599
Total AL 93.247			907,675
Direct			
Affordable Care Act (ACA) Public Health Training Centers Program	93.516		318,763
Affordable Care Act (ACA) Grants for Capital Development in Health Centers	93.526		490,756
Empowering Older Adults and Adults With Disabilities Through Chronic Disease Self-Management Education Programs - Financed by Prevention and Public Health Funds (PPHF)	93.734		145,280
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Special Programs for the Aging_Title III, Part D_Disease Prevention and Health Promotion Services	93.043	010-048-8917-102-500731	46,721
State of New Hampshire Department of Health and Human Services			
Public Health Emergency Preparedness	93.069	102-500731-90077410	24,610
Public Health Emergency Preparedness	93.069	074-500589-90077028	25,110
Total AL 93.069			49,720
Dartmouth College			
Area Health Education Centers Point of Service Maintenance and Enhancement Awards	93.107	n/a	109,774

The accompanying notes are an integral part of this schedule.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Expenditures of Federal Awards (Continued)

Year Ended September 30, 2023

Federal Grant/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services			
State of New Hampshire Department of Health and Human Services			
Family Planning_Services	93.217	010-090-79640000-500731	18,293
Family Planning_Services	93.217	05-9590-902010-5530	207,065
Total AL 93.217			225,358
State of New Hampshire Department of Health and Human Services			
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	074-500589-92058506	104,155
State of New Hampshire Department of Health and Human Services			
COVID-19 Immunization Cooperative Agreements	93.268	102-500731-90023800	32,236
Bi-State Primary Care Association, Inc.			
COVID-19 Immunization Cooperative Agreements	93.268	n/a	40,604
Total AL 93.268			72,840
First Choice Services, Inc.			
Cooperative Agreement to Support Navigators in Federally-Facilitated and State Partnership Marketplaces	93.332	n/a	78,269
State of New Hampshire Department of Health and Human Services			
Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	05-95-90-901010-5771	259,892
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	102-500731-90577140	80,776
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	102-500731-90577150	8,975
Total AL 93.391			349,643
State of New Hampshire Department of Health and Human Services			
Well-Integrated Screening and Evaluation for Women Across the Nation (WiseWoman)	93.436	n/a	42,722
State of New Hampshire Department of Health and Human Services			
Temporary Assistance for Needy Families	93.558	010-045-61460000-500891	55,259
State of New Hampshire Department of Health and Human Services			
Opioid STR	93.788	074-500589-92057048	617
Bi-State Primary Care Association, Inc.			
Opioid STR	93.788	n/a	256,334
Total AL 93.788			256,951
State of New Hampshire Department of Health and Human Services			
National Bioterrorism Hospital Preparedness Program	93.889	074-500589-90077700	6,720

The accompanying notes are an integral part of this schedule.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Expenditures of Federal Awards (Concluded)

Year Ended September 30, 2023

Federal Grant/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services			
State of New Hampshire Department of Health and Human Services			
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500589-92057502	67,291
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500589-92059502	7,833
Total AL 93.959			75,124
State of New Hampshire Department of Health and Human Services			
Preventive Health and Health Services Block Grant	93.991	074-500589-90001022	12,002
State of New Hampshire Department of Health and Human Services			
Maternal and Child Health Services Block Grant to the States	93.994	010-090-51900000-500731	67,738
Total U.S. Department of Health and Human Services			8,444,593
U.S. Department of Treasury			
Pass-Through			
New Hampshire Governor's Office for Emergency Relief and Recovery			
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	177677	424,678
U.S. Department of Housing and Urban Development			
Pass-Through			
City of Nashua, New Hampshire			
Community Development Block Grants/Entitlement Grants	14.218	n/a	25,742
Total Expenditures Federal Awards, All Programs			$ 8,895,013

The accompanying notes are an integral part of this schedule.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Schedule of Expenditures of Federal Awards

Year Ended September 30, 2023

1. Summary of Significant Accounting Policies

Expenditures reported on the schedule of expenditures of federal awards (the Schedule) are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), wherein certain types of expenditures are not allowable or are limited as to reimbursement.

2. De Minimis Indirect Cost Rate

Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. (collectively, the Organization) have elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

3. Basis of Presentation

The Schedule includes the federal grant activity of the Organization. The information in this Schedule is presented in accordance with the requirements of the Uniform Guidance. Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

4. COVID-19 Coronavirus State and Local Fiscal Recovery Funds

The Schedule includes the $240,966 of expenditures of COVID-19 Coronavirus State and Local Fiscal Recovery Funds (Assistance Listing 21.027) which were incurred during the year ended September 30, 2022 and omitted from the 2022 Schedule.

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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. (collectively, the Organization), which comprise the consolidated balance sheet as of September 30, 2023, and the related consolidated statements of operations, changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated February 16, 2024.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Organization'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 Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization'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 consolidated 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.

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization'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 consolidated 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 Organization'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 Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
February 16, 2024

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.'s (collectively, the Organization) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget's *Compliance Supplement* that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2023. The Organization's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2023.

Basis for Opinion on Each Major Federal Program

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

We are required to be independent of the Organization 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 the major federal program. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

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 Organization's federal programs.

Auditor's 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 Organization'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 U.S. generally accepted auditing standards, *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 Organization's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with U.S. generally accepted auditing standards, *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 Organization'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 Organization'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 Organization'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 an instance of noncompliance which is required to be reported in accordance with the Uniform Guidance and which is described in the accompanying schedule of findings and questioned costs as item 2023-001. Our opinion on the major federal program is not modified with respect to this matter.

Government Auditing Standards requires the auditor to perform limited procedures on the Organization's response to the noncompliance findings identified in our audit described in the accompanying schedule of findings and questioned costs. The Organization'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.

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Report on Internal Control over Compliance

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's 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 were not identified. However, as discussed below, we did identify a certain deficiency in internal control over compliance that we consider to be a material weakness.

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

A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2023-001 to be a material weakness.

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 Organization's response to the internal control over compliance findings identified in our audit described in the accompanying schedule of findings and questioned costs. The Organization'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.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
February 16, 2024

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Findings and Questioned Costs

Year Ended September 30, 2023

1. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:		Unmodified		
Internal control over financial reporting:				
Material weakness(es) identified?	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Noncompliance material to financial statements noted?	☐	Yes	☑	No

Federal Awards

Internal control over major programs:				
Material weakness(es) identified:	☑	Yes	☐	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Type of auditor's report issued on compliance for major programs:		Unmodified		
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	☑	Yes	☐	No

Identification of major programs:

Federal Assistance Listing Number	Name of Federal Program or Cluster
93.526	Health Center Program Cluster Affordable Care Act (ACA) Grants for Capital Development in Health Centers

Dollar threshold used to distinguish between Type A and Type B programs:		$750,000		
Auditee qualified as low-risk auditee?	☑	Yes	☐	No

2. Financial Statement Findings

None

3. Federal Award Findings and Questioned Costs

Finding Number:	2023-001
Finding Type:	Material weakness in internal control over compliance related to cash management
Information on the Federal Program:	Program Name: Affordable Care Act (ACA) Grants for Capital Development in Health Centers (AL 93.526) Federal Awards Project Title: Health Center Infrastructure Support Award Period: September 15, 2021- September 14, 2024 Award Number: 1 C8ECS43818-01 Agency: U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA)
Criteria:	According to the terms and conditions of the award, each budget has a Federal Percentage Share based upon the award amount and the total allowable costs. Grant funds can only be drawn down from the Payment Management System (PMS) as allowable costs are incurred. Unless otherwise authorized, draw down should be done in the same proportion as the grant is to total project costs in the approved budget.
Condition:	In a sample of three of nine cash draw downs from the PMS, each of the three transactions tested were drawn in a proportion in excess of the Federal Percentage Share as required by the terms and conditions of the award.
Cause:	The Organization experienced a transition in management positions during the year and did not thoroughly understand the specified terms and conditions of the award.
Effect:	The Organization may draw down funding in a proportion greater than is allowed and if the project does not get completed, it could result in the return of funds with potential interest.
Questioned Costs:	None
Repeat Finding:	No
Recommendation:	Management should provide additional training to individuals responsible for monitoring grant compliance, reinforce the importance of reviewing all grant agreement provisions, and implement a system of processes and controls for tracking compliance with all specific grant terms and conditions.
Views of a Responsible Official and Corrective Action Plan:	Management agrees with the finding. The Organization will modify procedures as appropriate and provide additional training and education as recommended.

Not For External Distribution

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

2023-2024 Board of Directors

Raymond Goodman, III (President/Chair)
[redacted]
Term ends 2024
Affiliation: University of MA Foundation
Years of Service: 11
Committees: Community Relations and Marketing (Chair), Quality Assurance

Andrea Laskey (Vice President)
[redacted]
Term Ends 2025
Affiliation: Retired
Years of Service: 4
Committees: Quality Assurance (Chair)

James Brewer (Treasurer)
[redacted]
Term Ends 2025
Affiliation: Eastern Bank
Years of Service: 4
Committees: Finance and Audit

Laura Valencia (Secretary)
[redacted]
Term Ends 2025
Affiliation: Bristol Myers Squibb
Years of Service: 5
Committees: Executive, Community Relations and Marketing

Frank Goodspeed (Immediate Past Chair/President)
[redacted]
Term Ends 2026
Affiliation: Retired
Years of Service: 10
Committees: Executive (chair), Community Relations and Marketing, Governance, Personnel, Quality Assurance

Audrey Ashton-Savage
[redacted]
Term Ends 2024
Affiliation: University of New Hampshire
Years of Service: 33
Committees: Executive, Community Relations and Marketing, Finance and Audit, Governance

Michelle Boom
[redacted]
Term Ends 2025
Affiliation: Homemaker
Years of Service: 4
Committees: Community Relations and Marketing

Thomas "Chris" Drew
[redacted]
Term Ends 2025
Affiliation: Seacoast Mental Health Center
Years of Service: 25
Committees: Executive, Finance and Audit (Chair) Personnel (Chair), Technology (Chair)

Not For External Distribution

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

2023-2024 Board of Directors

Jane Goodman
[redacted]
Term Ends 2026
New
Affiliation: Nashua Soup Kitchen & Shelter

Todd J Hathaway
[redacted]
Term Ends 2026
Affiliation: Wadleigh, Starr & Peters, PLLC
Years of Service: 2
Committees: Governance, Quality Assurance

Carol LaCross
[redacted]
Term Ends 2024
Affiliation: Retired
Years of Service: 35
Committees: Finance and Audit, Technology

Arvind Ranade,
[redacted]
Term Ends 2024
Affiliation: SymbioSys Solutions, Inc.
Years of Service: 8
Committees: Executive, Finance and Audit, Technology

Jim Ryan
[redacted]
Term Ends 2026
New
Affiliation: Greater Lawrence Family Health

Wilberto Torres
[redacted]
Term Ends 2025
Affiliation: Agile Workplace Staffing/Bell Tower Home Health Care
Years of Service: 6
Committees: Community Relations/Marketing, Technology

Ce

Beth Deschene

Objective

I am ready to challenge myself in a new position within the organization in order to better myself and the Healthcare Center by using my many years of experience within the Billing and Customer Service areas

Experience

1998-present Lamprey Healthcare Raymond, NH

Coding Specialist/Charge Posting/Billing Representative

- ICD 9 coding of all super bills for Raymond and Nashua, Nashua since 2002.
- Posting and reconciling of all charges for both sites.
- Interfacing and problem solving with other departments and patients
- Processed financial assistance applications

1996-1998

Intake

- Responsible for arriving patients and confirming accuracy of demographics and insurance information.
- Receipt of co-pays/balance payments and reconciliation of daily monies
- ICD 9 coding/posting charges for the Raymond site.

1992-1995

Cashier

- Receipt of co-pays/balance payments and reconciliation of daily monies.
- Problem solving in regards to patients bills.
- ICD 9 coding/posting charges for the Raymond site.

1986-1991 Teledyne Electro-Mechanisms Hudson, NH

Material Planner

- Review requirements for shipments based on hardware availability
- Coordinate shortages with Master Scheduler and vendors to ensure schedule integrity.
- Coordinated and developed a computerized net requirement system.

Education

1989-1991 Franklin Pierce College Nashua, NH

- Business Management ,degree one year from completion.

1979-1982 Roger Williams College Bristol, RI.

- Marine Biology

References

Available upon request.

Tracie Gagnon

OBJECTIVE:

A responsible and challenging entry-level position that will utilize my education and background, expand my knowledge, and offer opportunities for personal and professional growth.

EDUCATIONAL HISTORY:

Assumption College

MA Education	May 2002

Keene State College

B.A. Psychology	May 1999
B.S. Education	GPA: 3.9

EMPLOYMENT HISTORY:

Medical Records Clerk I Lamprey Health Care, Nashua, NH	2004 – Present
Kindergarten/Preschool Teacher Hillsboro-Deering Elementary School, Hillsboro, NH	2002 - 2004
Preschool Teacher Rainbowland Child Development Center, Bedford NH	2001-2002
Special Education Instructional Aide Southborough Public School, Southborough, MA	1999-2001
Sales Associate; Department Manager Caldor Corporation, Westborough, MA	1993-1998

SUMMARY OF KNOWLEDGE AND EXPERIENCE:

Strong oral and written communication skills Ability to multi-task
Anticipating and solving problems
Able to adapt to varied situations
Strong time management skills Highly organized
Data collection and analysis
Setting and meeting goals and deadlines
Knowledge of Microsoft Word, Publisher, Outlook, Excel
Customer service
Making difficult decisions quickly and appropriately
Flexibility
Maintaining accurate records
Working within the constraints of a tight budget

Debbie

DEBRA RICHMOND

OBJECTIVE: To secure a full time position in a job I will enjoy doing and feeling fulfilled.

SKILLS: Previous work in the medical field working within the radiology department filing medical reports, x-rays and working with physicians in radiology. Work well alone as well as co-workers and patients. Dependable and able to meet deadlines.

Employment:

Custodian — 2/00 to present
MSAD#35
Eliot Commons

Accounts Receivable/Receptionist — 7/98 to 2/00
Accounts Payable/Clerical Olsten
Staffing Services

1/98 to 5/98
Full Charge Bookkeeper
New England Shade & Carpet

10/96 to 1/98
Medical Assembler
Complex Medical
Stratham Industrial Park
Stratham, NH. — 6-91-6-92
No longer in business

1979-1982
File Clerk
Beverly Hospital
Herrick St.
Beverly, Ma.

Kelsey A. Desautels

[redacted]

Objective

Seeking long term employment in an organization where I can grow professionally and apply the knowledge that I have gained through my education and work experience.

Education

B.S., Health Management and Policy, May 2014

Graduate of the University of New Hampshire – Durham

- Graduated with Honors as a University Scholar

Graduate of Raymond High School, Raymond, NH June 2010

- Graduated 9th in my class

Relative Course Work

- Statistics
- Health Research
- Financial Management
- Epidemiology
- Social Marketing
- Health Policy
- Health Planning
- Finite Math
- Organizational Management
- Microeconomics
- Health Ethics & Law
- Health Economics

Experience

PMC Medical Group LLC/Granite State Pain Associates-24 Bridge St. Suite 9, Concord, NH 03301

Administrative Assistant - Jan. 2015 - Present

- Assist patients with questions or concerns
- Collect payments and update patient information
- Schedule patient appointments and procedures

UnitedHealthcare - 14 Central Park Dr., Hooksett, NH 03106

Customer Care Professional – August 2014 – October 2014

- Resolved questions and concerns relating to insurance benefits, claims, and pharmacy
- Helped customers become knowledgeable about their insurance policy
- Updated customer profile information

Southern NH Area Health Education Center – 128 State Route 27, Raymond NH, 03077

Intern – May 2013 – July 2013

- Facilitated the Oral Health Dental Home for Children project
- Coordinated the evaluation of the Better Choices Better Health Program
- Updated patient information for Lamprey Health Care using electronic medical records

Lowes – 36 Fresh River Rd., Epping NH, 03042

Customer Service Associate/ Weekend Team Associate - June 2011 - April 2013

- Assisted customers with questions and finding items they needed to finish projects
- Responsible for training new Weekend Team Associates
- Guided Kid's Activity Clinics
- Employee of the month May 2012

Skills

- Experienced using Microsoft Excel
- Electronic Medical Records
- Hardworking and dependable
- Punctual
- Excellent time management
- Solid interpersonal skills
- Teaching and training
- Well Organized

Accomplishments/Activities

- Member of the Student Organization for Health Leadership (SOHL)
- Member of the UNH Birding Club
- Member of Slow Food UNH
- Earned GPA of 3.30
- Achieved Employee of the Month at Lowes for May 2012

Interests and Service

- Avid Reader
- Bird Watching
- Kayaking
- Soundtrack/Thematic Music

Availability/References

Available within two weeks of hire

References available upon request

JARENIS TAVERAS

MEDICAL ASSISTANT & PATIENT SERVICE REP

OBJECTIVE:

Hard working, efficient individual seeking a position in the medical field where I can utilize my knowledge, and experiences to contribute to the future success of the company also gain more experiences to make myself a greater asset for the company.

SKILLS:

- Bilingual Spanish- Translator Certified**
- Multiline phone system
- Knowledge of Microsoft Office Products including Word, Excel & PowerPoint
- EMR/ Centricity knowledge

EDUCATION:

Hesser College, Nashua, NH

Medical Assisting - Diploma

Graduated in December 2012

CERTIFICATIONS & LICENSES:

CPR and First Aid

AAMA Certification

EXTERNSHIP:

Lamprey Healthcare, Nashua, NH — May 2013

EMPLOYMENT:

Patient Service Representative – Foundation Cardiology – October 2018 – July 2020

- Check patients out, scheduling future appointments, working on any open phone notes or desktop items, answering incoming calls, checking, and returning messages.
- Being able to communicate effectively with clinical to assure that the needs of our patients were being met and expectations set.
- Servicing a population of multiple cultures and being able to adapt to assist the needs of each patient regardless of the cultural differences or ways of understanding. i.e using tablets to translate languages.

- Assisting with front desk responsibilities when needed which includes checking in patients and verifying insurance is updated in the system, all appropriate paperwork up to date, being able to accurately identify what kind of paperwork a patient needed depending on their specific needs.

Patient Services Representative – Jan 2016 – October 2018

- Check patients out, scheduling future appointments, working on any open phone notes or desktop items, answering incoming calls, checking, and returning messages.
- Being able to communicate effectively with clinical to assure that the needs of our patients were being met and expectations set.
- Servicing a population of multiple cultures and being able to adapt to assist the needs of each patient regardless of the cultural differences or ways of understanding. i.e using tablets to translate languages.
- Assisting with front desk responsibilities when needed which includes checking in patients and verifying insurance is updated in the system, all appropriate paperwork up to date, being able to accurately identify what kind of paperwork a patient needed depending on their specific needs.

Medical Assistant – May 2013 - Jan 2016

- Greet and log in patients arriving at office or clinic.
- Show patients to examination rooms and prepare them for the physician.
- Interview patients to obtain medical information and measure their vital signs, weight, and height.
- Record patients' medical history, vital statistics and information such as test results in medical records.
- Help physicians examine and treat patients, handing them instruments and materials or performing such tasks as giving injections and removing sutures.
- Perform routine laboratory tests and sample analyses.
- Checked patient glucose levels (A1C)
- Performed INR to monitor anticoagulation within a patient's blood
- Electrocardiogram (EKG)
- Collect blood, tissue, or other laboratory specimens, log the specimens, and prepare them for testing. Pregnancy tests.
- Prepare and administer medications as directed by a physician including immunizations.
- Schedule appointments for patients.
- Explain treatment procedures, medications, diets and physicians' instructions to patients.
- Authorize drug refills and provide prescription information to pharmacies.
- Properly disposed of contaminated medical supplies
- Set up medical laboratory equipment.
- Prepare treatment rooms for patient examinations, keeping the rooms neat and clean.
- Inventory and order medical, lab, and office supplies and equipment.
- Perform general office duties such as answering telephones, taking dictation and completing insurance forms.

Microtech, Londonderry, NH — June 2010 – November 2011

Assembly

- Assembled medical machinery
- Worked at a very fast pace without sacrificing quality

Marriott, Nashua, NH — May 2008 – October 2009

Housekeeper

- Cleaned, straightened and stocked hotel rooms
- Paid great attention to detail in all work performed

References available upon request

ROSEMARY ALBERT

Organized and knowledgeable Administrative Assistant skilled in working within a fast paced Medical office setting. I have a strong attention to detail and can manage multiple concurrent tasks. Self-motivated to perform effectively independently or in a team environment.

SKILLS

- Scheduling
- Collecting Payments
- Insurance Verification
- Referrals

WORK HISTORY

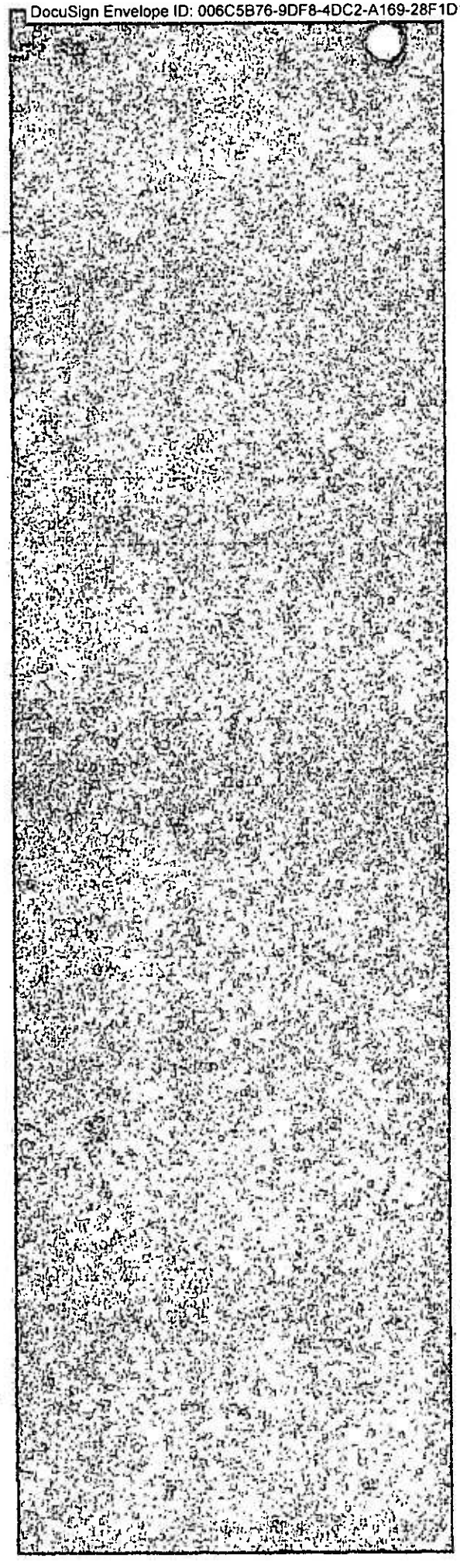
May 2022 - February 2023
Medical Office Specialist *Appledore Neurology Associates,* Portsmouth, NH

- Registered patients and completed associated paperwork for accurate records..
- Answered telephone calls to offer office information, answer questions, and direct calls to staff.
- Checked in patients for scheduled appointments, collecting copays when applicable.
- Prepared patient charts for upcoming appointments making sure insurance, demographics, and necessary referrals are in place.

July 2019 - April 2021
Appointment Scheduler *Atlantic Digestive Specialists,* Portsmouth, NH

- Received in-bound calls and initiated out-bound daily calls to schedule patients referred by primary care physicians.
- Verified Insurance Eligibility
- Checked to make sure patients referrals were current.
- Notified primary care physicians of patients upcoming appointments or cancellations.
- Other Clerical Duties as Assigned

April 2012 - February 2019
Customer Service Associate/Hair Stylist *Prestige Beauty Supply/Salon,* Nanuet, NY



- Offered advice and assistance to customers, paying attention to special needs or wants.
- Actively listened to customers, handled concerns quickly.
- Maintained clean and orderly checkout and store areas.
- Answered incoming calls with questions regarding products and Salon services.
- Offered Salon Services to Customers

EDUCATION

May 2011
Cosmetology License Cosmetology
Capri Cosmetology Learning Center, Nanuet, NY

Colleen Cote

EXPERIENCE

One Sky Community Services Inc.

Portsmouth, NH 03801

Direct Support Professional - In home client care

05/ 2015 - 05/2018 + 2019 - Present

Previous agency - Kimmi Nichols Plaistow 3-2015 (Family changed agency) Same family.

- Farmsteads New England
Epping NH

September 2018- April 2019

-Catholic Medical Center

LNA -Cardiovascular Surgical Care

1 year

-Exeter On Hampton Care and Rehab.

Exeter, NH.

LNA

6 years .

EDUCATION

Essex Agricultural and Technical 1990-1994

Hawthorne, MA 01937

HS Diploma - Animal Science Major

Saint Mary's

Danvers, MA 01923

SKILLS

LNA for 20 years. DSP for 6
Positions held in long term care, rehabilitation, critical care , home care and activities.

Patient /family customer service

Problem solving

Flexibility

Team work

Reliability

Computer knowledge

Willing to learn new things

Anna Labbe

Objective

To obtain a position as a registered nurse.

Credentials

ACLS/BLS, Certified through July 2021.

Registered Nurse, Renewal date 07/02/22

Education

Great Bay Community College, Portsmouth, NH

Associate of Science in Nursing, May 2019

Registered Nurse Experience

IVCU - Portsmouth Regional Hospital, Portsmouth NH (July 2019- present)

- Management of patient's in the acute care setting. Types: Cardiovascular, STEMIs (post cath lab care), pre and post CVOR, Electrophysiology and Device Implants, CHF/arrhythmias, Carotid Endarterectomy, Peripheral Vascular Cases (Endovascular and Open), Post-op transcatheter Aortic Valve Replacement (TAVR), and pre and post procedural PCI

Other Relevant Experience

8 years as a Licensed Nursing Assistant

IVCU - Portsmouth Regional Hospital, Portsmouth NH (May 2018- July 2019)

Carriage Hill Assisted living, Madbury NH (May 2016-June 2019)

Brookdale at Spruce Woods, Durham NH (August 2011-May 2016)

- Providing physical support to assist residents/patients to perform all activities of daily living, including but not limited to: bathing, dressing, grooming, toileting, transfers, walking, etc.
- Answering resident call signals promptly to determine needs.
- Performing duties under the supervision of a registered nurse including but not limited to: Obtaining vital signs, performing EKGs, removing IVs/Foley catheters, collecting specimens (urine, stool, sputum), etc.

ELIZABETH DONZELLO-JEWETT

EDUCATION

2018-2022	Saint Michael's College | Colchester, VT B.S. in Biology, Graduation May 2022 Minor in Chemistry G.P.A 3.8
2022	Great Bay Community College | Portsmouth, NH Medical Assistant Certification Program
2014-2018	Pembroke Academy | Pembroke, NH | Graduation June 2018
COURSES	Cell Biology, Organic Chemistry, Ecology, Calculus, Statistics, General Chemistry, Human Anatomy and Physiology, Physics, Molecular Genetics, Biochemistry, Medical Terminology, Healthcare Ethics, Developmental Biology, Microbiology, Population and Evolutionary Genetics, Neuroscience Research
METHODOLOGIES	Nuclear Magnetic Resonance Spectroscopy, Sterile Techniques, Infrared Red Spectroscopy, Hoechst Blue Staining, Light microscopy, Polymerase Chain Reaction, Gel Electrophoresis, Micropipetting, Microdissection, Light Microscopic Immunolabeling, Confocal Microscopy, Gram Staining, Aseptic Technique

WORK EXPERIENCE

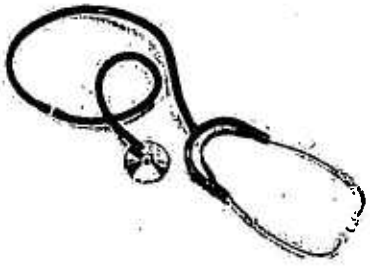
2021	**Biochemistry Tutor** | Chemistry Department | Saint Michael's College, Colchester VT Tutor for the course Comprehensive Biochemistry, assisted students with challenges faced with the course material
2021	**Teaching Assistant** | Chemistry Department | Saint Michael's College, Colchester, VT Assisted in the General Chemistry Lab, set up for weekly experiments, cleaned up lab and lab equipment, stocked necessary materials, assisted students with challenges and questions regarding the experiment
2021	**Patient Navigator** | Huggins Hospital | Wolfeboro, NH Administered Covid-19 PCR and rapid tests through the testing site at the hospital, entered data of the Covid-19 vaccine clinic into the New Hampshire Immunization Information System
2021	**Testing Technician** | Convenient MD | Portsmouth, NH Performed Covid-19 PCR and rapid tests, Strep rapid and culture tests, ran rapid tests via in house lab, presented patients with results and information of their tests, entered data into computer system
2020	**Summer Lab Intern** | NH Dept. of Health and Human Services | Concord, NH Tested water samples for public and private sectors, calibrated equipment used to perform tests, analyzed, interpreted data and test results, and prepared reports
2016-2020	**Customer Service/Sales Associate** | Frekey's Dairy Freeze, Concord | NH Provided excellent customer service, trained new employees, assisted with weekly orders and cash/register management

HONORS

2018-2022	**Dean's List** | Saint Michael's College
2018-2022	**Beta Beta Beta Honor Society** | National Biology Honor Society, Vice President of Saint Michael's College Chapter
2022	**Sigma Xi Honor Society** | Scientific Research Honor Society

ACTIVITIES

2018-2022	**Saint Michael's College Founder's Society** Engaged with prospective students and families, as well as alumni to keep the college connected with past, present and future students
2018-2022	**Saint Michael's College Mentoring Program** Member of Little Brother Little Sister elementary education mentoring program, provide weekly educational and social experiences with mentee over the course of four years



MEGHAN
HEALY

CERTIFIED MEDICAL ASSISTANT

CMA with 3+ years experience in a multi-physician family medical practice and emergency room settings. Strives to work hard and dedicated to providing premium patient care. Skills include:

- *— Medical Office Management*
- *— Medical Billing & Coding*
- *— Data Entry*
- *— Bookkeeping & Filing*
- *— Taking Patient Vitals*
- *— Injections & Phlebotomy*
- *— Patient Scheduling*
- *— Patient Education*
- *— HIPAA & JCAHO Knowledge*

Objective

To secure a professional medical assistant position in a reputable medical facility where I can continue to develop and enhance my hands-on skills and education in the medical field.

Education

Certified Medical Assistant (CMA), August 31, 2010- *Certification No. 2426942*
Certified in First Aid & CPR, 2008-Present

Professional Experience

Shift Supervisor & Wait Staff- 99 Restaurant
January2007-February 2011

- Hired as a hostess, and moved up the ladder to become on shift manager throughout my time with the company.
- Handle money, customer satisfaction, employee satisfaction and maintaining a busy restaurant.
- Keeping a calm, professional demeanor in a busy and stressful environment.

Certified Medical Assistant, 2010
Served externship for a busy internal medicine practice, Seacoast Medical Associates (Externship) —Salisbury, MA.

- Demonstrated proficiency in taking patient medical histories and vital signs, as well as in performing injections and various diagnostic procedures and ancillary tests (e.g., EKGs, hematology, urinalysis and PTs).

Medical Technician- Lahey Clinic Burlington Emergency Department
February 2011-February 2012

- Ensured the cleanliness, sanitation and maintenance of all facilities, exam rooms and equipment
- Reacted calmly and effectively in emergency situations, and added the personal, caring touch that immediately put patients at ease.

Medical Assistant/Phlebotomist - Lahey Clinic Merrimac & Amesbury Laboratory
February 2012- April 2014

- Handling front desk, administrative work, booking/rescheduling appointments, refill medications, fax/import/edit documents, entering medical orders, and patient call-backs.
- Seating patients, taking vital sign, phlebotomy, quality control and immunizations.
- Worked in high-volume lab for fasting labs and difficult draws when needed.

Medical Assistant- Bedford Occupational and Acute Care and ExpressMed

May 2014- June 2015

- Working both administrative and clinically for both Occupational Health Services and Urgent Care services.
- Certified Occupational Hearing Conservationist, Federal Drug and Alcohol Testing, and Escreen Drug Tester.
- Ordering supplies, lab supplies, medications, and occupational braces and slings.
- Dispense medications, immunizations, blood work, perform pulmonary function tests, audiology testing, respirator fit testing, EKG's, and emergency services.

Medical Assistant- Susan Krolewski, MD PLLC

April 2015-Present

- Works in family practice with both pediatric and geriatric patients.
- Vaccine management through NH GOV, knowledge of NHVax and VOMS.
- Workdays include vaccine Administration, general patient health care, prior authorizations, applying insurance claims and clerical support.

Skills

- Excellent knowledge of clerical skills like word, excel, outlook and access.
- Great communication skills, verbally, non-verbally, and written.
- Exceptional customer service and interpersonal skills.
- Quick learner, with a strong desire to learn new tasks and acquire more responsibility.
- Flexible, reliable, and dependable worker. Prompt and hard-working.
- Professional attitude, appearance, and demeanor.
- Access and experience with NH Vaccine management

References

Hannah Deskur

EDUCATION

Great Bay Community College – Portsmouth, NH Class of 2020
Associate Degree in Nursing

University of New Hampshire – Durham, NH Class of 2017
Bachelor of Science: Nutritional Sciences

RELATED EXPERIENCE

Hampstead Hospital – Hampstead, NH July 2020- Present
Registered Nurse- Psychiatric/Detox

- Assessed and admitted patients with acute mental health concerns
- Monitored and assessed withdrawal symptoms of detoxing patients
- Experienced in an unpredictable environment
- Utilization of deescalation techniques key
- Compassionate care- Respecting dignity of patients in crisis
- Charge nurse leadership role
- Worked with interdisciplinary team – Frequent communication with providers

Watson Fields Assisted Living Facility – Dover, NH July 2016- June 2020
Supervisor/ PCA *603-516-8810*

- Supervised LNA's and PCA's (Promoted May 2018)
- Emphasis on leadership qualities and managing urgent situations
- Planning, implementing, and delegating in a fast paced environment
- Delivered direct patient care including ADL's and treatments
- Importance on being efficient and reliable as well as respecting the dignity of the population

OTHER EXPERIENCE

Hannaford Supermarket – East Hampstead, NH 2012-2013
Cashier

- Customer service skills
- Fast paced

EXTRACURRICULAR & LEADERSHIP ACTIVITIES

YourStory International – Volunteer experience in Leogane, Haiti May 2015
Volunteer

- Provided community health and nutritional education/services
- Shadowed doctors and nurses. Discussed differences in our healthcare systems
- Devised plans to improve the community
- Used social skills and cultural awareness to interact with Haitian adults and children

Krysten Shepard

I have worked in healthcare for 5 years and currently at a program manager at a facility that houses adults with disabilities. I have gained experience in coordinating and managing total care of patients .

Authorized to work in the US for any employer

Work Experience

Program manager

Residential Resources, Inc. - Londonderry, NH

Present

Make and bring clients to appointments, order meds , coordinating with physicians and families in all around care , scheduling staff , managing house needs , updating records

Hospice Aide

AMEDYSIS HOME HEALTH - BedfordNH

January 2020 to November 2021

End of life care , rehab , in home care , coordinating and updating families and patients in scheduling needs

Licensed Nursing Assistant (LNA)

Pleasant Valley Nursing Center - Derry, NH

September 2018 to December 2020

Personal care , assisting in daily activities, coordinating with rehabilitation to get patients ready in time

LNA

Genesis HealthCare - Exeter, NH

September 2016 to April 2018

As an LNA I was responsible for assisting with ADLs. I worked in a long term facility with a rehab unit and I mostly worked on the rehab u it which helped me in becoming very aware or fast pace situations and family memebwrw being more involved and worked with the therapists to fit therapy into the daily schedules

Education

Certificate in LNA

Raymond, NH

March 2016 to September 2016

Skills

- Home Health
- CNA
- Cna Certified
- Certified Nursing Assistant
- Server
- Customer Service
- Word
- Organizational Skills
- Fast learner
- Training
- Microsoft Office
- POS
- Vital Signs
- Home Care
- Caregiving
- Administrative Experience
- Patient Care
- Senior Care
- Program Management
- Hospice Care
- Case Management
- Nursing

Certifications and Licenses

Certified Nursing Assistant (CNA)

CPR

State Tested Nursing Assistant

Sarah Whyte

Certified Clinical Medical Assistant
Rochester, NH

Dedicated Medical Assistant with a reputation for an exemplary attitude, meticulous organization skills, and time management skills. Able to work well with others, and execute tasks promptly and objectively.

#readytowork

Work Experience

Medical Assistant
Families First - Portsmouth, NH
October 2018 to Present

I have had the opportunity to work with many different providers with different personalities and ways of working, I have worked with MD's, APRN's, Pediatrician's, and PA's.

Certified Clinical Medical Assistant
Martin's Point Health Care - Portsmouth, NH
November 2017 to June 2018

Self-Employment
Kate's Cleaning - Conway, NH
June 2014 to June 2017

Education

Certificate Program in Medical Assistant
Great Bay Community College - Portsmouth, NH
August 2017 to October 2017

Skills

- OSHA and HIPPA Trained
- Inventory Control
- Microsoft Office
- Experience Administering Injections
- Vital Signs
- Patient Care
- Medical Office Experience
- EMR Systems

- Medical Records
- Medical Scheduling
- Triage
- Computer Skills
- Laboratory Experience

Certifications and Licenses

Certified Clinical Medical Assistant (CCMA)
October 2010 to January 2022

CPR/BLS
February 2020 to February 2022

Certified Medical Assistant

Certified Medical Assistant (CMA)

Assessments

Attention to Detail — Highly Proficient
June 2020

Identifying differences in materials, following instructions, and detecting details among distracting information.
Full results: Highly Proficient

Nursing Aide Skills — Proficient
June 2020

Providing nursing aid to patients using knowledge of relevant equipment and procedures.
Full results: Proficient

Electronic Medical Records: Best Practices — Highly Proficient
June 2020

Knowledge of EHR data, associated privacy regulations, and best practices for EHR use
Full results: Highly Proficient

Verbal Communication — Proficient
June 2020

Speaking clearly, correctly, and concisely
Full results: Proficient

Customer Focus & Orientation — Proficient
July 2020

Responding to customer situations with sensitivity
Full results: Proficient

First Aid — Highly Proficient

July 2020

Treating common medical emergencies
Full results: Highly Proficient

Indeed Assessments provides skills tests that are not indicative of a license or certification, or continued development in any professional field.

Karla Gonzalez

Medical Assistant

Work Experience

Medical Assistant

Amoskeag Health - Manchester, NH
March 2019 to Present

• Front desk duties including utilizing Centricity software, medical data entry, filing medical records, insurance referrals, and answering phones.
• Taking vital signs, rooming patients, triage with parents and children, EKG's, urinalysis, administering strep cultures, vaccines and ensuring cleanliness and organization of office and room.
• MAT Clinic
• Prenatal visits
• Procedure colposcopy and Leep
• DOT certified Drugs screen urine collection

Medical Assistant

Derry Medical Center-Derry - Derry, NH
March 2018 to March 2019

• Front desk duties including utilizing Allscripts software, medical data entry, filing medical records, insurance referrals, and answering phones.
• Taking vital signs, rooming patients; triage with parents and children, EKG's, urinalysis, administering strep cultures, and ensuring cleanliness and organization of office and room.

Medical Assistant/ General Manager Office

Any Lab Test Now - Merrimack, NH
2013 to 2016

• Front desk duties including utilizing ECW software, medical data entry, filing medical records, insurance referrals, and answering phones.
• Recording vital signs, urinalysis, administering strep cultures, administering injections, administering urine cultures, drawing blood and ensuring cleanliness and organization of office and the lab stations.
• Ordering materials and supplies for the office • DOT Drug Testing • DNA Testing

Medical Assistant

Nasim Ghaffar, M.D. - Dracut, MA
2010 to 2013

• Front desk duties including utilizing ECW software, medical data entry, filing medical records, insurance referrals, and answering phones.
• Recording vital signs, rooming patients, triage with parents and children, EKG's, urinalysis, administering strep cultures, administering injections, administering urine cultures, drawing blood,

ensuring cleanliness and organization of office and room, and ordering materials and supplies for the office.

Education

certificate
Lincoln Technical Institute - Lowell, MA
2010

certification
Lowell Community Health Center

DIPLOMA
Nashua High School South - Nashua, NH

Skills

- CPR (Less than 1 year)
- data entry (8 years)
- Injections
- Vital Signs
- Epic
- EMR
- Patient Care
- Venipuncture
- Phlebotomy
- Laboratory Experience
- Allscripts
- eClinicalWorks
- Collections (10+ years)

Languages

- English & Spanish - Fluent

Certifications and Licenses

CPR Certification

Additional Information

SKILLS/QUALIFICATIONS

- Knowledge of Medical Terminology, Medical Ethics, Pharmacology, Hematology, Clinical Office Procedures, OSHA Regulations, HIPPA Standards, Venipuncture, Injections, Practical Hospital Applications, Sterile Technique, Aseptic Techniques, Laboratory Specimen Collections, EKG, Phlebotomy, CPR certified, and Vital Signs
- Excellent administrative skills including: Data Entry, Customer Service, and Scheduling
- Microsoft Office Applications including Excel, Word, and PowerPoint

Cynthia J Mendoza

Summary

Licensed Nursing assistant with a diverse background in patient care, records management and medical equipment assembly. Exceptional patient care and organizational skills and the ability to communicate in English and Spanish fluently.

Core Competencies

Organization	Time Management	Relationship Building
Attention to Detail	Inventory Management	Teamwork

Relevant Skills

Organization / Attention to Detail

- Ensure that all of patients' vital information is updated for registered nurses and physicians.
- Review files daily and weekly to keep front desk organized.
- Reviewed shift information with incoming team to make them aware of specific issues that happened specifically with high risk patients.
- Follow product schematics to assemble precisely with minimal errors.

Time Management / Inventory Management

- Utilize year over year, month over month and week over week data to create patterns for stock purchasing
- Create schedule for store employees based on personal schedules and business needs.
- Review residents' information with registered nurses and set routines for proper care including medication disbursement, hygiene and physical therapy.
- Update supervisor on inventory needs for product assembly.

Relationship Building and Teamwork

- Learned residents' specific information to make it easier to work with them daily.
- Work with registered nurses and other LNA's to assist with residents' overall needs, switching assigned LNA's based on rapport with resident.
- Anticipated and prepare colleagues for assistance needed for patients or residents that would require multiple staff members to move or prepare for labs, x-rays or physical therapy.
- Work with colleagues on assembly line to ensure proper timing and minimal downtime.

Experience

Southern NH Medical Center, Nashua, NH — **2018 - Present**
Licensed Nurse Assistant / Clinical Assistant

Amphenol Nashua, NH — **2016 - 2018**
Assembly Line

Bayada Home Health Care Manchester, NH — **2018 - 2018**
Nurse Assistant

Oceanside Center Hampton, NH — **2017 - 2018**
Nurse Assistant

El Paisano Mini Market Nashua, NH — **2016 - 2019**
Store Manager

Atrium Medical Hudson, NH — **2015 - 2015**
Assembly Line

Education

Nashua Community College
Coursework for Associates in Liberal Arts

Licensing / Accreditation

Licensed Nursing Assistant

Casey Crawford Brighton BSN, RN, DNP-S

EDUCATION

Saint Mary's College of Notre Dame, Notre Dame, IN — **Current**
Doctorate in Nurse Practitioner, Aug 2019

Duke University School of Nursing, Durham NC — GPA 4.0
Bachelor of Science in Nursing, May 2017

University of New Hampshire, Durham NH — GPA 3.7
Bachelor of Arts in Psychology, May 2014

CLINICAL EXPERIENCE

- Assess, educate and treat patients with simple and complex diseases while monitoring closely for changes from baseline
- Advocate for and support patients and families to ensure the best care is received
- Delegate and oversee nursing assistants/techs during daily tasks
- Assist in Codes, STEMIs, Strokes, and Traumas while maintaining a calm atmosphere and attending to all other patients

Registered Nurse, Clinical Nurse II — Aug. 2019-**Current**
Emergency Department
Elliot Hospital, Level 2 Trauma Center, Manchester NH

Registered Nurse, Clinical Nurse II, Per Diem — Jan. 2018-June 2019
Emergency Department
University of North Caroline Rex, Level 2 Trauma Center, Raleigh NC

Registered Nurse, Clinical Nurse II — May 2017-June 2019
Emergency Department
University of North Carolina (UNC), Level 1 Trauma Center, Chapel Hill NC

LICENSE/ CERTIFICATION

North Carolina Registered Nurse (RN), Compact State	May 2017
New Hampshire Registered Nurse (RN), Compact State	May 2019
Basic Life Support (BLS)	Oct. 2023
Advanced Cardiac Life Support (ACLS)	Mar. 2025
Pediatric Life Support (PALS)	May 2025
Trauma Nurse Core Course (TNCC)	Oct. 2025
Crisis Prevention Institution (CPI)	Feb. 2022

LEADERSHIP

Trauma, Documentation and Education Committee Member	July 2017
Clinical Preceptor for EMS/Firefighter/Nursing Students	Mar. 2018
ENA Member	May 2017
Sigma Theta Tau International Honor Society of Nursing	May 2017

CLINICAL PRECEPTORSHIP-Doctor of Nursing Practice (DNP)

Advanced Health Assessment [30 hours]	April 21-Aug. 21
Stephanie Selleck, APRN; Elliot Hospital Urgent Care	
Mental Health [60 hours]	Aug. 21-Dec. 21
Melinda Chernev, APRN; Elliot Hospital Pathways	
Adult Primary Care [120 hours]	Jan. 22-April 22
Kaye Jaworowski, APRN; Elliot Hooksett Family Practice	
Women's Health [120 hrs]	Aug. 22-Dec. 22
Dr. Brenda Stapp, DO & Kristine Fedorchak; APRN, Manchester OB/GYN	
Pediatrics [120 hours]	Jan. 23-May 23
Dr. Christina Ferreri, DNP; Elliot Pediatrics, Manchester	
Adult Primary Care [240 hours]	Pending
Kaye Jaworowski, APRN; Elliot Hooksett Family Practice	

Total: *690+ hours*

DNP DISSERTATION/THESIS: Human Trafficking Education & the Healthcare Provider

NURS 701: 40 hours, *Topic Exploration*	Aug. 2021-Dec. 2021
NURS 702: 40 hours, *Method Exploration*	Jan. 2022-April. 2022
NURS 703: 80 hours, *Proposal/Defense*	May 2022-Aug.2022
NURS 704: 80 hours, *Implementation*	Aug. 2022-Dec. 2022
NURS 705: 80 hours, *Data Analysis*	Jan. 2023-May 2023
NURS 706: 80 hours, *Defend & Disseminate*	May 2023-Aug. 2023

Total: *400+ hours*

Monica Lord

Summary:

Professional and intelligent family nurse practitioner, with a background in business and management, dedicated to providing exceptional patient care and contributing to organizational success. Recognized by peers and management as a strong team player with excellent leadership, communication and relational skills. Passionate about improving patient and provider satisfaction, streamlining workflows and breaking down communication barriers within organizational structure.

Professional Experience:

Greater Seacoast Community Health, Portsmouth, NH

Associate Medical Director — *June 2021 - Present*

- Supervise advanced practice clinicians and ensure successful onboarding with appropriate supports are in place.
- Frequent coordination with office manager, clinical support lead and patient experience manager to monitor and improve workflows and develop solutions for staff or patient issues.
- Effectively improve communication to providers through weekly, relevant updates based on meetings with organizational leadership, clinical workflow team, quality improvement manager and patient experience manager.
- Implemented and maintain the utilization of a dashboard for standing meetings to assist in maintaining focus, participant accountability, prioritization of action items and monitoring of deadlines.
- Development of an improved provider time off process to ensure timely approval of requests, appropriate desktop coverage, proactive resolution of coverage gaps and significant reduction in rescheduling patient appointments.
- Effectively integrate multiple areas of the organization (recovery support, home visiting, social work, etc.) to ensure employees are not only aware of the services available to our patients, but also how to access them.
- Spearheaded the development of a comprehensive standing medication refill process using best practices across the industry to address the excessive number of refill requests sent to providers.
- Participate on miscellaneous projects as provider representative (call reduction, EMR transition, lab interface, panel analysis, template progression, etc.) and assist in developing progress reports for the senior leadership team and board of directors.

Family Nurse Practitioner — *September 2016 - Present*

- Provide holistic, individualized and compassionate health care to individuals across the lifespan, with a focus on informed mutual decision making and open communication.
- Coordinate with special education teams at several local school districts to ensure proper services.
- Effectively assess, diagnose and treat common adult and pediatric acute and chronic disease processes while ensuring medication safety, appropriate follow up plans and culturally competent patient education.
- Use critical thinking to compile differential diagnoses, determine appropriate, cost effective laboratory and/or diagnostic testing to narrow differentials and establish treatment plans based on the interpretation of results.
- Successfully completed MAT waiver training to assist patients in the comprehensive treatment of substance abuse disorders.
- Coordinate placement of all nurse practitioner students across the organization.

The Hospital of Central CT, New Britain, CT **August 2012 – August 2015**
Staff RN, N3 – Medical/Telemetry Unit

- Responsible for individualized, professional care of 5-6 adult patients, focusing on patient safety, satisfaction and high quality care.
- Effectively demonstrated ability to diligently follow hospital policies, procedures and protocols in accordance with the state Nurse Practice Act.
- Experience caring for patients with atrial fibrillation, pneumonia, COPD, CHF, alcohol withdrawal, renal failure, cancer and CMO code status.
- Demonstrated leadership and critical thinking in high stress patient situations.
- Experience with ECG interpretation, blood transfusions, heparin infusions, insulin drips, starting peripheral IV's, care of central lines, wound vacs, tube feeds and PCA pumps.
- Created and led a community outreach group that provided varying levels of support to underprivileged members of the surrounding community.

L'Oreal, New York, NY **September 2005 – January 2008**
Manager, Sales Finance – Cosmetics

- Responsible for creating, analyzing, monitoring & presenting L'Oreal Paris Cosmetics division $80M trade spend budget.
- Lead financial manager in the implementation of a Cognos based tool to automate historical trade promotion monitoring & reporting.

Sara Lee Coffee & Tea, Harrison, NY **October 2004 – July 2005**
Senior Financial Analyst, Commercial Finance

- Responsible for all financial aspects of the branded business and large key private label customers.

BENFIELD, Westport, CT – Reinsurance Broker **August 2002 – October 2004**
Senior Financial Analyst, Financial Planning & Analysis

TRUMPF, Inc., Farmington, CT **June 2001 – August 2002**
Financial Analyst

Education:

Sacred Heart University, Fairfield, CT *G.P.A.: 3.8*
Family Nurse Practitioner, May 2016

Capital Community College, Hartford, CT *G.P.A.: 3.7*
Associate of Nursing, May 2012

University of Hartford, Hartford, CT *G.P.A.: 4.0*
Masters of Business Administration, August 2003

Sacred Heart University, Fairfield, CT *G.P.A.: 3.9*
Bachelor of Science, May 2001: Dual major in Finance and Business; completed in three years.

Awards:

HRSA Advanced Education Nursing Traineeship Grant, 2014-2016
Nightingale Awards for Excellence in Nursing - Scholarship Recipient, 2011

References available upon request.

Jameson [illegible] Lassor MSN, APRN, FN[illegible]-BC, CNL

Enthusiastic, disciplined, and highly motivated family nurse practitioner with 7+ years of health care experience, pursuing position as a nurse practitioner. Proven ability to provide excellent care across various disciplines and areas of specialty including primary care, quality improvement, population health management, and emergency medicine. Additional extensive clinical experience acquired during course of graduate studies. Possesses a Masters qualification in nursing as well as a Poster Masters Family Nurse Practitioner Certificate. Committed to serving patients to the best of my ability.

EDUCATION

University of New Hampshire - Durham, NH — **Graduated May 2019**
Post-Master's Family Nurse Practitioner Certificate Program
- Member of Honor's Society of Nursing Sigma Theta Tau International
- GPA: 4.00

University of New Hampshire - Durham, NH — **Graduated: August 2016**
Master of Science: Direct Entry Master's in Nursing
- Member of Honor's Society of Nursing Sigma Theta Tau International
- GPA: 3.83

University of New Hampshire - Durham, NH — **Graduated: May 2013**
Bachelor of Science: Nutritional Sciences/Pre-med
- Member of Alpha Epsilon Delta Academic National Health Pre-Professional Honors society
- GPA: 3.12

PRACTICUM FOR FAMILY NURSE PRACTITIONER

Lamprey Heath Care – Newmarket, NH — **Spring - Summer 2018**
- Provided treatment and management of acute and chronic conditions in pediatric and adults
- Developed comprehensive treatment plans including medication selection, imaging, labs, and referrals

Lamprey Health Care – Raymond, NH — **Fall 2018 - Spring 2019**
- Provided preventative, acute, and chronic care to patients of all ages and with a focus on pediatrics and adolescents
- Provided STI counseling and screening
- Performed gynecological examinations

North East Dermatology – Dover, NH — **Spring 2019**
- Expanded my diagnostic and treatment plan skills of dermatological conditions
- Acquired procedural skills of excisions, biopsies, cryotherapy, suturing, and more.

Core Oncology – Exeter, NH — **Spring 2019**
- Refined and expanded on my diagnostic and treatment skills for hematological and oncological conditions

Core Cardiology – Exeter, NH — **Spring 2019**
- Refined and expanded on my diagnostic and treatment skills for craniological conditions

PROFESSIONAL EXPERIENCE

Lamprey Health Care Raymond, NH — **Pending**
Family Nurse Practitioner
-

Lamprey Health Care – Newmarket, Raymond, Nashua, NH — **January 2019 – August 2019**
Quality Improvement Manager
- Analyzed and assessed the health of vulnerable patient populations and implemented targeted interventions to mitigate risk
- Provided education and coordination of "Patient Centered Medical Home" readiness efforts for the organization, participated in corporate performance improvement initiatives, and supported medical executive performance improvement initiatives
- Researched and recommended implementation of "evidence-based" performance measures

Lamprey Health Care – Newmarket, Raymond, Nashua, NH — **October 2017 – January 2019**
Chronic Care Management and Population Health Nurse
- Founded and implemented a, "Chronic Care Management", program to provide case management services to high-risk patients

Lamprey Health Care – Raymond, N **y 2016 – October 2017**

Medical Home Team Nurse/Quality In, ovement Nurse

- Triaged patient calls, assessing acuity and formulating interventions and coordination of care according to established, evidence-based protocols
- Educated patients regarding chronic conditions, lifestyle modifications, pharmacological regimens, and communities resources
- Ran and monitored reports regarding clinical quality metrics
- Populated dashboards displaying clinical quality metrics

American Ambulance of New England – Somersworth, NH **June 2013 – July 2016**

Advanced Emergency Medical Technician

- Assessed and evaluated nature of illness/injury and devised plan of care on an immediate basis
- Provided life support care in emergent situations
- Assisted paramedics with advanced life support care

Preceptor Experience

Doctor or Nursing Practice **September 2018 – Present**

- Lent leadership overseeing the creation and conduction of a capstone project dedicated to improving the rates of pediatric developmental screening and appropriate follow-up interventions.

Masters of Science in Nursing, Clinical Nurse Leader **January 2018 – July 2018**

- Oversaw the development and completion of a quality improvement project dedicated to proper prescribing methods for opioids.

Professional Affiliations

Sigma Theta Tau

American Nurses Association (ANA) & New Hampshire Nurses Association

CERTIFICATIONS

ANCC Certified Family Nurse Practitioner (FNP)	**June 2019**
Clinical Nurse Leader (CNL)	**June 2016**
Registered Nurse (RN)	**June 2016**
Basic Life Support (BLS) for Health Care Providers	**December 2018**

LICENSURE

Advanced Practice Registered Nurse, Family Nurse Practitioner	**July 2019**
Registered Nurse	**June 2016**

Program Staff List

New Hampshire Department of Health and Human Services

COMPLETE ONE PROGRAM STAFF LIST FOR EACH STATE FISCAL YEAR

Proposal Agency Name: LAMPREY HEALTH CAF
Program: PRIMARY CARE SERVI
Budget Period: 7/1/2024-6/30/2025

A	B	C	D	E	F	G	H
Position Title	Current Individual in Position	Projected Hrly Rate as of 1st Day of Budget Period	Hours per Week dedicated to this program	Amnt Funded by this program for Budget Period	Total Salary for Budget Period	% of Salary Funded by this program	Site*
Example:							
Program Coordinator	Sandra Smith	$21.00	40	$13,680	$43,680	31%	
Administrative Salaries							
Coder/Biller	Beth Deschene	$ 26.07	40	$ 13,556	$ 54,226	25%	
HIM Specialist	Tracee Gagnon	$ 18.73	36	$ 8,766	$ 35,063	25%	
HIM Specialist	Deb Batista	$ 18.38	40	$ 9,558	$ 38,230	25%	
HIM Specialist	Desautels, Kelsey	$ 17.51	40	$ 9,105	$ 36,421	25%	
Patient Service Rep	Jarenis Taveras	$ 22.39	40	$ 11,177	$ 46,571	24%	
Patient Service Rep	Albert, Rosemary	$ 17.34	40	$ 8,656	$ 36,067	24%	
Patient Service Rep	Colleen Cote	$ 20.76	40	$ 10,795	$ 43,181	25%	
Total Admin. Salaries				$ 71,613	$ 289,759	25%	
Direct Service Salaries							
RN	Anna Labbe	$ 38.71	40	$ 60,388	$ 80,517	75%	
MA	Donzello-Jewett, Elizabeth	$ 22.95	40	$ 23,868	$ 47,736	50%	
MA	Meghan Healey	$ 26.00	40	$ 27,040	$ 54,080	50%	
RN	Hannah Deskur	$ 35.37	40	$ 55,177	$ 73,570	75%	
MA	Shepard,Krysten	$ 21.42	40	$ 22,277	$ 44,554	50%	
MA	Whyte, Sarah	$ 22.95	40	$ 23,868	$ 47,736	50%	
MA	Karla Gonzalez	$ 22.95	40	$ 23,868	$ 47,736	50%	
MA	Mendoza, Cynthis	$ 22.95	30	$ 17,641	$ 35,283	50%	
NP	Brighton, Casey	$ 58.99	40	$ 30,675	$ 122,699	25%	
NP	Lord, Monica	$ 61.76	40	$ 32,115	$ 128,461	25%	
NP	Jameson Lassor	$ 87.74	38	$ 43,344	$ 173,374	25%	
Total Direct Salaries				$ 360,261	$ 855,746	42%	
Total Salaries by Program				431,874	1,145,505	38%	

Please note, any forms downloaded from the DHHS website will NOT calculate. Forms will be sent electronically via e-mail to all programs submitting a Letter of Intent by the due date.

*Please list which site(s) each staff member works at, if your agency has multiple sites.

JUN02'22 AM11:22 RCVD

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

May 25, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into contracts with the Contractors listed below in an amount not to exceed $8,158,520 to increase access to integrated prevention and primary health care services for Women, Infants, Children and Adolescents, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through June 30, 2024. 10% Federal Funds. 90% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Amoskeag Health	157274-B001	Manchester	$1,529,850
Concord Hospital, Inc.	177653-B011	Concord	$658,569
Coos County Family Health Services, Inc.	155327-B001	Berlin	$731,721
Greater Seacoast Community Health	166629-B001	Somersworth	$1,232,685
HealthFirst Family Care Center, Inc.	158221-B001	Franklin	$597,648
Lamprey Health Care, Inc.	177677-R001	Newmarket	$1,112,527
Manchester Health Department	177433-B009	Manchester	$412,006
Mid-State Health Center	158055-B001	Plymouth	$640,823
Weeks Medical Center	177171-R001	Lancaster	$617,806
White Mountain Community Health Center	174170-R001	Conway	$624,885
		Total:	**$8,158,520**

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, and are anticipated to be available in State Fiscal Year 2024, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Department to increase access to integrated prevention and primary health care for the Maternal and Child Health (MCH) target population of women, infants, children and adolescents, and to address the maternal and youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

Approximately 194,940 individuals will be served from June 1, 2022 to June 30, 2024.

The Contractors will provide increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, and pregnant women and women of childbearing age, and must not exclude individuals who are uninsured; underinsured; and/or considered low-income. Integrated prevention and primary health care services are provided to individuals who may experience barriers to accessing health care due to issues such as lack of insurance, inability to pay, limited language proficiency and geographic isolation. The Contractors will integrate and coordinate access to medical, behavioral and social services by reducing barriers to care through an array of services such as care coordination, translation services, outreach, eligibility assistance, transportation, and health education.

The Department will monitor services through the following performance measures:

- Percent of infants who were ever breastfed.
- Percent of adolescents 12 to 21 years of age who had at least one (1) comprehensive well-care visit/comprehensive physical exam during the measurement year.
- Percent of postpartum women screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive screen, a follow-up plan is documented on the date of the positive screen.

The Department selected the Contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from January 14, 2022 through February 25, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Executive Council not authorize this request, the Department may be unable to ensure increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, pregnant women and women of childbearing age, and individuals who are uninsured; underinsured; considered low-income.

Source of Federal Funds: CFDA #93.994, FAIN B04MC45230

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

Respectfully submitted,

DocuSigned by:
Ann H. Landry
24BAB37EDBEB488...

Lori A. Shibinette
Commissioner

Maternal and Child Health in the Integrated Primary Care Setting
RFP-2022-DPHS-19-PRIMA
Fiscal Detail Sheet

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH

1. Amoskeag Health, Vendor # 157274-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$161,194
SFY 2023	102-500731	Contracts for Program Services	90080112	$684,328
SFY 2024	102-500731	Contracts for Program Services	90080112	$684,328
			Subtotal:	*$1,529,850*

2. Concord Hospital, Inc., Vendor # 177653-B011 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$26,343
SFY 2023	102-500731	Contracts for Program Services	90080112	$316,113
SFY 2024	102-500731	Contracts for Program Services	90080112	$316,113
			Subtotal:	*$658,569*

3. Coos County Family Health Services, Inc., Vendor # 155327-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$29,269
SFY 2023	102-500731	Contracts for Program Services	90080112	$351,226
SFY 2024	102-500731	Contracts for Program Services	90080112	$351,226
			Subtotal:	*$731,721*

4. Greater Seacoast Community Health, Vendor # 166629-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$49,307
SFY 2023	102-500731	Contracts for Program Services	90080112	$591,689
SFY 2024	102-500731	Contracts for Program Services	90080112	$591,689
			Subtotal:	*$1,232,685*

5. Health First Family Care Center, Vendor # 158221-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$23,906
SFY 2023	102-500731	Contracts for Program Services	90080112	$286,871
SFY 2024	102-500731	Contracts for Program Services	90080112	$286,871
			Subtotal:	*$597,648*

6. Lamprey Health Care, Inc., Vendor # 177677-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$44,501
SFY 2023	102-500731	Contracts for Program Services	90080112	$534,013
SFY 2024	102-500731	Contracts for Program Services	90080112	$534,013
			Subtotal:	*$1,112,527*

7. Manchester Health Dept. Vendor #177433-B009 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$16,480
SFY 2023	102-500731	Contracts for Program Services	90080112	$197,763
SFY 2024	102-500731	Contracts for Program Services	90080112	$197,763
			Subtotal:	*$412,006*

8. Mid-State Health Center, Vendor # 158055-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$25,633
SFY 2023	102-500731	Contracts for Program Services	90080112	$307,595
SFY 2024	102-500731	Contracts for Program Services	90080112	$307,595
			Subtotal:	*$640,823*

9. Weeks Medical Center, Vendor # 177171-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,712
SFY 2023	102-500731	Contracts for Program Services	90080112	$296,547
SFY 2024	102-500731	Contracts for Program Services	90080112	$296,547
			Subtotal:	*$617,806*

10. White Mountain Community Health Center, Vendor # 174170-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,995
SFY 2023	102-500731	Contracts for Program Services	90080112	$299,945
SFY 2024	102-500731	Contracts for Program Services	90080112	$299,945
			Subtotal:	*$624,885*
			TOTAL:	**$8,158,520**

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFP-2022-DPHS-19-PRIMA

Project Title Maternal and Child Health Care in the Integrated Primary Care Setting

	Maximum Points Available	Amoskeag Health	City of Manchester Health Department	Concord Hospital Family Health Center	Coos County Family Health Services	Greater Seacoast Community Health	HealthFirst Family Care Center Inc	Lamprey Healthcare	Mid-State Health	Weeks Medical Center	White Mountain Community Health Center
Technical											
Primary Care Services (Q1)	30	28	24	25	23	29	25	25	28	25	28
Social Determinants of Health (Q2)	20	20	18	13	18	20	18	15	18	15	18
Enabling Service Initiatives (Q3)	20	20	18	14	18	19	18	13	19	18	16
Quality Improvement Projects (Q4)	20	20	20	12	17	18	18	17	15	18	16
Staffing (Q5)	5	3	3	3	3	5	4	2	4	3	3
and Training Plan (Q6)	5	4	3	3	3	5	4	5	4	4	2
Technical Score*	**100**	**95**	**86**	**70**	**82**	**96**	**87**	**77**	**88**	**83**	**83**
TOTAL SCORE	**100**	**95**	**86**	**70**	**82**	**96**	**87**	**77**	**88**	**83**	**83**

**Minimum Passing Technical Score = 70 of 100 possible points.*

	Reviewer Name	Title
1	Rhonda Siegel	Administrator
2	Shari Campbell	Program Specialist III
3	Erica Tenney	Program Coordinator
4	Lisa Storez	Public Health Nurse Consultant
5	Ellen Stickney	Public Health Nurse Coordinator

FORM NUMBER P-37 (version 12/11/2019)

Subject: Maternal and Child Health Care in the Integrated Primary Care Setting (RFP-2022-DPHS-19-PRIMA-07)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Lamprey Health Care, Inc.		1.4 Contractor Address 207 S. Main St. Newmarket, NH 03857	
1.5 Contractor Phone Number (603) 659-2494	1.6 Account Number 05-95-90-902010-5190	1.7 Completion Date June 30, 2024	1.8 Price Limitation $1,112,527
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Gregory White Date: 5/19/2022		1.12 Name and Title of Contractor Signatory Gregory White CEO	
1.13 State Agency Signature DocuSigned by: Iain Watt Date: 5/19/2022		1.14 Name and Title of State Agency Signatory Iain Watt Deputy Director - DPHS	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Robyn Guarino		On: 5/20/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials GW
Date 5/19/2022

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment, are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials GW (DS)

Date 5/19/2022

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

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

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

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

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

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

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

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of the

Contractor Initials GW

Date 5/19/2022

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation")*.

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

Contractor Initials GW (DS)

Date 5/19/2022

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall increase access to integrated healthcare for the Maternal and Child Health (MCH) target population of Women, Infants, Children and Adolescents from birth to 21 years of age, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

1.2. The Contractor shall provide and increase access to healthcare for New Hampshire Infants, Children and Adolescents from birth to 21 years of age, and Pregnant Women and Women of Childbearing age, and must not exclude individuals who are:

1.2.1. Uninsured.

1.2.2. Underinsured.

1.2.3. Considered low-income defined as less than 185% of the U.S. Department of Health and Human Services (US DHHS) Poverty Guidelines.

1.2.4. Lacking housing, including individuals whose primary residence during the night is a supervised public or private facility, such as a shelter, that provides temporary living accommodations.

1.2.5. Residing in transitional housing.

1.2.6. Unable to maintain their housing situation.

1.2.7. Forced to stay with a series of friends and/or extended family members, hence are considered homeless.

1.2.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

1.3. The Contractor shall provide integrated preventative and primary health care services to the populations in Subsection 1.2 above, which must include:

1.3.1. Behavioral health care;

1.3.2. Prenatal care either on site or by referral;

1.3.3. Care management; and

1.3.4. Enabling services.

1.4. The Contractor shall provide eligibility determination services that include, but are not limited to:

1.4.1. Notifying the Department in writing if/when access to primary care services for new patients is limited or closed for more than thirty (30)

consecutive business days or any sixty (60) non-consecutive business days.

1.4.2. Assisting individuals with completing a Medicaid/Expanded Medicaid and/or other health insurance applications.

1.4.3. Maximizing billing to private and commercial insurances for all reimbursable services rendered.

1.4.4. Posting a public notice in a conspicuous location specifying that no individual will be denied services due to inability to pay.

1.4.5. Developing and implementing a sliding fee scale for services in accordance with the Federal Poverty Guidelines and providing the sliding fee scale to the Department upon request.

1.5. The Contractor shall ensure primary care services are provided by a New Hampshire licensed:

1.5.1. Medical Doctor (MD);

1.5.2. Doctor of Osteopathic Medicine (DO);

1.5.3. Advanced Practice Registered Nurse (APRN); and/or

1.5.4. Physician Assistant (PA) to eligible individuals in the service area.

1.6. The Contractor shall provide services in an office-based setting which may include, but is not limited to:

1.6.1. Federally Qualified Health Centers (FQHCs) and/or Rural Health Clinics.

1.6.2. School Based Health Clinics.

1.6.3. Mobile Care Delivery Services.

1.7. The Contractor shall ensure services include, but are not limited to:

1.7.1. Reproductive health services.

1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral.

1.7.3. Preventive primary care services for women, infants, children and adolescents, including screenings and health education in accordance with established, documented state or national guidelines and evidence based practices.

1.7.4. Integrated behavioral health services.

1.7.5. Assessment of need and follow-up/referral as indicated for:

1.7.5.1. Tobacco cessation, including referral to programs such as QuitWorks-NH (http://www.QuitWorksNH.org);

1.7.5.2. Social services that address Social Determinants of Health (SDOH);

1.7.5.3. Chronic Disease management, including disease specific referral and self-management education such as referral to Diabetes Self-Management Education (DSME) as recommended by American Diabetes Association (ADA);

1.7.5.4. Nutrition services, including Women, Infants and Children (WIC) Food and Nutrition Service, as appropriate;

1.7.5.5. Screening, Brief Intervention and Referral to Treatment (SBIRT) services; and

1.7.5.6. Referrals to any specialists as needed that are not offered on site, including home visiting services and oral health.

1.8. The Contractor shall provide and facilitate enabling services to all individuals served with special emphasis given to the MCH population of women and infants, children and adolescents from birth to 21 years of age. Enabling services must include at a minimum:

1.8.1. Case management;

1.8.2. Benefit counseling and/or eligibility assistance;

1.8.3. Health education and supportive counseling; and

1.8.4. Language interpretation, outreach, transportation and education of patients and the community regarding the availability and appropriate use of health services.

1.9. The Contractor shall ensure management services for individuals enrolled for primary care services include, but are not limited to:

1.9.1. Integrated and coordinated services that ensure patients receive necessary care, including behavioral health and oral care when and where it is needed and wanted, and in a culturally and linguistically appropriate manner; and

1.9.2. Direct access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, by referral or subcontract.

1.10. The Contractor shall develop, define, facilitate and implement a minimum of two (2) enabling services initiatives and enabling services initiative work plans that focus on the Title V MCH Block Grant population of women, infants, children and adolescents, as follows:

1.10.1. Initiative One (1) – Screening and Referrals for SDOH, in accordance with Attachment #1; and

1.10.2. Initiative Two (2) – Million Hearts Program/Hypertension, in accordance with Attachment #2.

1.11. The Contractor shall monitor, update and implement each enabling services initiative work plan in accordance with Attachment #3 – Reporting Requirements Calendar.

1.12. The Contractor shall develop, define, facilitate and implement a minimum of two (2) quality improvement (QI) projects, which must consist of systematic and continuous actions that lead to measurable improvements in health care services and the health status of all individuals served, including:

1.12.1. QI Project One (1): Increase the Percentage of Infants Breastfed, in accordance with Attachment #4; and

1.12.2. QI Project Two (2): Adolescents age 12-22 with Annual Home Visit in the Past 12-Months, in accordance with Attachment #5.

1.13. The Contractor shall monitor, update and implement the work plans for each QI project in accordance with Attachment #3 – Reporting Requirements Calendar.

1.14. The Contractor shall attend in-person and/or virtual meetings and trainings facilitated by the Department, which include, but are not limited to:

1.14.1. MCH Agency Directors' Meetings scheduled by the Department on an as-needed basis.

1.14.2. MCH Primary Care Coordinators' Meetings up to two (2) times per year, which may require attendance by selected Vendor(s) quality improvement and clinical staff.

1.15. The Contractor shall ensure all services in this Exhibit B, Scope of Services, are provided by qualified health and allied health professionals.

1.16. The Contractor shall provide supporting documentation to the Department that verifies staff hours funded under the Agreement that may include, but is not limited to, timecards.

1.17. The Contractor shall ensure all health and allied health professionals possess and maintain the appropriate and current New Hampshire licenses whether directly employed, contracted or subcontracted.

1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator or staff person essential to providing services. The Contractor shall ensure notification:

1.18.1. Is provided to the Department no later than thirty business (30) days from the date of hire; and

1.18.2. Includes a copy of the newly hired individual's resume.

1.19. The Contractor shall notify the Department in writing when:

1.19.1. Any critical position is vacant for more than thirty (30) business days;

1.19.2. There is not adequate staffing to perform all required services for any period lasting more than thirty (30) consecutive business days or any sixty (60) non-consecutive business days.

1.20. The Contractor shall ensure that all employees and subcontractors providing direct services to clients under this Agreement have undergone a criminal background check and have no convictions for crimes that represent evidence of behavior that could endanger clients served under this Agreement.

1.21. The Contractor shall permit an individual, or team or individuals, authorized by the Department to schedule and conduct periodic virtual and/or on-site reviews of documentation related to contracted services, including:

1.21.1. Administration;

1.21.2. Data collection and submission;

1.21.3. Clinical and financial management; and

1.21.4. Delivery of education services.

1.22. The Contractor shall ensure the information needed by the Department to conduct virtual and/or on-site reviews is available, which may include, but is not limited to:

1.22.1. Client records.

1.22.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

1.23. The Contractor shall adhere to any corrective action plans issued by the Department should virtual and/or on-site reviews yield results that services provided are not in compliance with the Agreement. Any corrective action plans shall not prevent the Department from taking action under paragraph 8, Event of Default/Remedies and paragraph 9, Termination, of the General Provisions, Form P-37, of the Agreement.

1.24. The Contractor shall actively and regularly collaborate with the Department to enhance contract management and improve results.

1.25. The Contractor may be required to collect and share other key data and metrics with the Department, including client-level demographic, performance, and service data, in a format specified by the Department.

1.26. Reporting

1.26.1. The Contractor shall collect and submit the data and reports as specified in Attachment #3 – Reporting Requirements Calendar to the Department. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include but is not limited to:

1.26.1.1. Uniform Data System (UDS) outcomes.

1.26.1.2. Performance Measure outcomes.

1.26.1.3. Work plan for each Enabling Service Initiative.

1.26.1.4. Work Plan for each QI Project.

1.27. Performance Measures

1.27.1. The Contractor shall report data on the Performance Measures in Appendix F at regular intervals as specified in Appendix G – Reporting Requirements Calendar, utilizing Appendix K – DTT-PC2022 Template.

1.27.2. The Contractor shall meet or exceed their proposed goals and objectives for the required Performance Measures in Attachment #6. Should the Contractor not meet or exceed their goals, the Contractor shall submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment #7 – Performance Measure Outcome Report Template, at reporting intervals as specified in Appendix G – Reporting Requirements Calendar.

1.27.3. The Department may identify other performance measures in the resulting Agreement.

2. Exhibits Incorporated

2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

3.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

3.4. Operation of Facilities: Compliance with Laws and Regulations

3.4.1. In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental

license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

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

4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate, provided

however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 10% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration, CFDA #93.994, FAIN B04MC45230.
   1.2. 90% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget through Exhibit C-3, Budget.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
   4.3. Identifies and requests payment for allowable costs incurred in the previous month.
   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.govor mailed to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

BT-1.0

Exhibit C-1, Budget Sheet

RFP-2022-DPHS-19-PRIMA-07

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name:	*Lamprey Health Care*
Budget Request for:	*Primary Care Services*
Budget Period	*Date of G&C Approval - 6/30/2022*
Indirect Cost Rate (if applicable)	0.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	37,948.00
2. Fringe Benefits	6,553.00
3. Consultants	-
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	-
5.(a) Supplies - Educational	-
5.(b) Supplies - Lab	-
5.(c) Supplies - Pharmacy	-
5.(d) Supplies - Medical	-
5.(e) Supplies Office	-
6. Travel	-
7. Software	-
8. (a) Other - Marketing/Communications	-
8. (b) Other - Education and Training	-
8. (c) Other - Other (specify below)	
Other (please specify)	-
Other (please specify)	-
Other (please specify)	-
Other (please specify)	-
9. Subrecipient Contracts	-
Total Direct Costs	44,501.00
Total Indirect Costs	-
TOTAL	44,501.00

DS GW

Contractor Initials

5/19/2022

Date

Exhibit C-2, Budget

New Hampshire Department of Health and Human Services *Complete one budget form for each budget period.*	
Contractor Name:	*Lamprey Health Care*
Budget Request for:	*Primary Care Services*
Budget Period	*7/1/2022-6/30/2023*
Indirect Cost Rate (if applicable)	0.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$ 455,065.78
2. Fringe Benefits	$ 78,947.22
3. Consultants	$ -
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$ -
5.(a) Supplies - Educational	$ -
5.(b) Supplies - Lab	$ -
5.(c) Supplies - Pharmacy	$ -
5.(d) Supplies - Medical	$ -
5.(e) Supplies Office	$ -
6. Travel	$ -
7. Software	$ -
8. (a) Other - Marketing/Communications	$ -
8. (b) Other - Education and Training	$ -
8. (c) Other - Other (specify below)	
Other (please specify)	$ -
Other (please specify)	$ -
Other (please specify)	$ -
Other (please specify)	$ -
9. Subrecipient Contracts	$ -
Total Direct Costs	$ 534,013.00
Total Indirect Costs	$ -
TOTAL	$ 534,013.00

Contractor Initials DS GW

Date 5/19/2022

Exhibit C-3, Budget

RFP-2022-DPHS-19-PRIMA-07

New Hampshire Department of Health and Human Services *Complete one budget form for each budget period.*	
Contractor Name:	*Lamprey Health Care*
Budget Request for:	*Primary Care Services*
Budget Period	*07/01/2023-06/30/2024*
Indirect Cost Rate (if applicable)	0.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$454,920.23
2. Fringe Benefits	$79,092.77
3. Consultants	$0.00
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0.00
5.(a) Supplies - Educational	$0.00
5.(b) Supplies - Lab	$0.00
5.(c) Supplies - Pharmacy	$0.00
5.(d) Supplies - Medical	$0.00
5.(e) Supplies Office	$0.00
6. Travel	$0.00
7. Software	$0.00
8. (a) Other - Marketing/Communications	$0.00
8. (b) Other - Education and Training	$0.00
8. (c) Other - Other (specify below)	
Other (please specify)	$0.00
Other (please specify)	$0.00
Other (please specify)	$0.00
Other (please specify)	$0.00
9. Subrecipient Contracts	$0.00
Total Direct Costs	$534,013.00
Total Indirect Costs	$0.00
TOTAL	**$534,013.00**

Contractor Initials GW (DS)

Date 5/19/2022

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
   - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
   - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
     - 1.2.1. The dangers of drug abuse in the workplace;
     - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
     - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
     - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
   - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
     - 1.4.1. Abide by the terms of the statement; and
     - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
   - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

Vendor Initials GW
Date 5/19/2022

has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Vendor Name:

DocuSigned by:
Gregory White

5/19/2022
Date

Name: Gregory White
Title: CEO

DS
GW
Vendor Initials

5/19/2022
Date

New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Vendor Name:

5/19/2022
Date

DocuSigned by:
Gregory White
Name: Gregory White
Title: CEO

DS GW
Vendor Initials
5/19/2022
Date

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

DocuSigned by:
Gregory White
[illegible]

5/19/2022
Date

Name: Gregory White
Title: CEO

DS
GW

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

I. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

5/19/2022
Date

DocuSigned by:
Gregory White

Name: Gregory White
Title: CEO

New Hampshire Department of Health and Human Services
Exhibit H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

5/19/2022
Date

DocuSigned by:
Gregory White
Name: Gregory White
Title: CEO

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH
Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:
   I. For the proper management and administration of the Business Associate;
   II. As required by law, pursuant to the terms set forth in paragraph d. below; or
   III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person used the protected health information or to whom the disclosure was made;
- Whether the protected health information was actually acquired or viewed
- The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.

d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services	Lamprey Health Care
The State	Name of the Contractor
Signed by: Iain Watt	Signed by: Gregory White
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Gregory White
Name of Authorized Representative	Name of Authorized Representative
Deputy Director - DPHS	CEO
Title of Authorized Representative	Title of Authorized Representative
5/19/2022	5/19/2022
Date	Date

New Hampshire Department of Health and Human Services
Exhibit J

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.
In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.
The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:
The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

DocuSigned by:
Gregory White
7C013...

5/19/2022
Date

Name: Gregory White
Title: CEO

DS
GW
Contractor Initials

5/19/2022
Date

New Hampshire Department of Health and Human Services
Exhibit J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 040254401

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   X NO _____ YES

   If the answer to #2 above is NO, stop here

   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____ YES

   If the answer to #3 above is YES, stop here

   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Exhibit J – Certification Regarding the Federal Funding Accountability And Transparency Act (FFATA) Compliance
Page 2 of 2

Contractor Initials GW
Date 5/19/2022

CU/DHHS/110713

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

   Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

Contractor Initials DS GW

Date 5/19/2022

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email: End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:
    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
    b. safeguard this information at all times.
    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

Attachment #1- Screening and Referrals for SDOH

Enabling Services Work Plan Agency Name: Lamprey Health Care Name and Role of Person(s) Completing Work Plan: Susan Hutchinson, QI Manager			
Enabling Services Focus Area: Social Determinants of Health Screening			
Project Goal: Identify and enroll patients eligible for the Sliding Fee Discount Program (SFDP) and insurance enrollment			
Project Objective: To support patients without health insurance in obtaining SFDP assistance and insurance enrollment			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Provide all patients with the new patient packet for completion Assist patients with language, literacy or other barriers	Patient Service Representatives, Community Health Workers and Financial Assistance Coordinator	100% of all patients will have a completed new patient packet	Ongoing
At offsite locations, CHW will interview patients and determine if health insurance is present and will assist patients without health insurance in completing SFDP application	Community Health Worker	100% of patients will have health insurance status documented and applications will be completed for all patients without health insurance	Ongoing
Onsite clinics will run reports in advance of patient appointments and identify patients that could meet with Patient Service Reps and Financial Assistance Coordinator regarding SFDP or insurance enrollment	Patient Service Representative and Financial Assistance Coordinator	Reports on SFDP application and Medicaid assistance are tracked on a monthly basis by site	Ongoing

Attachment #1- Screening and Referrals for SDOH

	Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:
July 2022 Progress Report- • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans ortimeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** ___ Yes No	

Attachment #1- Screening and Referrals for SDOH

January 2023 Progress Repqrt- • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and	

Attachment #1- Screening and Referrals for SDOH

resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** ___ Yes -- No	
July 2023 Project Update **SFY23 Outcome** (insert your organization's data/outcome results here for 7/1/22.f,/30/23).	
Did you meet your Target/Objective?	Yes No
July 2023 Project Update **SFY23 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met-what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** ___ Yes -- No	
July 2023 Project Update **SFY23 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline?	

Attachment #1- Screening and Referrals for SDOH

• Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** Yes No	
July **2024 Project Update** **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	Yes No
July **2024 Project Update** **SFYZ4 Narrative:** If met–Explain what happened during the year that contributed to the success. If NOT met-what barriers were experienced, what will be done differently to meet the target over the next year?	
July **2024 Project Update** **SFYZ4 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment #2 - Million Hearts Program/Hypertension

Enabling Services Work Plan Agency Name: Lamprey Healthcare Name and Role of Person(s) Completing Work Plan: Susan Hutchinson, QI Manager			
Enabling Services Focus Area: Million Hearts Program/Hypertension			
Project Goal: Identify patients whose health would benefit from the Million Hearts Program (MHP)			
Project Objective: To increase enrollment in the MHP from 56 to 90 by June 2024 in patients identified with hypertension.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Providers and nurses will obtain patient history and review blood pressure measurements	Nurses and providers	EMR will reflect a diagnoses of hypertension when applicable	Ongoing
Staff will identify patients appropriate to receive blood pressure monitoring equipment	Nurses, providers and QI Coordinator	Patients who received blood pressure equipment will be recorded and tracked	Ongoing
Nurses will provide monthly outreach and address barriers, provide education and support	Nurses	Monthly outreach will be recorded on the tracking sheet for review	Ongoing
Review EMR report quarterly to confirm enrollment. Provide additional training and follow up to staff, if needed, regarding reporting new enrollments to the program	QI Coordinator and EMR Reports	Review EMR report and confirm enrolled patients with tracking sheet	May 2022 and ongoing

Attachment #2 - Million Hearts Program/Hypertension

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2022 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** ____Yes ____No	
January 2023 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** ____Yes ____No	

Attachment #2 - Million Hearts Program/Hypertension

July 2023 Project Update **SFY23 Outcome** (insert your organization's data/outcome results here for 7/1/22-6/30/23).	
Did you meet your Target/Objective?	___Yes ___No
July 2023 Project Update **SFY23 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2023 Project Update **SFY23 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit to the Department for review and/or approval.	

Attachment #2 - Million Hearts Program/Hypertension

Work Plan Revisions submitted: ____Yes ____No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update **SFY24 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2024 Project Update **SFY24 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 23 (July 1, 2022-June 30, 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
SFY 24 **(July 1, 2023 – June 30, 2024)**	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #4 - Increase the Percentage of Infants Breastfed

Quality Improvement Work Plan Agency Name: Lamprey Healthcare Name and Role of Person(s) Completing Work Plan: Susan Hutchinson, QI Manager			
MCH Performance Measure: Percent of infants breastfed			
Project Objective: To increase the percentage of infants breastfed in the past 12-months from 80% to 85% by June 2024			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Assure patients are given education on breastfeeding and that nurses and providers are using the intake packet and the prenatal care plan in the EMR	Prenatal nurses and providers	Follow up with prenatal nurses on education practices	May 2022
Review with prenatal nurses the clinical measure on breastfeeding	QI Manager, QI Coordinator and prenatal nurses	Review completed with all appropriate staff	May 2022
Review the EMR screenshots with staff for proper documentation	QI Manager, QI Coordinator, prenatal nurses and EMR	Training completed with all appropriate staff	June 2022
Review EMR report developed by CHAN and confirm where data is being pulled from in the EMR	QI Manager, QI Coordinator and CHAN IT Department	Report clarified and data confirmed	May 2022
Review data on a quarterly basis and provider additional training if needed	QI Manager, QI Coordinator, EMR and EMR Reports	Review *Breastfeeding* report for increases in percentage data	January 2023 and ongoing

Attachment #4 - Increase the Percentage of Infants Breastfed

[redacted]	QI Work Plan Progress Report Performance Measure: Project Objective:
July 2022 Progress Report- • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** Yes No	
January 2023 Progress Report- • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _ Yes No	
July 2023 Project Update	

Attachment #4 - Increase the Percentage of Infants Breastfed

SFY23 Outcome (insert your agency's data/outcome results here for 7/1/22-6/30/23)	
Did you meet your Target/Objective?	Yes No
July **2023 Project Update** **SFY23 Narrative:** If met--Explain what happened during the year that contributed to the success If NOT met-what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** Yes No	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work plan Revisions submitted:** Yes No	
July **2024 Project Update** **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	Yes No
July **2024 Project Update**	

Attachment #4 - Increase the Percentage of Infants Breastfed

SFYZ4 Narrative: If met–Explain what happened during the year that contributed to the success If NOT met-what barriers were experienced, what will be done differently to meet the target over the next year	

Attachment #5 - Adolescents age 12-22 with Annual Home Visit in the Past 12-Months

Quality Improvement Work Plan
Agency Name: Lamprey Healthcare
Name and Role of Person(s) Completing Work Plan: Susan Hutchinson, QI Manager

MCH Performance Measure: Adolescents age 12-22 with annual HM visit in the past 12-months

Project Objective: Improve nutrition counseling and exercise education for adolescents 12-16 years old identified with 85% BMI from 60% to 65% by June 2024.

Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Develop marketing strategies to increase adolescent well visits to include use of social media, teen clinics, video education and CHW outreach to school nurses and via community events	Marketing Manager, QI Manager Chief of Clinical Services, CHWs	Plan is developed and follow up is completed	June 2022
Review with providers the clinical measure and focus on nutrition counseling and exercise education	QI Manager and QI Coordinator	Training completed with all providers	December 2022
Review EMR screenshots with providers for documentation purposes	QI Manager, QI Coordinator, Weekly Center Updates, EMR	Screenshots included in the center's Weekly Update for review	December 2022
Review data quarterly and provider additional training if needed	QI Manager, QI Coordinator and EMR Reports	Review *Pedi Weight Assessment and Counseling* report for increases in percentage data	January 2023 and ongoing
Add training and education to provider orientation	QI Manager, Provider Orientation Manual	Provider Orientation Manual updated	April 2022

Attachment #5 - Adolescents age 12-22 with Annual Home Visit in the Past 12-Months

[redacted]	Q1 Work Plan Progress Report [redacted] Performance Measure: Project Objective:
July 2022 Progress Report- • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** Yes No	
January 2023 Progress Report- • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ___ Yes No	
July 2023 Project Update	

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Date _____

Attachment #5 - Adolescents age 12-22 with Annual Home Visit in the Past 12-Months

SFY23 Outcome (insert your agency's data/outcome results here for 7/1/22-6/30/23)	
Did you meet your Target/Objective?	Yes No
July 2023 Project Update **SFY23 Narrative:** If met--Explain what happened during the year that contributed to the success If NOT met-what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** Yes No	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work plan Revisions submitted:** Yes No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	Yes No
July 2024 Project Update	

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Attachment #5 - Adolescents age 12-22 with Annual Home Visit in the Past 12-Months

SFYZ4 Narrative: If met--Explain what happened during the year that contributed to the success If NOT met-what barriers were experienced, what will be done differently to meet the target over the next year	

Contractor Initials GW (DS)

Date 5/19/2022

Attachment #6 – Performance Measures

1. Definitions

1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. Percent of infants who are ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Testing

This measure will be broken down in to two age based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months (NH MCHS).

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Attachment #6 – Performance Measures

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

2.2.1.2. Denominator: All children who turned twenty-four months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months (NH MCHS).

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents, twelve (12) through twenty-one (21) years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients ages twelve (12) and older screened for clinical depression using an age appropriate standardized depression screening tool on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

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2.4.1.3. Denominator: All patients twelve (12) years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose

and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Adult Measure

2.5.1. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period **AND** if the most recent BMI is outside of normal parameters, a follow-up plan is documented (NQF 0421, UDS).

2.5.1.1. Normal parameters: BMI ≥ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the measurement year or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

Child/Adolescent Measure

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting

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year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year **AND** who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: Number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco at least one within the past twelve (12) months AND received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least two (2) medical visit during the measurement year, OR 1 preventative visit

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

Attachment #6 – Performance Measures

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) –Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adult Measure

2.7.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

Adolescent Measure

2.7.2. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: All patients aged 12-17 years during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.7.2.4. Definitions:

2.7.2.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.2.4.2. Brief Intervention: Includes guidance or counseling.

2.7.2.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

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Attachment #6 – Performance Measures

2.7.3. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.3.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services

2.7.3.2. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.3.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8 Developmental Screening Measure

Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months (NH MCHS)

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and who had at least (1) medical visit during the measurement year

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Attachment #7 – Performance Measure Outcome Report Template

Instructions for completing this Performance Measure Outcome Report (PMOR):
The Performance Measure Outcome Report (PMOR) is to be completed by your agency and emailed to shari.campbell@dhhs.nh.gov at the intervals specified on the Reporting Calendar.

Please complete the Narrative and Plan for Improvement sections for any of the following measures where your agency did not meet your agency target for the reporting period (July 1, 20XX – June 30, 20XX).

Performance measures:

- Breastfeeding
- Lead Screening for 1 Year Olds
- Lead Screening for 2 Year Olds
- Adolescent well care visit
- Depression screening and follow up plan if positive screening, 12 years and older
- Maternal Depression Screening
- Adults with documented BMI and follow-up plan if BMI outside of normal range
- Children 3-17 with documented BMI, nutrition counseling and physical activity counseling
- Adult tobacco screening and cessation counseling intervention for smokers
- Prenatal Tobacco screening each trimester and cessation counseling intervention for smokers
- SBIRT, Adults
- SBIRT, Adolescents
- SBIRT, Pregnant Women
- Developmental Screening-M-CHAT

* Note: Not met performance measures that have been addressed by your agency SFYXX Work Plan are excluded from this report. For example, the PMOR will omit Adolescent Visit measure for Primary Care Services

1. The Narrative section is to explain what happened during the year i.e. why measure was not met, what barriers/challenges your agency faced, describe any improvement activities that took place during the year to correct along the way, etc.

2. The Plan for Improvement section is to describe what steps your agency will take to achieve your agency target in SFYXX i.e. describe your strategy (PDSA), what will you plan to do differently etc.

3. Please email your completed PMOR **Shari Campbell at shari.campbell@dhhs.nh.gov by the dates indicated in the Reporting Calendar.** If you have any questions about completing this document, please contact Jannell Levine at Jannell.E.Levine@dhhs.nh.gov or 603-856-6449.

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Attachment #7 – Performance Measure Outcome Report Template

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Please copy above pages/sections as needed to complete for all not met measures.

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State of New Hampshire
Department of Health and Human Services
Amendment #1

This Amendment to the Maternal and Child Health Care in the Integrated Primary Care Setting contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Manchester Health Department ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 15, 2022 (Item #32), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2025

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $594,335

3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:

   Robert W. Moore, Director

4. Modify Exhibit B, Scope of Services, Section 1.3.2., to read:

   1.3.2. Prenatal care either on site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data related to prenatal performance measures.

5. Modify Exhibit B, Scope of Services, Section 1.7.2., to read:

   1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data relating to prenatal performance measures to the Department.

6. Modify Exhibit B, Scope of Services, Section 1.10.1. through Section 1.10.2., to read:

   1.10.1. Initiative One (1) – Screening and Referrals for SDOH, and

   1.10.2. Initiative Two (2) – Contractor's choice, which must focus on enabling services.

7. Modify Exhibit B, Scope of Services, Section 1.12.1. through Section 1.12.2., to read:

   1.12.1. QI Project One (1): Increasing Adolescent Well Visits, and

   1.12.2. QI Project Two (2): Increasing post-partum clinical depression screening of women within the first 12 weeks after delivering.

8. Modify Exhibit B, Scope of Services, Section 1.18., to read:

   1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator, or staff person essential to providing services and/or any personnel changes to these positions. The Contractor shall ensure notification:

      1.18.1. Is provided to the Department no later than thirty (30) business days from the date of hire or personnel change, and

      1.18.2. Includes a copy of the new staff individual's resume as well as an updated

staffing list.

9. Modify Exhibit B, Scope of Services, by adding Section 1.28., to read:

1.28. The Contractor shall provide de-identifiable patient level data on the integrated and primary health care services provided, as specified in Subsection 1.3., and Section 1.26. Reporting.

10. Modify Exhibit C, Payment Terms, Section 1.1. through Section 1.2., to read:

1.1. 14% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.994, FAIN B04MC45230, and as awarded on October 27, 2022, ALN 93.994, FAIN B04MC47432.

1.2. 86% General funds.

11. Modify Exhibit C, Payment Terms, Section 3., to read:

3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget Sheet through Exhibit C-4, Budget Sheet, Amendment #1.

12. Modify Exhibit C, Payment Terms, Section 4.3., to read:

4.3. Identifies and requests payment for allowable costs incurred in the previous month. Allowable costs are costs incurred that specifically supports only New Hampshire Infants, Children and Adolescents from birth to 21 years of age, Pregnant Women, and Women of Childbearing age.

13. Modify Add Exhibit C, Payment Terms, by adding Section 4.7., to read:

4.7. Includes budget line items that are used exclusively for serving the Maternal and Child Health population and invoicing must clearly state how the incurred expenses benefited this specific patient population.

14. Modify Attachment 3, Reporting Calendar, by replacing it in its entirety with Attachment 3, Amendment #1, Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

15. Modify Attachment 6, Performance Measures, by replacing it in its entirety with Attachment 6, Amendment #1 – SFY 2025 Performance Measures, which is attached hereto and incorporated by reference herein.

16. Modify Attachment 7, Performance Measure Outcome Report (PMOR), by replacing it in its entirety with Attachment 7, Amendment #1, Performance Measure Outcome Report (PMOR), which is attached hereto and incorporated by reference herein.

17. Add Attachment 8, Amendment #1, DTT – MCH in the Integrated Primary Care Setting Template, which is attached hereto and incorporated by reference herein.

18. Add Exhibit C-4, Budget Sheet, Amendment #1, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2024, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

5/29/2024
Date

DocuSigned by:
Iain Watt
D778BB63F9704C7...
Name: Iain Watt
Title: Interim Director - DPHS

Manchester Health Department

5/23/24
Date

Name: Jay Ruais
Title: Mayor

5/23/24

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

OFFICE OF THE ATTORNEY GENERAL

5/31/2024
Date

DocuSigned by:
Robyn Guarino
748734844941460...
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

C-4, Budget Sheet, Amendment #1

New Hampshire Department of Health and Human Services	
Contractor Name:	City of Manchester
Budget Request for:	Health Care for the Homeless
Budget Period	July 1, 2024 - June 30, 2025
Indirect Cost Rate (if applicable)	3%
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$130,837
2. Fringe Benefits	$39,251
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	$0
Other (Transportation)	$3,500
Other (Interpreter Services)	$3,271
Other (Dental)	$0
9. Subrecipient Contracts	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$176,859
Total Indirect Costs	
TOTAL	$182,329

Contractor Initial: RC

Date: 5/22/24

Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets. • UDS Data
SFY 2024	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2025	
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2024	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets
January 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2024 - December 31, 2024) • Complete January 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2026	
July 31, 2025	**SFY25 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2024 - June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

1. Definitions

1.1. **Measurement Year** – Consists of 365 days and is defined as either:

1.1.1. A Calendar Year (January 1st through December 31st), or

1.1.2. A State Fiscal Year (July 1st through June 30th).

1.2. **Medical Visit** – Defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. The UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the expectation is that the Contractor will adhere to the most up to date UDS guidance.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. **Breastfeeding**

2.1.1. Percent of infants who were ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for approximately six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. **Preventive Health: Lead Testing**

This measure will be broken down into two (2) age-based measures, based on current NH Legislation RSA 130-A:5-a, which requires children be tested for lead at one (1) year of age, and at two (2) years of age.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between 12 and 23 months of age (NH MCHS).

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2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between 12 and 23 months of age.

2.2.1.2. Denominator: All children who turned 24 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between 24 and 36 months of age (NH MCHS).

2.2.2.1. Numerator: All children who received at least one (1) capillary or venous blood lead test between 24 and 36 months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. Preventive Health: Adolescent Well-Care Visit

2.3.1. Percent of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents 12 through 21 years of age by the end of the measurement year.

2.4. Preventive Health: Depression Screening

2.4.1. Percentage of patients 12 through 21 years of age screened for clinical depression using an age-appropriate standardized depression screening tool on the date of the encounter or within 14 days prior to the date of the encounter AND if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients 12 through 21 years of age who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 through 21 years of age by the end of the measurement year who had at least one (1) medical visit during the measurement year.

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit during the first 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first 12 weeks following delivery using an appropriate standardized depression screening tool AND if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative, PLUS women who screened positive AND have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit in the first 12 weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.5. Preventive Health: Obesity Screening

Child/Adolescent Measure

2.5.1. Percent of patients three (3) through 17 years of age who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.1.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.1.2. Denominator: Number of patients who were one (1) year after their second (2nd) birthday (i.e., three (3) years of age) through adolescents who were up to one (1) year past their 16th birthday (i.e., 17 years of age) at some point during the measurement year, who had at least one (1) medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. Preventive Health: Tobacco Screening

2.6.1. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.1.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers **PLUS** queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

2.7. Screening, Brief Intervention, and Referral to Treatment (SBIRT) – Has been separated out in to two separate measures, one for adults and one for adolescents.

Adolescent Measure

2.7.1. SBIRT – Percent of patients 12 through 17 years of age who were screened for substance use using a formal valid screening tool during

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any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use using a formal valid screening tool during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients 12 through 17 years of age during the measurement year with at least one (1) medical visit during the measurement year and with at least two (2) medical visits ever.

2.7.1.4. Definitions:

2.7.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.1.4.2. Brief Intervention: Includes guidance or counseling.

2.7.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.7.2. Percent of pregnant women who were screened using a formal valid screening tool for substance use during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of women in the denominator who were screened for substance use using a formal and valid screening tool during each trimester they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8. **Developmental Screening Measure**

Percent of children who reached 30 months of age by the end of the reporting period, and were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age (NH MCHS).

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age.

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and had at least one (1) medical visit during the measurement year.

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Attachment 7 – Amendment 1

SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

5/23/24

Attachment 7 – Amendment 1

SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

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5/23/24

Attachment 7 – Amendment 1

SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

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Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

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Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

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SFY 2025 MCH in the Integrated Primary Care Setting
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Agency Name: _____ **Completed by:** _____

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5/23/24

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step?	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

5/23/24

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

5/25/24

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

Organization Name

		7/1/21-6/30/22	1/1/22-12/31/22	7/1/22-6/30/23	1/1/23-12/31/23	7/1/23-6/30/24	1/1/24-12/31/24	7/1/24-6/30/25
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

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Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

4B. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5A. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6A. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6B Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7A. Percent of patients aged 18 years and older who were screened for	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7C Percent of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

5/23/24

Matthew Normand
City Clerk

JoAnn Ferruolo
Assistant City Clerk

Lisa McCarthy
Assistant City Clerk

CITY OF MANCHESTER

Office of the City Clerk

CERTIFICATE OF AUTHORITY

I, Matthew Normand, City Clerk for the City of Manchester, New Hampshire do hereby certify that:

1. I am duly elected City Clerk of the City of Manchester.

2. I hereby certify that Jay Ruais, Mayor, is authorized on behalf of this municipality to enter into the said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he may deem necessary, desirable, or appropriate.

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

Dated: 5/22/2024

Matthew Normand, City Clerk

One City Hall Plaza • Manchester, New Hampshire 03101 • (603) 624-6455 • FAX: (603) 624-6481
E-mail: CityClerk@manchesternh.gov • Website: www.manchesternh.gov

Kevin J. O'Neil
Risk Manager

CITY OF MANCHESTER

Office of Risk Management

CERTIFICATE OF COVERAGE

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
129 Pleasant Street
Concord, NH 03301-3857

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 within the financial limits of RSA 507-B as follows:

		Limits of Liability (in thousands 000)
GENERAL LIABILITY	Bodily Injury and Property Damage	
	Each Person	325
	Each Occurrence	1000
	Aggregate	2000
AUTOMOBILE LIABILITY	Bodily Injury and Property Damage	
	Each Person	325
	Each Occurrence	1000
	Aggregate	2000
WORKER'S COMPENSATION	Statutory Limits	

The City of Manchester, New Hampshire maintains a Self-Insured, Self-Funded Program and retains outside claim service administration. All coverages are continuous until otherwise notified. Effective on the date Certificate issued and expiring upon completion of contract. Notwithstanding any requirements, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the limits described herein is subject to all the terms, exclusions and conditions of RSA 507-B.

DESCRIPTION OF OPERATIONS/LOCATION/CONTRACT PERIOD
Re: For the Manchester Health Department Primary Care Services Grant from July 1, 2024 to June 30, 2025.

Issued the 30th day of May, 2024

K O'Neil

Risk Manager

One City Hall Plaza • Manchester, New Hampshire 03101 • (603) 624-6503 • FAX: (603) 624-6528
TTY: 1-800-735-2964
E-Mail: koneil@manchesternh.gov • Website: www.manchesternh.gov

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

May 25, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into contracts with the Contractors listed below in an amount not to exceed $8,158,520 to increase access to integrated prevention and primary health care services for Women, Infants, Children and Adolescents, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through June 30, 2024. 10% Federal Funds. 90% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Amoskeag Health	157274-B001	Manchester	$1,529,850
Concord Hospital, Inc.	177653-B011	Concord	$658,569
Coos County Family Health Services, Inc.	155327-B001	Berlin	$731,721
Greater Seacoast Community Health	166629-B001	Somersworth	$1,232,685
HealthFirst Family Care Center, Inc.	158221-B001	Franklin	$597,648
Lamprey Health Care, Inc.	177677-R001	Newmarket	$1,112,527
Manchester Health Department	177433-B009	Manchester	$412,006
Mid-State Health Center	158055-B001	Plymouth	$640,823
Weeks Medical Center	177171-R001	Lancaster	$617,806
White Mountain Community Health Center	174170-R001	Conway	$624,885
		Total:	$8,158,520

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, and are anticipated to be available in State Fiscal Year 2024, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Department to increase access to integrated prevention and primary health care for the Maternal and Child Health (MCH) target population of women, infants, children and adolescents, and to address the maternal and youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

Approximately 194,940 individuals will be served from June 1, 2022 to June 30, 2024.

The Contractors will provide increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, and pregnant women and women of childbearing age, and must not exclude individuals who are uninsured; underinsured; and/or considered low-income. Integrated prevention and primary health care services are provided to individuals who may experience barriers to accessing health care due to issues such as lack of insurance, inability to pay, limited language proficiency and geographic isolation. The Contractors will integrate and coordinate access to medical, behavioral and social services by reducing barriers to care through an array of services such as care coordination, translation services, outreach, eligibility assistance, transportation, and health education.

The Department will monitor services through the following performance measures:

- Percent of infants who were ever breastfed.
- Percent of adolescents 12 to 21 years of age who had at least one (1) comprehensive well-care visit/comprehensive physical exam during the measurement year.
- Percent of postpartum women screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive screen, a follow-up plan is documented on the date of the positive screen.

The Department selected the Contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from January 14, 2022 through February 25, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Executive Council not authorize this request, the Department may be unable to ensure increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, pregnant women and women of childbearing age; and individuals who are uninsured; underinsured; considered low-income.

Source of Federal Funds: CFDA #93.994, FAIN B04MC45230

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

Respectfully submitted,

DocuSigned by:
Ann H. Landry
24BAB37ED8EB488...

Lori A. Shibinette
Commissioner

Maternal and Child Health in the Integrated Primary Care Setting
RFP-2022-DPHS-19-PRIMA
Fiscal Detail Sheet

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH

1. Amoskeag Health, Vendor # 157274-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$161,194
SFY 2023	102-500731	Contracts for Program Services	90080112	$684,328
SFY 2024	102-500731	Contracts for Program Services	90080112	$684,328
			Subtotal:	*$1,529,850*

2. Concord Hospital, Inc., Vendor # 177653-B011 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$26,343
SFY 2023	102-500731	Contracts for Program Services	90080112	$316,113
SFY 2024	102-500731	Contracts for Program Services	90080112	$316,113
			Subtotal:	*$658,569*

3. Coos County Family Health Services, Inc., Vendor # 155327-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$29,269
SFY 2023	102-500731	Contracts for Program Services	90080112	$351,226
SFY 2024	102-500731	Contracts for Program Services	90080112	$351,226
			Subtotal:	*$731,721*

4. Greater Seacoast Community Health, Vendor # 166629-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$49,307
SFY 2023	102-500731	Contracts for Program Services	90080112	$591,689
SFY 2024	102-500731	Contracts for Program Services	90080112	$591,689
			Subtotal:	*$1,232,685*

5. Health First Family Care Center, Vendor # 158221-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$23,906
SFY 2023	102-500731	Contracts for Program Services	90080112	$286,871
SFY 2024	102-500731	Contracts for Program Services	90080112	$286,871
			Subtotal:	*$597,648*

6. Lamprey Health Care, Inc., Vendor # 177677-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$44,501
SFY 2023	102-500731	Contracts for Program Services	90080112	$534,013
SFY 2024	102-500731	Contracts for Program Services	90080112	$534,013
			Subtotal:	*$1,112,527*

7. Manchester Health Dept. Vendor #177433-B009 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$16,480
SFY 2023	102-500731	Contracts for Program Services	90080112	$197,763
SFY 2024	102-500731	Contracts for Program Services	90080112	$197,763
			Subtotal:	*$412,006*

8. Mid-State Health Center, Vendor # 158055-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$25,633
SFY 2023	102-500731	Contracts for Program Services	90080112	$307,595
SFY 2024	102-500731	Contracts for Program Services	90080112	$307,595
			Subtotal:	*$640,823*

9. Weeks Medical Center, Vendor # 177171-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,712
SFY 2023	102-500731	Contracts for Program Services	90080112	$296,547
SFY 2024	102-500731	Contracts for Program Services	90080112	$296,547
			Subtotal:	*$617,806*

10. White Mountain Community Health Center, Vendor # 174170-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,995
SFY 2023	102-500731	Contracts for Program Services	90080112	$299,945
SFY 2024	102-500731	Contracts for Program Services	90080112	$299,945
			Subtotal:	*$624,885*
			TOTAL:	**$8,158,520**

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFP-2022-DPHS-19-PRIMA

Project Title Maternal and Child Health Care in the Integrated Primary Care Setting

	Maximum Points Available	Amoskeag Health	City of Manchester Health Department	Concord Hospital Family Health Center	Coos County Family Health Services	Greater Seacoast Community Health	HealthFirst Family Care Center Inc	Lamprey Healthcare	Mid-State Health	Weeks Medical Center	White Mountain Community Health Center
Technical											
Primary Care Services (Q1)	30	28	24	25	23	29	25	25	28	25	28
Social Determinants of Health (Q2)	20	20	18	13	18	20	18	15	18	15	18
Enabling Service Initiatives (Q3)	20	20	18	14	18	19	18	13	19	18	16
Quality Improvement Projects (Q4)	20	20	20	12	17	18	18	17	15	18	16
Staffing (Q5)	5	3	3	3	3	5	4	2	4	3	3
and Training Plan (Q6)	5	4	3	3	3	5	4	5	4	4	2
Technical Score*	100	95	86	70	82	96	87	77	88	83	83
TOTAL SCORE	100	95	86	70	82	96	87	77	88	83	83

**Minimum Passing Technical Score = 70 of 100 possible points.*

	Reviewer Name	Title
1	Rhonda Siegel	Administrator
2	Shari Campbell	Program Specialist III
3	Erica Tenney	Program Coordinator
4	Lisa Storez	Public Health Nurse Consultant
5	Ellen Stickney	Public Health Nurse Coordinator

FORM NUMBER P-37 (version 12/11/2019)

Subject: Maternal and Child Health Care in the Integrated Primary Care Setting (RFP-2022-DPHS-19-PRIMA-02)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Manchester Health Department		1.4 Contractor Address 1528 Elm St. Manchester, NH 03101	
1.5 Contractor Phone Number (603) 624-6466	1.6 Account Number 05-95-90-902010-5190	1.7 Completion Date June 30, 2024	1.8 Price Limitation $412,006
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature Joyce Craig Date: 5/27/22		1.12 Name and Title of Contractor Signatory Joyce Craig Mayor	
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley Date: 6/1/2022		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By: Director, On:			
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Takhmina Rakhmatova On: 6/2/2022			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number: G&C Meeting Date:			

Contractor Initials JC
Date 5/27/22

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials
Date 5/27/22

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

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

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

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

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

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

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

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

Contractor Initials JC

Date 5/27/22

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation")*.

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

Contractor Initials JC

Date 5/27/22

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting
EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

   1.1. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

      3.3. The parties may extend the Agreement for up four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

   1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

      12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall increase access to integrated healthcare for the Maternal and Child Health (MCH) target population of Women, Infants, Children and Adolescents from birth to 21 years of age, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

1.2. The Contractor shall provide and increase access to healthcare for New Hampshire Infants, Children and Adolescents from birth to 21 years of age, and Pregnant Women and Women of Childbearing age, and must not exclude individuals who are:

1.2.1. Uninsured.

1.2.2. Underinsured.

1.2.3. Considered low-income defined as less than 185% of the U.S. Department of Health and Human Services (US DHHS) Poverty Guidelines.

1.2.4. Lacking housing, including individuals whose primary residence during the night is a supervised public or private facility, such as a shelter, that provides temporary living accommodations.

1.2.5. Residing in transitional housing.

1.2.6. Unable to maintain their housing situation.

1.2.7. Forced to stay with a series of friends and/or extended family members, hence are considered homeless.

1.2.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

1.3. The Contractor shall provide integrated preventative and primary health care services to the populations in Subsection 1.2 above, which must include:

1.3.1. Behavioral health care;

1.3.2. Prenatal care either on site or by referral;

1.3.3. Care management; and

1.3.4. Enabling services.

1.4. The Contractor shall provide eligibility determination services that include, but are not limited to:

1.4.1. Notifying the Department in writing if/when access to primary care services for new patients is limited or closed for more than thirty (30)

consecutive business days or any sixty (60) non-consecutive business days.

1.4.2. Assisting individuals with completing a Medicaid/Expanded Medicaid and/or other health insurance applications.

1.4.3. Maximizing billing to private and commercial insurances for all reimbursable services rendered.

1.4.4. Posting a public notice in a conspicuous location specifying that no individual will be denied services due to inability to pay.

1.4.5. Developing and implementing a sliding fee scale for services in accordance with the Federal Poverty Guidelines and providing the sliding fee scale to the Department upon request.

1.5. The Contractor shall ensure primary care services are provided by a New Hampshire licensed:

1.5.1. Medical Doctor (MD);

1.5.2. Doctor of Osteopathic Medicine (DO);

1.5.3. Advanced Practice Registered Nurse (APRN); and/or

1.5.4. Physician Assistant (PA) to eligible individuals in the service area.

1.6. The Contractor shall provide services in an office-based setting which may include, but is not limited to:

1.6.1. Federally Qualified Health Centers (FQHCs) and/or Rural Health Clinics.

1.6.2. School Based Health Clinics.

1.6.3. Mobile Care Delivery Services.

1.7. The Contractor shall ensure services include, but are not limited to:

1.7.1. Reproductive health services.

1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral.

1.7.3. Preventive primary care services for women, infants, children and adolescents, including screenings and health education in accordance with established, documented state or national guidelines and evidence based practices.

1.7.4. Integrated behavioral health services.

1.7.5. Assessment of need and follow-up/referral as indicated for:

1.7.5.1. Tobacco cessation, including referral to programs such as QuitWorks-NH (http://www.QuitWorksNH.org);

1.7.5.2. Social services that address Social Determinants of Health (SDOH);

1.7.5.3. Chronic Disease management, including disease specific referral and self-management education such as referral to Diabetes Self-Management Education (DSME) as recommended by American Diabetes Association (ADA);

1.7.5.4. Nutrition services, including Women, Infants and Children (WIC) Food and Nutrition Service, as appropriate;

1.7.5.5. Screening, Brief Intervention and Referral to Treatment (SBIRT) services; and

1.7.5.6. Referrals to any specialists as needed that are not offered on site, including home visiting services and oral health.

1.8. The Contractor shall provide and facilitate enabling services to all individuals served with special emphasis given to the MCH population of women and infants, children and adolescents from birth to 21 years of age. Enabling services must include at a minimum:

1.8.1. Case management;

1.8.2. Benefit counseling and/or eligibility assistance;

1.8.3. Health education and supportive counseling; and

1.8.4. Language interpretation, outreach, transportation and education of patients and the community regarding the availability and appropriate use of health services.

1.9. The Contractor shall ensure management services for individuals enrolled for primary care services include, but are not limited to:

1.9.1. Integrated and coordinated services that ensure patients receive necessary care, including behavioral health and oral care when and where it is needed and wanted, and in a culturally and linguistically appropriate manner; and

1.9.2. Direct access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, by referral or subcontract.

1.10. The Contractor shall develop, define, facilitate and implement a minimum of two (2) enabling services initiatives and enabling services initiative work plans that focus on the Title V MCH Block Grant population of women, infants, children and adolescents, as follows:

1.10.1. Initiative One (1) – Screening and Referrals for SDOH, in accordance with Attachment #1; and

1.10.2. Initiative Two (2) – Provide Targeted Outreach to Homeless Women, Children, and Adolescents, in accordance with Attachment #2.

1.11. The Contractor shall monitor, update and implement each enabling services initiative work plan in accordance with Attachment #3 – Reporting Requirements Calendar.

1.12. The Contractor shall develop, define, facilitate and implement a minimum of two (2) quality improvement (QI) projects, which must consist of systematic and continuous actions that lead to measurable improvements in health care services and the health status of all individuals served, including:

1.12.1. QI Project One (1): Obesity Screening in Children and Adolescents, in accordance with Attachment #4; and

1.12.2. QI Project two (2): Adolescent Well-Care Visits, in accordance with Attachment #5.

1.13. The Contractor shall monitor, update and implement the work plans for each QI project in accordance with Attachment #3 – Reporting Requirements Calendar.

1.14. The Contractor shall attend in-person and/or virtual meetings and trainings facilitated by the Department, which include, but are not limited to:

1.14.1. MCH Agency Directors' Meetings scheduled by the Department on an as-needed basis.

1.14.2. MCH Primary Care Coordinators' Meetings up to two (2) times per year, which may require attendance by selected Vendor(s) quality improvement and clinical staff.

1.15. The Contractor shall ensure all services in this Exhibit B, Scope of Services, are provided by qualified health and allied health professionals.

1.16. The Contractor shall provide supporting documentation to the Department that verifies staff hours funded under the Agreement that may include, but is not limited to, timecards.

1.17. The Contractor shall ensure all health and allied health professionals possess and maintain the appropriate and current New Hampshire licenses whether directly employed, contracted or subcontracted.

1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator or staff person essential to providing services. The Contractor shall ensure notification:

1.18.1. Is provided to the Department no later than thirty business (30) days from the date of hire; and

1.18.2. Includes a copy of the newly hired individual's resume.

1.19. The Contractor shall notify the Department in writing when:

1.19.1. Any critical position is vacant for more than thirty (30) business days;

1.19.2. There is not adequate staffing to perform all required services for any period lasting more than thirty (30) consecutive business days or any sixty (60) non-consecutive business days.

1.20. The Contractor shall ensure that all employees and subcontractors providing direct services to clients under this Agreement have undergone a criminal background check and have no convictions for crimes that represent evidence of behavior that could endanger clients served under this Agreement.

1.21. The Contractor shall permit an individual, or team or individuals, authorized by the Department to schedule and conduct periodic virtual and/or on-site reviews of documentation related to contracted services, including:

1.21.1. Administration;

1.21.2. Data collection and submission;

1.21.3. Clinical and financial management; and

1.21.4. Delivery of education services.

1.22. The Contractor shall ensure the information needed by the Department to conduct virtual and/or on-site reviews is available, which may include, but is not limited to:

1.22.1. Client records.

1.22.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

1.23. The Contractor shall adhere to any corrective action plans issued by the Department should virtual and/or on-site reviews yield results that services provided are not in compliance with the Agreement. Any corrective action plans shall not prevent the Department from taking action under paragraph 8, Event of Default/Remedies and paragraph 9, Termination, of the General Provisions, Form P-37, of the Agreement.

1.24. The Contractor shall actively and regularly collaborate with the Department to enhance contract management and improve results.

1.25. The Contractor may be required to collect and share other key data and metrics with the Department, including client-level demographic, performance, and service data, in a format specified by the Department.

1.26. Reporting

1.26.1. The Contractor shall collect and submit the data and reports as specified in Attachment #3 – Reporting Requirements Calendar to the Department. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include but is not limited to:

1.26.1.1. Uniform Data System (UDS) outcomes.

1.26.1.2. Performance Measure outcomes.

1.26.1.3. Work plan for each Enabling Service Initiative.

1.26.1.4. Work Plan for each QI Project.

1.27. Performance Measures

1.27.1. The Contractor shall report data on the Performance Measures in Appendix F at regular intervals as specified in Appendix G – Reporting Requirements Calendar, utilizing Appendix K – DTT-PC2022 Template.

1.27.2. The Contractor shall meet or exceed their proposed goals and objectives for the required Performance Measures in Attachment #6. Should the Contractor not meet or exceed their goals, the Contractor shall submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment #7 – Performance Measure Outcome Report Template, at reporting intervals as specified in Appendix G – Reporting Requirements Calendar.

1.27.3. The Department may identify other performance measures in the resulting Agreement.

2. Exhibits Incorporated

2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

3.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

3.4. Operation of Facilities: Compliance with Laws and Regulations

3.4.1. In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental

license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

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

4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate, provided

however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting
EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 10% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration, CFDA #93.994, FAIN B04MC45230.
   1.2. 90% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget through Exhibit C-3, Budget.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
   4.3. Identifies and requests payment for allowable costs incurred in the previous month.
   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.govor mailed to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting
EXHIBIT C

8.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *Manchester Health Dept.*

Budget Request for: *Primary Care Services*

Budget Period *Upon G&C Approval - 6/30/2022*

Indirect Cost Rate (If applicable) 3.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$8,838
2. Fringe Benefits	$2,651
3. Consultants	$4,420
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Occupancy	$0
Transportation	$0
Interpreter Services	$91
Dental	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$16,000
Total Indirect Costs	$480
TOTAL	$16,480

Contractor Initials [illegible]C

Date 5/27/22

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *Manchester Health Dept.*

Budget Request for: *7/1/2022-6/30/2023*

Budget Period *SFY 6/30/2023*

Indirect Cost Rate (If applicable) 3.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$79,846
2. Fringe Benefits	$23,954
3. Consultants	$17,680
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$1,652
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$6,000
5.(d) Supplies - Medical	$6,000
5.(e) Supplies Office	$1,200
6. Travel	$2,500
7. Software	$5,761
8. (a) Other - Marketing/Communications	$1,500
8. (b) Other - Education and Training	$3,000
8. (c) Other - Other (specify below)	
Occupancy	$29,910
Transportation	$5,000
Interpreter Services	$5,000
Dental	$3,000
9. Subrecipient Contracts	$0
Total Direct Costs	$192,003
Total Indirect Costs	$5,760
TOTAL	**$197,763**

Contractor Initials JC

Date 5/27/22

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *Manchester Health Dept.*

Budget Request for: *7/1/2023-6/30/2024*

Budget Period *SFY 6/30/2024*

Indirect Cost Rate (If applicable) 3.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$79,846
2. Fringe Benefits	$23,954
3. Consultants	$17,680
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$1,652
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$6,000
5.(d) Supplies - Medical	$6,000
5.(e) Supplies Office	$1,200
6. Travel	$2,500
7. Software	$5,761
8. (a) Other - Marketing/Communications	$1,500
8. (b) Other - Education and Training	$3,000
8. (c) Other - Other (specify below)	
Occupancy	$29,910
Transportation	$5,000
Interpreter Services	$5,000
Dental	$3,000
9. Subrecipient Contracts	$0
Total Direct Costs	$192,003
Total Indirect Costs	$5,760
TOTAL	**$197,763**

Contractor Initials

Date 5/27/22

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
   1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
   1.2. Establishing an ongoing drug-free awareness program to inform employees about
      1.2.1. The dangers of drug abuse in the workplace;
      1.2.2. The grantee's policy of maintaining a drug-free workplace;
      1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
      1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by subparagraph 1.1.
   1.4. Notifying the employee in the statement required by subparagraph 1.1 that, as a condition of employment under the grant, the employee will
      1.4.1. Abide by the terms of the statement; and
      1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
   1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Contractor Name:

5/27/22
Date

Joyce Craig
Name: Joyce Craig
Title: Mayor

CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Vendor Name:

5/27/22
Date

Joyce Craig
Name: Joyce Craig
Title: Mayor

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
    - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

5/27/22
Date

Joyce Craig
Name: Joyce Craig
Title: Mayor

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

5/27/22
Date

Joyce Craig
Name: Joyce Craig
Title: Mayor

New Hampshire Department of Health and Human Services
Exhibit H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

5/27/22
Date

Joyce Craig
Name: Joyce Craig
Title: Mayor

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) **Definitions.**

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH
Act.

Business Associate Use and Disclosure of Protected Health Information.

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:
   I. For the proper management and administration of the Business Associate;
   II. As required by law, pursuant to the terms set forth in paragraph d. below; or
   III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person used the protected health information or to whom the disclosure was made;
- Whether the protected health information was actually acquired or viewed
- The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.

d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

NH DHHS	City of Manchester Health Department
The State	Name of the Contractor
DocuSigned by: Patricia M. Tilley	Joyce Craig
Signature of Authorized Representative	Signature of Authorized Representative
Patricia M. Tilley	Joyce Craig
Name of Authorized Representative	Name of Authorized Representative
Director	Mayor
Title of Authorized Representative	Title of Authorized Representative
6/1/2022	5/27/22
Date	Date

New Hampshire Department of Health and Human Services
Exhibit J

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $30,000 or more. If the initial award is below $30,000 but subsequent grant modifications result in a total award equal to or over $30,000, the award is subject to the FFATA reporting requirements, as of the date of the award.
In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique Entity Identifier (SAM UEI; Formerly DUNS #)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.
The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:
The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

5/27/22
Date

Joyce Craig
Name: Joyce Craig
Title: Mayor

New Hampshire Department of Health and Human Services
Exhibit J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The UEI (SAM.gov) number for your organization is: 790913636

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   __X__ NO _____ YES

   If the answer to #2 above is NO, stop here

   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO __X__ YES

   If the answer to #3 above is YES, stop here

   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

   Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal FInancial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

Attachment #1 – Screening for Referrals and SDOH

Enabling Services Work Plan Agency Name: Manchester Health Dept. Name and Role of Person(s) Completing Work Plan:			
Enabling Services Focus Area: 3.2.8.1 Screening and Referrals for SDOH			
Project Goal: Identify and address SDOH barriers to improve patients' access to integrated health care and to increase the rate of positive medical and behavioral health outcome achievement			
Project Objective: Achieve rate of CCSA process (SDOH screening) completion of 65% by 12/31/2022 in women and adolescents, based on current 2022 YTD CCSA completion rate of 49% for all patients (no women/adolescent-specific baseline available)			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)

Develop separate adult and adolescent CCSA process workflows
Create Vizio document to record each CSSA process workflow
	• Leadership Team
	  • Program Director
	  • Practice Manager
	  • Behavioral Health Coordinator
	  • Clinical Coordinator
	  • Office Coordinator
	• Transition of Care staff
	• Patient Service Representatives
	• Clinical Team (Nurses, CMAs)
	• Behavioral Health Team
	• Street Medicine medical providers
	• QA Coordinator
	• Health Information Systems Analyst (HISA)
	• Tablets/Laptops for EMR access
	• Vizio Access
	• Zoom Access
	• Leadership Team
	• HISA
	• Tablets/Laptops for EMR access
		Completion of separate adult and adolescent workflow development
		Completion ofVizio documents:
		• Adult workflow
		• Adolescent workflow
			07/31/2022
			
			07/31/2022

Contractor Initials _____
Date 5/27/22

Attachment #1 – Screening for Referrals and SDOH

	• Vizio Access • Zoom Access		
Train appropriate existing staff on changes to the current CCSA process	• Leadership Team • QA Coordinator • HISA • Tablets/Laptops for EMR access • Vizio Access • Zoom Access	# of appropriate existing staff trained % of appropriate existing staff trained	09/30/2022
Develop training on CCSA process workflows and documentation for new staff	• Leadership Team • QA Coordinator • HISA • CHAN • Tablets/Laptops for EMR access • Vizio Access • Zoom Access	Completion of CCSA process training development	08/30/2022
Conduct CCSA process training during onboarding period for all appropriate new staff	• Leadership Team • QA Coordinator • HISA • Tablets/Laptops for EMR access • Vizio Access • Zoom Access	# of appropriate new staff who completed CCSA process training by 90 day evaluation % of appropriate new staff who completed CCSA process training by 90 day evaluation	Ongoing through 12/31/2022
Generate separate screening packets for patients 12-17 and patients 18-21	• Leadership Team • Transition of Care staff • Patient Service Representatives • QA Coordinator • HISA • Vizio Access • Zoom Access	Completion of separate screening packet creation	08/31/2022

Contractor Initials BC
Date 5/27/22

Attachment #1 – Screening for Referrals and SDOH

Implement new CCSA processes in all HCH service lines	• Leadership Team • Transition of Care staff • Patient Service Representatives • Clinical Team (Nurses, CMAs)	# of adolescent CCSAs initiated # of women's CCSAs initiated	12/31/2022
	• Behavioral Health Team • Street Medicine medical providers • QA Coordinator • Health Information Systems Analyst • Tablets/Laptops for EMR access • Vizio Access Zoom Access		
Create CCSA Completion Report targeting women and adolescents	• Leadership Team • QA Coordinator • HISA • Tablets/Laptops for EMR access • Community Health Access Network (CHAN) • SAP Business Web Intelligence Access • Vizio Access • Zoom Access	Completion of report development	12/31/2022
Transitions of Care Coordinators (ToCCs) to run CCSA Completion Reports and distribute results weekly	• Leadership Team • Transition of Care staff • QA Coordinator • HISA • Tablets/Laptops for EMR access • CHAN • SAP Business Web Intelligence Access	# weekly reports distributed	12/31/2022

Attachment #1 – Screening for Referrals and SDOH

Leadership Team to monitor report monthly and collaborate to identify and address challenges	• Leadership Team • QA Coordinator • HISA • Tablets/Laptops for EMR access • Vizio Access • Zoom Access	Addition of CCSA Completion Report review into Leadership Team meeting agenda as item recurring monthly	12/31/2022
Monitor report results to identify staff who would benefit from additional training in the CCSA process and its documentation	• Leadership Team • Transition of Care staff • Patient Service Representatives • Clinical Team (Nurses, CMAs) • Behavioral Health Team • Street Medicine medical providers • QA Coordinator • HISA • Tablets/Laptops for EMR access • CHAN • Zoom Access	# of established staff identified for additional training on CCSA process implementation and documentation	12/31/2022
QA Coordinator HISA to complete random chart audits to identify patterns of issues resulting in incomplete CCSA process	• QA Coordinator • HISA • Tablets/Laptops for EMR access • CHAN • SAP Business Web Intelligence Access • Vizio Access • Zoom Access	# of audits completed	12/31/2022

Attachment #1 – Screening for Referrals and SDOH

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2022 Progress Report- • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** Yes No	
January 2023 Progress Report- • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** Yes No	

Attachment #1 – Screening for Referrals and SDOH

July 2023 Project Update **SFY23 Outcome** (insert your organization's data/outcome results here for 7/1/22-6/30/23).	
Did you meet your Target/Objective?	Yes No
July 2023 Project Update **SFY23 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met-what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** ___ Yes ___ No	
July 2023 Project Update **SFY23 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit to the Department for	

Attachment #1 – Screening for Referrals and SDOH

review and/or approval. **Work Plan Revisions submitted:** Yes No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	Yes No
July 2024 Project Update **SFY24 Narrative:** If met–Explain what happened during the year that contributed to the success. If NOT met-what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2024 Project Update **SFY24 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment #2 – Providing Targeted Outreach to Homeless Women, Children, and Adolescents

Enabling Services Work Plan Agency Name: Manchester Health Dept. Name and Role of Person(s) Completing Work Plan:			
Enabling Services Focus Area: 3.2.8.2.6 Providing targeted outreach to homeless women, children, and adolescents			
Project Goal: Increase access to integrated health care services to homeless women, children, and adolescents			
Project Objective: Increase the number of mobile van outreach sites targeting homeless women, children, and adolescents from current baseline of 0 sites to 2 sites by December 31, 2022.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)

Identify agencies who serve the target population (homeless women, children, and adolescents) interested in being a mobile care van outreach site	• Leadership Team
	  • Program Director
	  • Practice Manager
	  • Behavioral Health Coordinator
	  • Clinical Coordinator
	  • Office Coordinator
	• Transition of Care staff
	• Patient Service Representatives
	• Clinical Team (Nurses, CMAs)
	• Behavioral Health Team
	• Street Medicine medical providers
	• QA Coordinator
	• Health Information Systems Analyst
	• Community Partner Agencies
	  • FIT
	  • MHCGM
	  • Waypoint
	  • 1269
	  • International Institute
	  • The Doorway
		# of partner agencies surveyed–
		
		# of interested partner agencies
			05/31/2022

Contractor Initials
Date 5/27/22

Attachment #2 – Providing Targeted Outreach to Homeless Women, Children, and Adolescents

	• CMC Roots for Recovery • Manchester Community Resource Center • Boys and Girls Club • Manchester School District • MCoC • The Way Home • Tablets/Laptops • Zoom Access		
Collaborate with community outreach teams to identify geographic areas of need in which a high proportion of women are staying in encampments	• Leadership Team • Program Director • Practice Manager • Behavioral Health Coordinator • Clinical Coordinator • Office Coordinator • Transition of Care staff • Patient Service Representatives • Clinical Team (Nurses, CMAs) • Behavioral Health Team • Street Medicine medical providers • QA Coordinator • Health Information Systems Analyst • Community Partner Agencies • FIT • MHCGM • Waypoint • 1269 • International Institute • The Doorway • CMC Roots for Recovery	# of partner agencies surveyed # of potential locations identified	06/30/2022

Attachment #2 – Providing Targeted Outreach to Homeless Women, Children, and Adolescents

	• Manchester Community Resource Center • Boys and Girls Club • Manchester School District • MCoC • The Way Home • Tablets/Laptops Zoom Access		
Evaluate potential sites to determine which would target homeless women, children, and adolescents most effectively; choose which locations to actively pursue as mobile van outreach sites	• Leadership Team • Program Director • Practice Manager • Behavioral Health Coordinator • Clinical Coordinator • Office Coordinator • Transition of Care staff • Patient Service Representatives • Clinical Team (Nurses, CMAs) • Behavioral Health Team • Street Medicine medical providers • QA Coordinator • Health Information Systems Analyst • Community Partner Agencies • FIT • MHCGM • Waypoint • 1269 • International Institute • The Doorway • CMC Roots for Recovery • Manchester Community	# of potential sites assessed to target homeless women, children, and adolescents # of sites actively pursued as mobile van outreach sites	07/31/2022

Attachment #2 – Providing Targeted Outreach to Homeless Women, Children, and Adolescents

	Resource Center • Boys and Girls Club • Manchester School District • MCoC • The Way Home • Tablets/Laptops • Zoom Access		
Establish agreements with partnering agencies who agree to be a mobile van outreach site	• Leadership Team • CMC Community Services Director • ***** Do we have to have formal agreements that other CMC admin departments have to be involved with? • Community Partner Agencies • FIT • MHCGM • Waypoint • 1269 • International Institute • The Doorway • CMC Roots for Recovery • Manchester Community Resource Center • Boys and Girls Club • Manchester School District • MCoC • The Way Home • Tablets/Laptops • Zoom Access	# of partner agreements finalized # of outreach sites established with partnering agencies	09/30/2022
Set schedule for mobile van outreach at new sites	• Leadership Team • Clinical Team (Nurses, CMAs) • Behavioral Health Team	Completion of mobile van outreach schedule	10/30/2022

Attachment #2 – Providing Targeted Outreach to Homeless Women, Children, and Adolescents

	• Street Medicine medical providers
	• QA Coordinator
	• Health Information Systems Analyst
	• Community Partner Agencies
	  • FIT
	  • MHCGM
	  • Waypoint
	  • 1269
	  • International Institute
	  • The Doorway
	  • CMC Roots for Recovery
	  • Manchester Community Resource Center
	  • Boys and Girls Club
	  • Manchester School District
	  • MCoC
	  • The Way Home
	• Tablets/Laptops
	• Zoom Access		

Implement targeted outreach plan at identified sites	• Leadership Team
	• Transition of Care staff
	• Patient Service Representatives
	• Clinical Team (Nurses, CMAs)
	• Behavioral Health Team
	• Street Medicine medical providers
	• Community Partner Agencies
	  • FIT
	  • MHCGM
	  • Waypoint
	  • 1269
		# of targeted outreach visits	11/30/2022

Attachment #2 – Providing Targeted Outreach to Homeless Women, Children, and Adolescents

		# of homeless women served at outreach sites	
		# of homeless children served at outreach sites	
		# of homeless adolescents served at outreach sites	

Attachment #2 – Providing Targeted Outreach to Homeless Women, Children, and Adolescents

	• International Institute • The Doorway • CMC Roots for Recovery • Manchester Community Resource Center • Boys and Girls Club • Manchester School District • MCoC • The Way Home • Tablets/Laptops • Zoom Access		
Monitor sites to ensure outreach remains targeted to homeless women, children, and adolescents	• Leadership Team • Transition of Care staff • Patient Service Representatives • Clinical Team (Nurses, CMAs) • Behavioral Health Team • Street Medicine medical providers • QA Coordinator • Health Information Systems Analyst • Community Partner Agencies • FIT • MHCGM • Waypoint • 1269 • International Institute • The Doorway • CMC Roots for Recovery • Manchester Community Resource Center • Boys and Girls Club • Manchester School District	# of visits at outreach sites that meet target population criteria % of visits at outreach sites that meet target population criteria	12/31/2022

Attachment #2 – Providing Targeted Outreach to Homeless Women, Children, and Adolescents

	• MCoC • The Way Home • Tablets/Laptops Zoom Access		
Reengage in site identification process should any site become ineffective in reaching target population	• Leadership Team • Program Director • Practice Manager • Behavioral Health Coordinator • Clinical Coordinator • Office Coordinator • Transition of Care staff • Patient Service Representatives • Clinical Team (Nurses, CMAs) • Behavioral Health Team • Street Medicine medical providers • QA Coordinator • Health Information Systems Analyst • Community Partner Agencies • FIT • MHCGM • Waypoint • 1269 • International Institute • The Doorway • CMC Roots for Recovery • Manchester Community Resource Center • Boys and Girls Club • Manchester School District • MCoC	# of sites determined to no longer target homeless women, children, and adolescents # of new potential sites identified # of new sites established	12/31/2022

Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 23 (July 1, 2022-June 30, 2023)	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

Attachment #4 – Obesity Screening in Children and Adolescents

Quality Improvement Work Plan 1 Agency Name: Manchester Health Dept. Name and Role of Person(s) Completing Work Plan: Danielle Provencal, Practice Manager			
MCH Performance Measure: Preventative Health, Adolescent Well-Care Visit: Percent of adolescents, twelve (12) through twenty-one (21) years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDI$).			
Project Objective: The HCH Manchester Program seeks to increase the percent of patients, ages 12 through 21 years of age (5% of total 2021 HCH population) that will have received their annual Well-Care Visit within the calendar year (CY) from 20% to 50% by January 1st, 2023.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Fill any vacancies of listed personnel for this performance measure work plan: 1. Vacancy for one RN Care Coordinator (40 Hours/1 FTE) 2. Vacancy for one PSR-Scheduling Coordinator (40 Hours/1 FTE)	CMC Human Resources Recruiter and Practice Manager to review all applicants. 1. HCH Lead RN Care Coordinator will interview any qualified applicants and select for hire in conjunction with Practice Manager. 2. HCH Office Coordinator will interview any qualified applicants and select for hire in conjunction with Practice Manager.	Any delays in progress for applicant hire will be communicated and attended to in real time between the staff involved.	Positions expected to be filled by July 1st, 2022.
Report Identification: 1. Completed Well-Care Visits of patients 12 through 21 years of age. - To include patient name, patient PCP and date of Well-	HCH Health Information Systems Analyst to work with the Community Health Access Network (CHAN) to ensure the identified reports are available on the CHAN Report Server.	Practice Manager to follow up with HCH Health Information Systems Analyst weekly to check in on progress.	Reports to be available by July 1st 2022.

Attachment #4 – Obesity Screening in Children and Adolescents

Care Visit. 2. Patients 12 through 21 years of age who have not had a completed Well-Care Visit within the calendar year (CY). - To include patient name, patient PCP and date of Well-Care Visit. - To include last visit, last no show, next visit. 3. Master Panel Report of patients 12 through 21 years of age. - Patient Name - PCP - Completed CPE (Y/N) - Completed PHQ9 (Y/N) - Completed SBIRT (Y/N)			
Workflow development on scheduling Well-Care Visits/CPE.	Office Coordinator-PSR to develop workflow for training PSR-Scheduling Coordinators on evaluating if CPE needs to be scheduled and a routine of scheduling CPEs for all patients.	Practice Manager to check-in with Office Coordinator-PSR weekly to ensure barriers for completion are evaluated and attended to.	August 1st, 2022
Workflow development on integrating Behavioral Health into annual Well-Care Visits/CPE. I.E. Corresponding availability of BH Clinician for scheduled Well-	Behavioral Health Coordinator to evaluate current screening tool(s) and develop and needed improvements to corresponding workflows for screeners and	Practice Manager to check-in with Behavioral Health Coordinator weekly to ensure barriers for completion are evaluated and attended to.	August 1st, 2022

Attachment #4 – Obesity Screening in Children and Adolescents

Care Visits/CPE for any elevated screenings during the appointment.	accounting in the EMR. Once developed, offer all staff training on screening tools and process.		
Workflow development on checking Protocols and Patient Education on importance of scheduling Well-Care Visits/CPE.	Lead RN Care Coordinator to develop workflow for training nurses and medical assistants on: 1. Checking protocols to ensure a CPE is scheduled within the measurement year. 2. Scripting and tips on patient education to ensure patients understand the importance of completing their annual Well-Care Visit/CPE.	Practice Manager to check-in with Lead RN Care Coordinatorto ensure barriers for completion are evaluated and attended to.	August 1st, 2022
Workflow development on vaccine management that coincides with a patient's Well-Care Visit/CPE.	Lead RN Care Coordinator to develop workflow for all areas of vaccine administration and management to cross train the nursing and medical assistant team.	Lead RN Care Coordinator to run reports on overdue vaccines and work with RN Care Coordinators on outreach to patients and aligning with upcoming visits.	August 1st, 2022
Lead RN Care Coordinator and Office Coordinator-PSR to be trained in running Well-Care Visits (CPE) report and distribute monthly to their staff for review and scheduling.	HCH Health Information Systems Analyst and Practice Manager to review report and implement training for Lead RN Care Coordinator and Office Coordinator-PSR.	Practice Manager to evaluate any barriers to completing training and assist in evaluating workflow concerns and questions.	September 1st, 2022
Identify Barriers to Care: 1. Drill down and review patient cases where the Well-Care Visit was not completed.	HCH Quality Improvement Specialist, Lead RN Care Coordinator, Behavioral Health Coordinator and Office Coordinator-PSR to:	HCH Quality Improvement Specialist, Lead RN Care Coordinator and Office Coordinator-PSR to meet quarterly on progress and	November 1st, 2022 & ongoing.

Attachment #4 – Obesity Screening in Children and Adolescents

2. Case review and care plan development. 3. Identify resources for barrier reduction.	1. Review barriers 2. Identify workflow development needs. 3. Identify additional **resource needs, i.e.** transportation, schedule blocks, patient/family education, staff trainings.	advance any ongoing barriers to Practice Manager for review and supports.	

Attachment #4 – Obesity Screening in Children and Adolescents

QI Work Plan Progress Report Performance Measure: Project Objective:	
July 2022 Progress Report- • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** Yes No	
January 2023 Progress Report- • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** Yes No	
July 2023 Project Update **SFY23 Outcome** (insert your agency's data/outcome results here for 7/1/22-6/30/23)	

Attachment #4 – Obesity Screening in Children and Adolescents

Did you meet your Target/Objective?	Yes	No
July 2023 Project Update **SFY23 Narrative:** If met–Explain what happened during the year that contributed to the success If NOT met-what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** Yes No		
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work plan Revisions submitted:** Yes No		
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)		
Did you meet your Target/Objective?	Yes	No
July 2024 Project Update **SFY24 Narrative:** If met–Explain what happened during the year that contributed to the success If NOT met-what barriers were experienced, what will be done differently to meet the target over the next year		

Attachment #5 – Adolescent Well-Care Visits

Quality Improvement Work Plan 2 Agency Name: Manchester Health Dept. Name and Role of Person(s) Completing Work Plan: Danielle Provencal, Practice Manager			
MCH Performance Measure: Preventative Health, Obesity Screening in Child/Adolescent: Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).			
Project Objective: The HCH Manchester Program seeks to increase the percent of patients who have a documented BMI percentile, a documentation of counseling for nutrition anddocumentation of counseling for physical activity during a medical visit in the measurement year from 73%to 80%by January 1st, 2023 in patients 3 years of age through 16 years of age (6% of total 2021 HCH patient population).			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Fill any vacancies of listed personnel for this performance measure work plan: 1. Vacancy for one RN Care Coordinator (40 Hours/1 FTE)	CMC Human Resources Recruiter and Practice Manager to review all applicants. 1. HCH Lead RN Care Coordinator will interview any qualified applicants and select for hire in conjunction with Practice Manager.	Any delays in progress for applicant hire will be communicated and attended to in real time between the staff involved.	Positions expected to be filled by July 1st, 2022.
Report Identification: 1. Patients age =>3 to <=17 with Medical Visit within calendar year 2022. - Patient Name - PCP - Last Medical Visit - Next Appt - Date Last BMI% - Last BMI - Date Counseled - Counseling Outcome	HCH Health Information Systems Analyst to work with the Community Health Access Network (CHAN) to ensure the identified report is available on the CHAN Report Server.	Practice Manager to follow up with HCH Health Information Systems Analyst weekly to check in on progress.	Reports to be available by July 1st 2022.

Contractor Initials DC
Date 5/27/22

Attachment #5 – Adolescent Well-Care Visits

- Up to Date (UTD) (Y/N)			
Review current workflow and establish EMR documentation guides.	Lead RN Care Coordinator and HCH Quality Improvement Specialist to review current workflow and develop workflow and EMR guide for proper documentation of BMI percentile, counseling for nutrition and physical activity in the EMR.	Practice Manager to check in weekly until completion to identify barriers and support needs.	July 1st, 2022
Training of all clinical staff on workflow and proper documentation in the EMR.	Lead RN Care Coordinator and HCH Quality Improvement Specialist to host training for all clinical staff on workflow review and proper documentation.	Delays in scheduling all clinical staff training and barriers for completion to be reported to Practice Manager in real time.	Training to be completed August 1st, 2022.
Report Running & Audit	Lead RN Care Coordinator and Practice Manager to run report monthly to monitor progress and identify any additional training needs.	10 charts to be reviewed/audited monthly by Lead RN Care Coordinator.	Audits to start by September 1st, 2022.
Competency Development: 1. BMI calculation and percentage development. 2. Counseling on nutrition. 3. Counseling on physical activity.	Lead RN Care Coordinator to ensure these competencies are included in clinical staff annual competency evaluation. Develop and identify training resource needs.	Lead RN Care Coordinator to collaborate with Medical Director and Practice Manager on development and roll out. Report out any delays or barriers in completion.	To be included in annual November 2022 competency review.
Identify Barriers to Care: 1. Drill down and review patient cases where the Well-Care Visit was not completed. 2. Case review and care	HCH Quality Improvement Specialist and Lead RN Care Coordinator to: 1. Review barriers 2. Identify workflow development needs.	HCH Quality Improvement Specialist and Lead RN Care Coordinator to meet quarterly on progress and advance any ongoing barriers to Practice Manager for review and	November 1st, 2022 & ongoing.

Attachment #5 – Adolescent Well-Care Visits

plan development. 3. Identify resources for barrier reduction.	3. Identify additional resource needs, i.e. transportation, schedule blocks, patient/family education, staff trainings.	supports.	

QI Work Plan Progress Report Performance Measure: Project Objective:	
July 2022 Progress Report- • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** Yes No	

Attachment #5 – Adolescent Well-Care Visits

January 2023 Progress Report- • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** Yes No	
July 2023 Project Update **SFY23 Outcome** (insert your agency's data/outcome results here for 7/1/22-	

Attachment #5 – Adolescent Well-Care Visits

6/30/23)	
Did you meet your Target/Objective?	Yes No
July 2023 Project Update **SFY23 Narrative:** If met--Explain what happened during the year that contributed to the success If NOT met-what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** Yes No	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work plan Revisions submitted:** Yes No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	Yes No
July 2024 Project Update **SFY24 Narrative:** If met--Explain what happened during the year that contributed	

Attachment #5 – Adolescent Well-Care Visits

to the success If NOT met-what barriers were experienced, what will be done differently to meet the target over the next year	

Contractor Initials JC
Date 6/27/22

Attachment #6 – Performance Measures

1. Definitions

1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS**.– Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. **Breastfeeding**

2.1.1. Percent of infants who are ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. **Preventive Health: Lead Testing**

This measure will be broken down in to two age based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months (NH MCHS).

Attachment #6 – Performance Measures

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

2.2.1.2. Denominator: All children who turned twenty-four months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months (NH MCHS).

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents, twelve (12) through twenty-one (21) years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients ages twelve (12) and older screened for clinical depression using an age appropriate standardized depression screening tool on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

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Attachment #6 – Performance Measures

2.4.1.3. Denominator: All patients twelve (12) years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose

and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Adult Measure

2.5.1. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period **AND** if the most recent BMI is outside of normal parameters, a follow-up plan is documented (NQF 0421, UDS).

2.5.1.1. Normal parameters: BMI ≥ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the measurement year or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

Child/Adolescent Measure

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting

year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year **AND** who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: Number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco at least one within the past twelve (12) months AND received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least two (2) medical visit during the measurement year, OR 1 preventative visit

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

Attachment #6 – Performance Measures

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) –Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adult Measure

2.7.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

Adolescent Measure

2.7.2. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: All patients aged 12-17 years during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.7.2.4. Definitions:

2.7.2.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.2.4.2. Brief Intervention: Includes guidance or counseling.

2.7.2.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

Attachment #6 – Performance Measures

2.7.3. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.3.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services

2.7.3.2. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.3.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8 Developmental Screening Measure

Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months (NH MCHS)

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and who had at least (1) medical visit during the measurement year

gc

Attachment #7 – Performance Measure Outcome Report Template

Instructions for completing this Performance Measure Outcome Report (PMOR):
The Performance Measure Outcome Report (PMOR) is to be completed by your agency and emailed to shari.campbell@dhhs.nh.gov at the intervals specified on the Reporting Calendar.

Please complete the Narrative and Plan for Improvement sections for any of the following measures where your agency did not meet your agency target for the reporting period (July 1, 20XX – June 30, 20XX).

Performance measures:

- Breastfeeding
- Lead Screening for 1 Year Olds
- Lead Screening for 2 Year Olds
- Adolescent well care visit
- Depression screening and follow up plan if positive screening, 12 years and older
- Maternal Depression Screening
- Adults with documented BMI and follow-up plan if BMI outside of normal range
- Children 3-17 with documented BMI, nutrition counseling and physical activity counseling
- Adult tobacco screening and cessation counseling intervention for smokers
- Prenatal Tobacco screening each trimester and cessation counseling intervention for smokers
- SBIRT, Adults
- SBIRT, Adolescents
- SBIRT, Pregnant Women
- Developmental Screening-M-CHAT

* Note: Not met performance measures that have been addressed by your agency SFYXX Work Plan are excluded from this report. For example, the PMOR will omit Adolescent Visit measure for Primary Care Services

1. The Narrative section is to explain what happened during the year i.e. why measure was not met, what barriers/challenges your agency faced, describe any improvement activities that took place during the year to correct along the way, etc.

2. The Plan for Improvement section is to describe what steps your agency will take to achieve your agency target in SFYXX i.e. describe your strategy (PDSA), what will you plan to do differently etc.

3. Please email your completed PMOR **Shari Campbell at shari.campbell@dhhs.nh.gov by the dates indicated in the Reporting Calendar.** If you have any questions about completing this document, please contact Jannell Levine at Jannell.E.Levine@dhhs.nh.gov or 603-856-6449.

Attachment #7 – Performance Measure Outcome Report Template

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____ **Agency Outcome:** ___% **Agency Target:** ___%
Narrative for Not Meeting Target:
Plan for Improvement:

Performance Measure Name: _____ **Agency Outcome:** ___% **Agency Target:** ___%
Narrative for Not Meeting Target:
Plan for Improvement:

QC
5/27/22

Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____ **Agency Outcome:** ___% **Agency Target:** ___%
Narrative for Not Meeting Target:
Plan for Improvement:

Performance Measure Name: _____ **Agency Outcome:** ___% **Agency Target:** ___%
Narrative for Not Meeting Target:
Plan for Improvement:

Please copy above pages/sections as needed to complete for all not met measures.

OC 5/27/22

State of New Hampshire
Department of Health and Human Services
Amendment #1

This Amendment to the Maternal and Child Health Care in the Integrated Primary Care Setting contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Mid-State Health Center ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 15, 2022 (Item #32), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2025

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $924,578

3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:

   Robert W. Moore, Director

4. Modify Exhibit B, Scope of Services, Section 1.3.2., to read:

   1.3.2. Prenatal care either on site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data related to prenatal performance measures.

5. Modify Exhibit B, Scope of Services, Section 1.7.2., to read:

   1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data relating to prenatal performance measures to the Department.

6. Modify Exhibit B, Scope of Services, Section 1.10.1. through Section 1.10.2., to read:

   1.10.1. Initiative One (1) – Screening and Referrals for SDOH; and

   1.10.2. Initiative Two (2) – Contractor's choice, which must focus on enabling services.

7. Modify Exhibit B, Scope of Services, Section 1.12.1. through Section 1.12.2., to read:

   1.12.1. QI Project One (1): Increasing Adolescent Well Visits; and

   1.12.2. QI Project Two (2): Increasing post-partum clinical depression screening of women within the first 12 weeks after delivering.

8. Modify Exhibit B, Scope of Services, Section 1.18., to read:

   1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator, or staff person essential to providing services and/or any personnel changes to these positions. The Contractor shall ensure notification:

      1.18.1. Is provided to the Department no later than thirty (30) business days from the date of hire or personnel change; and

      1.18.2. Includes a copy of the new staff individual's resume as well as an updated

staffing list.

9. Modify Exhibit B, Scope of Services, by adding Section 1.28., to read:

   1.28. The Contractor shall provide de-identifiable patient level data on the integrated and primary health care services provided, as specified in Subsection 1.3., and Section 1.26. Reporting.

10. Modify Exhibit C, Payment Terms, Section 1.1. through Section 1.2., to read:

    1.1. 14% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.994, FAIN B04MC45230, and as awarded on October 27, 2022, ALN 93.994, FAIN B04MC47432.

    1.2. 86% General funds.

11. Modify Exhibit C, Payment Terms, Section 3., to read:

    3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget Sheet through Exhibit C-4, Budget Sheet, Amendment #1.

12. Modify Exhibit C, Payment Terms, Section 4.3., to read:

    4.3. Identifies and requests payment for allowable costs incurred in the previous month. Allowable costs are costs incurred that specifically supports only New Hampshire Infants, Children and Adolescents from birth to 21 years of age, Pregnant Women, and Women of Childbearing age.

13. Modify Add Exhibit C, Payment Terms, by adding Section 4.7., to read:

    4.7. Includes budget line items that are used exclusively for serving the Maternal and Child Health population and invoicing must clearly state how the incurred expenses benefited this specific patient population.

14. Modify Attachment 3, Reporting Calendar, by replacing it in its entirety with Attachment 3, Amendment #1, Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

15. Modify Attachment 6, Performance Measures, by replacing it in its entirety with Attachment 6, Amendment #1 – SFY 2025 Performance Measures, which is attached hereto and incorporated by reference herein.

16. Modify Attachment 7, Performance Measure Outcome Report (PMOR), by replacing it in its entirety with Attachment 7, Amendment #1, Performance Measure Outcome Report (PMOR), which is attached hereto and incorporated by reference herein.

17. Add Attachment 8, Amendment #1, DTT – MCH in the Integrated Primary Care Setting Template, which is attached hereto and incorporated by reference herein.

18. Add Exhibit C-4, Budget Sheet, Amendment #1, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2024, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

5/1/2024
Date

DocuSigned by:
Iain Watt
D778BB63F9704C7...
Name: Iain Watt
Title: Interim Director - DPHS

Mid-State Health Center

4/17/2024
Date

DocuSigned by:
Robert MacLeod
0CA869E9085A490...
Name: Robert MacLeod
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

5/13/2024
Date

DocuSigned by:
Robyn Guarino
74873484494146O
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *Mid-State Health Center*

Budget Request for: *Primary Care Services*

Budget Period *July 1, 2024 - June 30, 2025 (State Fiscal Year 2025)*

Indirect Cost Rate (if applicable) 10.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$ 195,423.55
2. Fringe Benefits	$ 62,535.54
3. Consultants	$ -
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$ -
5.(a) Supplies - Educational	$ -
5.(b) Supplies - Lab	$ -
5.(c) Supplies - Pharmacy	$ -
5.(d) Supplies - Medical	$ -
5.(e) Supplies Office	$ -
6. Travel	$ -
7. Software	$ -
8. (a) Other - Marketing/Communications	$ -
8. (b) Other - Education and Training	$ -
8. (c) Other - Other (specify below)	
Other: Incentives - Transportation - $10 Gas Cards	$ -
Other (please specify)	$ -
Other (please specify)	$ -
Other (please specify)	$ -
9. Subrecipient Contracts	$ -
Total Direct Costs	$ 257,959.09
Total Indirect Costs	$ 25,795.91
TOTAL	**$ 283,755.00**

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Date 4/17/2024

Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets. • UDS Data
SFY 2024	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2025	
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2024	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets
January 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2024 - December 31, 2024) • Complete January 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2026	
July 31, 2025	**SFY25 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2024 - June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

1. Definitions

1.1. **Measurement Year** – Consists of 365 days and is defined as either:

1.1.1. A Calendar Year (January 1st through December 31st), or

1.1.2. A State Fiscal Year (July 1st through June 30th).

1.2. **Medical Visit** –Defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. The UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the expectation is that the Contractor will adhere to the most up to date UDS guidance.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. Percent of infants who were ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for approximately six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Testing

This measure will be broken down into two (2) age-based measures, based on current NH Legislation RSA 130-A:5-a, which requires children be tested for lead at one (1) year of age, and at two (2) years of age.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between 12 and 23 months of age (NH MCHS).

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2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between 12 and 23 months of age.

2.2.1.2. Denominator: All children who turned 24 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between 24 and 36 months of age (NH MCHS).

2.2.2.1. Numerator: All children who received at least one (1) capillary or venous blood lead test between 24 and 36 months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients 12 through 21 years of age screened for clinical depression using an age-appropriate standardized depression screening tool on the date of the encounter or within 14 days prior to the date of the encounter **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients 12 through 21 years of age who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 through 21 years of age by the end of the measurement year who had at least one (1) medical visit during the measurement year.

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2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit in the first 12 weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

2.5.1. Percent of patients three (3) through 17 years of age who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.1.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.1.2. Denominator: Number of patients who were one (1) year after their second (2nd) birthday (i.e., three (3) years of age) through adolescents who were up to one (1) year past their 16th birthday (i.e., 17 years of age) at some point during the measurement year, who had at least one (1) medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.1.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers **PLUS** queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) – Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adolescent Measure

2.7.1. SBIRT – Percent of patients 12 through 17 years of age who were screened for substance use using a formal valid screening tool during

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any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use using a formal valid screening tool during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients 12 through 17 years of age during the measurement year with at least one (1) medical visit during the measurement year and with at least two (2) medical visits ever.

2.7.1.4. Definitions:

2.7.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.1.4.2. Brief Intervention: Includes guidance or counseling.

2.7.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.7.2. Percent of pregnant women who were screened using a formal valid screening tool for substance use during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of women in the denominator who were screened for substance use using a formal and valid screening tool during each trimester they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8. **Developmental Screening Measure**

Percent of children who reached 30 months of age by the end of the reporting period, and were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age (NH MCHS).

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age.

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and had at least one (1) medical visit during the measurement year.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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4/17/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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4/17/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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4/17/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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4/17/2024

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

Organization Name

		7/1/21-6/30/22	1/1/22-12/31/22	7/1/22-6/30/23	1/1/23-12/31/23	7/1/23-6/30/24	1/1/24-12/31/24	7/1/24-6/30/25
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

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4/17/2024

Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

4B. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5A. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6A. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6B Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7A. Percent of patients aged 18 years and older who were screened for	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7C Percent of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

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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 MID-STATE HEALTH CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 09, 1998. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **285492**

Certificate Number: **0006592367**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1st day of March A.D. 2024.

David M. Scanlan

Secretary of State

CERTIFICATE OF AUTHORITY

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

1. I am a duly elected Clerk/Secretary/Officer of Mid-State Health Center.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on March 26, 2024, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Robert MacLeod, (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Mid-State Health Center to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

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

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

Dated: 3/26/24

Signature of Elected Officer
Name: Carina Park
Title: Board of Directors Secretary

DocuSign Envelope ID: E12AE99B-7665-4FED-97D2-A4350BE30A5A

CERTIFICATE OF LIABILITY INSURANCE

Date: 09/10/23

Administrator:
New England Special Risks, Inc.
19 Oyster Way
Mashpee, Ma. 02649
Phone: (508) 561-6111

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.

INSURERS AFFORDING COVERAGE

Insurer A:	Medical Protective Insurance Co.
Insurer B:	AIM Mutual Insurance Co.
Insurer C:	
Insurer D:	
Insurer E:	

Insured:
Mid-State Health Center
101 Boulder Point Dr.- Suite 1
Plymouth, NH. 03264

Coverages

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 the 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, aggregate limits shown may have been reduced by paid claims.

INS. LTR.	TYPE OF INSURANCE	POLICY NUMBER	Policy Effective Date	Policy Expiration Date	LIMITS		
A	**General Liability** ☑ Commercial General Liability ☐ Claims Made ☑ Occurrence ☐ ☐ General Aggregate Limit Applies Per: ☑ Policy ☐ Project ☐ Loc	HN 030313	10/1/2023	10/1/2024	Each Occurrence Fire Damage (Any one fire) Med Exp (Any one person) Personal & Adv Injury General Aggregate Products - Comp/Op Agg	$ $ $ $ $ $	1,000,000 50,000 5,000 1,000,000 3,000,000 1,000,000
	Automobile Liability ☐ Any Auto ☐ All Owned Autos ☐ Scheduled Autos ☐ Hired Autos ☐				Combined Single Limit (Each accident) Bodily Injury (Per person) Bodily Injury (Per accident) Property Damage (Per accident)	$ $ $ $	
	Garage Liability ☐ Any Auto ☐				Auto Only - Ea. Accident Other Than Auto Only: Ea. Acc Other Than Auto Only: Agg	$ $ $	
	Excess Liability ☐ Occurrence ☐ Claims Made ☐ Deductible ☐ Retention $				Each Occurrence Aggregate	$ $	
B	**Workers Compensation and Employers' Liability**	600-4000079-2021	10/1/2023	10/1/2024	☑ Statutory Limits ☐ Other E.L. Each Accident E.L. Disease-Ea. Employee E.L. Disease - Policy Limit	$ $ $	500,000 500,000 500,000
A	**Healthcare Professional Liability**	HN 030313	10/1/2023	10/1/2024	Per Incident-$1,000,000 Aggregate-$3,000,000		

Description of operations/vehicles/exclusions added by endorsement/special provision

Evidence of Current Insurance for the Insured.

Certificate Holder

State of New Hampshire
Department of Health and Human Services
129 Pleasant St.
Concord, NH. 03301

Should any of the above policies be canceled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Authorized Representative

Carmen Polakis

MID-STATE
HEALTH CENTER

Where your care comes together.

Mission Statement: Mid-State Health Center provides sound primary medical care to the community, assessable to all regardless of the ability to pay.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Financial Statements

As of and for the Years Ended
June 30, 2023 and 2022

Supplemental Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2023

and

Independent Auditors' Report

MID-STATE
HEALTH CENTER

MID-STATE HEALTH CENTER AND SUBSIDAIRY

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As of and for the Years Ended June 30, 2023 and 2022

TYLER, SIMMS & ST. SAUVEUR, CPAs, PLLC
Certified Public Accountants & Business Consultants

Independent Auditors' Report

To the Board of Trustees of
Mid-State Health Center and Subsidiary:

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the accompanying consolidated financial statements of Mid-State Health Center and Subsidiary, which comprise the consolidated statements of financial position as of June 30, 2023 and 2022, and the related consolidated statements of operations and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of Mid-State Health Center and Subsidiary as of June 30, 2023 and 2022, 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 audits 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Mid-State Health Center and Subsidiary and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Consolidated Financial Statements

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

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

Tyler, Simms & St. Sauveur, CPAs, PLLC • 19 Morgan Drive • Lebanon, NH 03766 • Ph. 603-653-0044 • Fax 603-653-0209
www.tss-cpa.com

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's 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 generally accepted auditing standards 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 generally accepted auditing standards 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 financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Mid-State Health Center and Subsidiary's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Mid-State Health Center and Subsidiary'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.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying consolidating information and schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information and schedule of expenditures of federal awards are fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated November 27, 2023 on our consideration of Mid-State Health Center and Subsidiary's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Mid-State Health Center and Subsidiary's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Mid-State Health Center and Subsidiary's internal control over financial reporting and compliance.

Lyons, Simms and St. Laurent, CPAs, PLLC

Lebanon, New Hampshire
November 27, 2023

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Financial Position

As of June 30, 2023 and 2022

	2023	2022
Assets		
Current assets		
Cash and cash equivalents	$ 3,087,135	$ 2,947,101
Restricted cash	118,618	105,053
Patient services receivable, net	1,546,815	1,896,109
Government grants receivable	299,125	179,739
Contract and other receivables	3,078,552	987,475
Promises to give	350,000	20,000
Prepaid expenses and other current assets	217,119	174,803
Total current assets	8,697,364	6,310,280
Long-term assets		
Property and equipment, net	11,828,250	10,512,775
Right-of-use assets	389,090	-
Other assets	42,424	42,424
Total long-term assets	12,259,764	10,555,199
Total assets	$ 20,957,128	$ 16,865,479
Liabilities and net assets		
Current liabilities		
Accounts payable	$ 738,404	$ 461,545
Construction payable	178,515	602,083
Accrued expenses and other current liabilities	1,215,914	1,088,357
Refundable advance	-	481,194
Current portion of long-term debt	323,802	609,219
Current portion of right-of-use obligations	147,758	-
Total current liabilities	2,604,393	3,242,398
Long-term liabilities		
Lease deposits	7,700	7,700
Long-term debt, less current portion	7,332,876	5,669,085
Right-of-use obligations, less current portion	247,323	-
Total long-term liabilities	7,587,899	5,676,785
Total liabilities	10,192,292	8,919,183
Commitments and contingencies (See Notes)		
Net assets without donor restrictions	10,764,836	6,945,055
Net assets with donor restrictions	-	1,001,241
Total net assets	10,764,836	7,946,296
Total liabilities and net assets	$ 20,957,128	$ 16,865,479

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

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Operations and Changes in Net Assets

For the Years Ended June 30, 2023 and 2022

	2023	2022
Operating revenues and other support without donor restrictions		
Net patient services revenue	$ 9,522,890	$ 8,827,222
Contract revenue	2,769,654	2,857,536
Other operating revenue	946,846	862,683
Government grants	5,335,011	3,821,629
Contributions	166,520	24,555
Net assets released from restrictions for operations	20,000	20,000
Total operating revenues and other support without donor restrictions	18,760,921	16,413,625
Operating expenses		
Salaries and wages	10,128,890	9,039,416
Employee benefits	2,499,289	2,110,148
Insurance	93,225	81,655
Professional fees	1,801,879	1,344,594
Supplies and expenses	3,338,766	2,749,863
Depreciation and amortization	480,624	321,467
Interest expense	241,160	183,773
Total operating expenses	18,583,833	15,830,916
Operating income	177,088	582,709
Nonoperating income		
Employee retention credits, including interest	2,454,610	-
Employee retention credit professional fees	(228,821)	-
Contributions for capital acquisitions	435,663	
Net assets released from donor restrictions for capital acquisitions	981,241	-
Total nonoperating income	3,642,693	-
Increase in net assets without donor restrictions	3,819,781	582,709
Changes in net assets with donor restrictions		
Contributions	-	981,241
Net assets released from donor restrictions	(1,001,241)	(20,000)
Increase in net asset with donor restrictions	(1,001,241)	961,241
Increase in net assets	2,818,540	1,543,950
Net assets, beginning of year	7,946,296	6,402,346
Net assets, end of year	$ 10,764,836	$ 7,946,296

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

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statement of Functional Expenses

For the Year Ended June 30, 2023

	Program Services							Supporting Services		
	Medical	Dental	Behavioral Health	Emergency Prep.	Montessori Center	Phys. and Occup. Therapy	Total Program Service	Admin and General	Fundraising	Total Expenses
Salaries and wages	$ 5,611,751	$ 1,001,916	$ 1,044,343	$ 71,572	$ 464,869	$ 495,314	$ 8,689,765	$ 1,379,022	$ 60,103	$ 10,128,890
Employee benefits	1,390,539	270,270	390,335	18,111	116,698	133,349	2,319,302	167,750	12,237	2,499,289
Insurance	62,977	1,285	4,481	2,993	2,696	-	74,432	18,793	-	93,225
Professional fees	1,107,786	64,195	164,523	243,391	3,750	66,363	1,650,008	151,871	-	1,801,879
Supplies and expenses	2,364,728	173,949	102,533	48,038	100,503	145,461	2,935,212	399,554	4,000	3,338,766
Depreciation and amortization	394,241	27,462	26,567	6,724	7,435	-	462,429	18,195	-	480,624
Interest expense	202,800	9,835	18,323	-	-	-	230,958	10,202	-	241,160
Total expenses	$ 11,134,822	$ 1,548,912	$ 1,751,105	$ 390,829	$ 695,951	840,487	$ 16,362,106	$ 2,145,387	$ 76,340	$ 18,583,833

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

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statement of Functional Expenses

For the Year Ended June 30, 2022

	Program Services							Supporting Services		
	Medical	Dental	Behavioral Health	Emergency Prep.	Montessori Center	Phys. and Occup. Therapy	Total Program Service	Admin and General	Fundraising	Total Expenses
Salaries and wages	$ 5,611,307	$ 717,746	$ 1,030,171	$ 70,849	$ 221,036	$ 193,532	$ 7,844,641	$ 1,139,346	$ 55,429	$ 9,039,416
Employee benefits	1,266,535	167,993	296,298	17,318	67,151	54,870	1,870,165	229,114	10,869	2,110,148
Insurance	51,704	715	3,898	2,480	-	19,676	78,473	3,182	-	81,655
Professional fees	634,368	30,718	248,516	233,888	-	13,803	1,161,293	183,301	-	1,344,594
Supplies and expenses	1,733,096	220,102	93,849	90,905	1,150	202,614	2,341,716	408,147	-	2,749,863
Depreciation and amortization	266,995	23,733	18,622	1,704	-	4,136	315,190	6,277	-	321,467
Interest expense	155,368	8,363	14,635	-	-	2	178,368	5,405	-	183,773
Total expenses	$ 9,719,373	$ 1,169,370	$ 1,705,989	$ 417,144	$ 289,337	$ 488,633	$ 13,789,846	$ 1,974,772	$ 66,298	$ 15,830,916

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

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidated Statements of Cash Flows
For the Years Ended June 30, 2023 and 2022

	2023	2022
Cash flows from operating activities		
Increase in net assets	$ 2,818,540	$ 1,543,950
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	480,624	321,467
Amortization of right-of-use assets	64,183	-
Contributions for capital acquisitions	(85,663)	(981,241)
Amortization reflected as interest	8,225	4,426
(Increase) decrease in the following assets:		
Patient services receivable	349,294	(837,453)
Government grants receivable	(119,386)	303,427
Promises to give	(330,000)	20,000
Other receivables	(2,091,077)	(503,832)
Prepaid expenses and other current assets	(42,316)	(66,495)
Increase (decrease) in the following liabilities:		
Accounts payable	276,859	157,767
Accrued expenses and other current liabilities	127,557	(130,279)
Refundable advance	(481,194)	345,669
Lease deposits	-	7,700
Right-of-use obligation - operating leases	(55,936)	-
Net cash provided by operating activities	919,710	185,106
Cash flows from investing activities		
Purchases of property and equipment	(2,189,058)	(1,545,046)
Proceeds from sale of assets	-	95,000
Net cash used in investing activities	(2,189,058)	(1,450,046)
Cash flows from financing activities		
Contributions for capital acquisitions	85,663	981,241
Proceeds on long-term debt	1,862,653	-
Payments on long-term debt	(523,113)	(142,443)
Capitalized debt issuance costs	-	(5,809)
Payments on righto fuse obligation - finance leases	(2,256)	-
Net cash provided by financing activities	1,422,947	832,989
Net incrase (decrease) in cash, cash equivalents and restricted cash	153,599	(431,951)
Cash, cash equivalents and restricted cash, beginning of year	3,052,154	3,484,105
Cash, cash equivalents and restricted cash, end of year	$ 3,205,753	$ 3,052,154

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

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidated Statements of Cash Flows (continued)
For the Years Ended June 30, 2023 and 2022

Cash, cash equivalents and restricted cash consisted of the following as of June 30:

	2023	2022
Cash and cash equivalents	$ 3,087,135	$ 2,947,101
Restricted cash	118,618	105,053
	$ 3,205,753	$ 3,052,154

Supplemental Disclosures of Cash Flow Information

	2023	2022
Cash payments for:		
Interest	$ 232,935	$ 195,505

Supplemental Disclosures of Non-Cash Information

	2023	2022
Total purchases of property and equipment	$ 1,796,099	$ 3,084,463
Change in construction payables	423,568	(602,083)
Amount purchased through the issuance of long-term debt	(30,609)	(937,334)
Cash purchases of property and equipment	$ 2,189,058	$ 1,545,046

	2023	2022
Total repayments of long-term debt	$ 2,483,627	$ 142,443
Refinanced with long-term debt	(1,960,514)	-
Cash payments on long-term debt	$ 523,113	$ 142,443

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

1. The Organization and Summary of Significant Accounting Policies:

Organization

Mid-State Health Center ("MSHC") is a Federally Qualified Health Center (FQHC) which provides health care to a large number of Medicare, Medicaid, and charity care patients on an outpatient basis. MSHC maintains facilities in Plymouth and Bristol, New Hampshire.

The consolidated financial statements include the accounts of Mid-State Community Development Corporation (MSCDC), collectively, "the Organization." Effective September 23, 2010, the Organization was transferred a sole member interest in MSCDC, which owns the 19,500 square foot operating facility that was developed to house the Organization, providing medical services to the underserved community in the Plymouth, New Hampshire region.

Use of Estimates

The Organization uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities and the reported revenues and expenses. Actual results could differ from those estimates.

Basis of Statement Presentation

The consolidated financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The consolidated financial statements have been prepared consistent with the American Institute of Certified Public Accountants *Audit and Accounting Guide, Health Care Organizations* (Audit Guide). All significant intercompany transactions between MSHC and MSCDC have been eliminated in consolidation.

Classes of Net Assets

The Organization reports information regarding its consolidated financial position and operations to two classes of net assets; net assets without donor restrictions and net assets with donor restrictions, based on the existence or absence of donor-imposed restrictions.

Net Assets Without Donor Restrictions - Include net assets available for use in general operations and not subject to donor restrictions.

Net Assets With Donor Restrictions - Include net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time - such as promises to give - or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. When an implied time restriction ends or purpose restriction is satisfied, net assets with door restriction are reclassified to net assets without donor restriction and are reported on the consolidated statements of operations as net assets released from donor restrictions. The Organization has elected the "simultaneous release" accounting policy option, such that, conditional contributions received whose condition lapses simultaneously with the expiration of donor-imposed use restrictions are reported in net assets without donor restrictions. Additionally, unconditional contributions received and who donor-imposed use restriction is satisfied within the same period are reported in net assets without door restriction.

1. The Organization and Summary of Significant Accounting Policies (continued):

Cash and Cash Equivalents

Cash and cash equivalents are defined as cash and short-term investments with an original maturity of three months or less from the date of purchase.

Cash in Excess of FDIC-Insured Limits

The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. Accounts are generally guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. The Organization has not experienced any losses in such accounts.

Patient Services Receivable

Patient services receivable result from the health care services provided by the Organization. Patient services receivable are recorded at net realizable value at the transaction price based on standard charges for services provided, reduced by both implicit and explicit price adjustments provided to third-party payors. Sliding fee scale, explicit price concession, is offered to uninsured patients if they are eligible in accordance with the Organization's policies, or implicit price concessions if collection is not expected to be collected on the patient portion, and/or implicit price concessions provided to uninsured or underinsured patients, and do not bear interest. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient revenues in the period of the change.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Property and equipment donated for Organization operations are recorded at fair value at the date of receipt. Expenditures for repairs and maintenance are expensed when incurred and betterments are capitalized.

Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method. Equipment under capital leases is amortized on the straight-line method over the life of the capital lease. Such amortization is included in depreciation and amortization in the financial statements.

Estimated useful lives are as follows:

	YEARS
Buildings	5 - 40
Leasehold improvements	5
Equipment	3 - 7
Furniture and fixtures	5 - 15
Capital leases	3 - 15

The Organization reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends, and prospects, as well as the effects of obsolescence, demand, competition, and other economic factors.

1. The Organization and Summary of Significant Accounting Policies (continued):

Net Patient Services Revenue

Net patient services revenue is recognized at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Organization bills the patients and third-party payors several days after the services are performed. Revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by the Organization. Revenue for performance obligations satisfied at a point in time are recognized when services are provided, and the Organization does not believe it is required to provide additional services to the patient. The Organization determines the transaction price based on standard charges for services provided, reduced by contractual adjustments provided to third-party payors. Sliding fee scale is offered to uninsured patients if they are eligible in accordance with the Organization's policy. The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

The Organization applies the following practical expedients provided in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 606, *Revenue from Contracts with Customers*, to its contracts with patients:

(i) The Organization applies the portfolio approach as a practical expedient allowed under ASC Subtopic 606-10-10-4 to account for most of its patient contracts as a collective group rather than on an individual basis. The Organization does not expect the impact to the consolidated financial statements, when applying the revenue recognition guidance for patient services revenue, to differ materially using the portfolio approach rather than if applied at an individual contract level.

(ii) The Organization has elected the practical expedient allowed under ASC Subtopic 606-10-32-18 to not adjust the transaction price for the effects of a significant financing component, as payment is expected to be received from patients and third-party payors within one year from the date the patient receives services.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy with minimal charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue or included in patient services receivable.

Determination of eligibility for charity care is granted on a sliding fee basis. Patients with family income less than 100% of the Community Services Administration Income Poverty Guidelines shall only be responsible for a nominal fee assessed by the Organization and not the balance of their account for services received. Those with family income at least equal to 101%, but not exceeding 125% of the Federal Poverty Guidelines, receive a 65% discount. Those with family income at least equal to 126%, but not exceeding 150% of the guidelines, receive a 55% discount. Those with family income at least equal to 151%, but not exceeding 200% of the guidelines, receive a 45% discount.

The Organization maintains records to identify and monitor the level of charity care they provide. These records include the amount of charges foregone for services and supplies furnished under their charity care policies. The total cost estimate is based on an overall cost-to-charge ratio applied against gross charity care charges. The net cost of charity care provided was approximately $127,000 and $190,000 for the years ended June 30, 2023 and 2022, respectively.

1. The Organization and Summary of Significant Accounting Policies (continued):

Government Grant Revenue

Government grants, consisting of federal, state, and local grants, are primarily considered to be conditional contribution transactions, the majority of which are cost-reimbursement grants. The Organization has elected the "simultaneous release" accounting policy option, such that, conditional contributions received whose condition lapses simultaneously with the expiration of donor-imposed use restrictions are reported in net assets without donor restrictions. The Organization's costs incurred under its government grants are subject to audit by government agencies. Management believes the disallowance of costs, if any, would not be material to the consolidated financial position or consolidated statement of operations.

Revenue from government grants considered to be exchange transactions are included under the caption "contracted services" on the Organization's consolidated statement of operations.

Contract Revenue

The Organization has entered into various service agreements considered to be exchange transactions. Significant items included in contracted services include:

(i) The Organization participates in the 340B Drug Discount Program which enables qualifying entities to purchase drugs from pharmaceutical suppliers at a substantial discount. The 340B Drug Discount Program is managed by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs. The Organization earns revenue under this program by purchasing pharmaceuticals at a reduced cost to fill prescriptions to qualified patients. The Organization has a network of participating pharmacies that dispense the pharmaceuticals to its patients under contract arrangements with the Organization. Reported 340B revenue consists of the gross pharmacy reimbursements. Pharmacy and third-party administrator fees are included in expenses. The 340B expenses are included in supplies and expenses (See Note 15).

(ii) The Organization has contracted with a third-party to provide managed in-house infusion services.

(iii) The Organization enters into purchased services agreements. The agreements generally are with certain organizations who purchase services of personnel employed by the Organization. Contracted service revenue is earned over time, utilizing an output method, as the Organization provides the service. The transaction price is negotiated with the customer and is usually based on standard hourly rates for the service, based on the respective personnel utilized. Revenue pursuant to these agreements have been classified as "contracted services" on the Organization's consolidated statement of operations.

Other Operating Revenue

The Organization recognizes other operating revenue central to day-to-day operations primarily consisting of revenue from the Organizations childcare center, rental of space within its facility by individuals and organizations providing services in a medical related field, quality incentive income and other miscellaneous service reimbursements not directly related to patient care.

Contributions

Contributions are recognized at the earlier of when cash is received or at the time a promise becomes unconditional in nature. Contributions are recorded in the net asset classes described earlier depending on the existence and/or nature of any donor-imposed restriction.

1. The Organization and Summary of Significant Accounting Policies (continued):

Nonfinancial Contributions

Contributed medical supplies and materials are valued at the estimated fair value on the basis of estimates of wholesale values that would be received for selling similar products in the United States. Contributed services, generally comprised of professional services from medical professionals, are valued and reported at the estimated fair value in the financial statements based on current rates for similar services. Nonfinancial contributions were immaterial in nature during the years ended June 30, 2023 and 2022, none of which were restricted by donors

Income Taxes

MSHC and MSCDC are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and are exempt from Federal income taxes on related income pursuant to Section 501(a) of the Code.

The Organization accounts for its uncertain tax positions in accordance with the accounting methods under ASC Subtopic 740-10. The UTP rules prescribe a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken in an organization's tax return. The Organization believes that it has appropriate support for the tax positions taken and, as such, does not have any uncertain tax positions that might result in a material impact on the Organization's statements of financial position, operations and changes in net assets and cash flows. The Organization's management believes it is no longer subject to examinations for the years prior to 2019.

Advertising

Advertising costs are charged to operations when incurred. Total advertising expense for the years ended June 30, 2023 and 2022 was $56,443 and $57,908, respectively.

Functional Allocation of Expenses

Expenses that can be identified with specific program or supporting services are charged directly to the related program or supporting service. Expenses that are associated with more than one program or supporting service are allocated based on an evaluation by management utilizing measurements for time and effort, square footage and/or encounter based statistics.

Operating Income (Loss)

The consolidated statements of operations includes a determination of operating income (loss). The Organization considers all of its health care and related activities to be part of normal operations and considers the caption "operating income (loss)"to be its performance indicator. Changes in net assets without restrictions which are excluded from excess (deficit) of revenues over expenses, consistent with industry practice, include contributions and grants of long-lived assets.

Changes in net assets without donor restrictions, which are excluded from operating income (loss), includes contributions for long-lived assets (including assets acquired using contributions, which by donor restriction were used for the purpose of acquiring such assets) and infrequent transactions.

1. The Organization and Summary of Significant Accounting Policies (continued):

Fair Value of Financial Instruments

The carrying amount of cash, patient services receivable, accounts and notes payable and accrued expenses approximates fair value.

Liquidity

Assets are presented in the accompanying consolidated statements of financial position according to their nearness of conversion to cash and liabilities according to the nearness of their maturity and resulting use of cash.

Change in Accounting Principle

In February 2016, the FASB issued Accounting Standard Update 2016-02, Leases (Topic 842). Under the new guidance, lessees are required to recognize the following for all leases (with the exception of leases with a term of 12 months or less) at the commencement date: (a) a lease liability, which is a lessee's obligation to make lease payments arising from a lease, measured on a discounted basis; and (b) a right-of-use asset, which is an asset that represents the lessee's right to use, or control the use of, a specified asset for the lease term. Leases are classified as either operating or finance. Operating leases result in straight-line expense in the statement of operations (similar to previous operating leases), while finance leases result in more expense being recognized in the earlier years of the lease term (similar to previous capital leases). The Organization adopted the new standard on July 1, 2022 using the modified retrospective approach. The Organization elected the transition method that allows for the application of the standard at the adoption date rather than at the beginning of the earliest comparative period presented in the consolidated financial statements. The Organization also elected available practical expedients (Note 9).

2. Patient Services Revenue and Patient Services Receivable:

Patient services revenue, net of explicit and implicit price concessions, consisted of the following for the years ended June 30:

	2023	2022
Gross patient services revenue	$ 14,951,330	$ 12,850,488
Less: explicit and implicit price concessions	(5,428,440)	(4,023,266)
Net patient services revenue	$ 9,522,890	$ 8,827,222

Patient services receivable results from the health care services provided by the Organization. Patient services receivable are recorded at net realizable value at the transaction price based on standard charges for services provided, reduced by: (1) both contractual (explicit) and implicit price adjustments provided to third-party payors, (2) sliding fee scale adjustments (explicit price concessions) offered to uninsured or underinsured patients if they meet the Organization's eligibility policies, (3) implicit price concessions if collection is not expected to occur for some or all of the patient portion and (4) other implicit price concessions provided to uninsured or underinsured patients. Patient services receivable do not bear interest. Subsequent changes to the estimate of the transaction price are generally recorded as an adjustment to patient services revenue in the period of change.

2. Patient Services Revenue and Patient Services Receivable (continued):

Patient services receivable, net of explicit and implicit price concessions, was as follows as of June 30:

	2023	2022
Gross patient services receivable	$ 3,245,021	$ 3,764,909
Less: explicit and implicit price concessions	1,698,206	1,868,800
Patient services receivable, net	$ 1,546,815	$ 1,896,109

3. Estimated Third-Party Settlements:

Provision has been made for estimated adjustments that may result from final settlement of reimbursable amounts as may be required upon completion and audit of related cost finding reports under terms of contracts with the Center for Medicare and Medicaid Services and the New Hampshire Division of Welfare (Medicaid). Differences between estimated adjustments and amounts determined to be recoverable or payable are accounted for as income or expense in the year that such amounts become known.

4. Government Grants Receivable:

The Organization receives various reimbursement grants from the federal government, State of New Hampshire and other public agencies considered to be conditional contributions (see Note 1). The following is a summary of the grant activity for the years ended June 30:

	Government Grants Income		Government Grants Receivable	
	2023	2022	2023	2022
HRSA 330 Grant	$ 2,837,288	$ 2,767,295	$ -	$ -
Provider Relief Funding	725,768	296,317	-	-
Bi-State Primary Care	590,109	151,773	96,118	42,859
Emergency Preparedness Grants	450,242	364,651	96,821	100,458
NH Primary Care Contracts	363,821	133,125	83,527	25,636
CADRE Funding	249,585	-	-	-
Other government grants	118,198	108,468	22,659	10,786
	$ 5,335,011	$ 3,821,629	$ 299,125	$ 179,739

5. Property and Equipment:

Property and equipment consisted of the following as of June 30:

	2023	2022
Land	$ 656,173	$ 656,173
Buildings	11,816,505	8,273,928
Leasehold improvements	821,949	546,840
Furniture, fixtures and equipment	2,232,259	1,795,391
Projects in progress	324,568	2,784,136
	15,851,454	14,056,468
Less: Accumulated depreciation	4,023,204	3,543,693
	$ 11,828,250	$ 10,512,775

Depreciation and amortization expense for the years ended June 30, 2023 and 2022 amounted to $480,624 and $321,467, respectively.

6. Line of Credit:

The Organization had an available line of credit with a maximum borrowing amount of $150,000 as of June 30, 2022. During the year ended June 30, 2023, the Organization increased the available line of credit with a maximum borrowing amount of $400,000 maturing March 2024. The line carries an interest rate equal to prime plus 2% (prime was 9.25% as of June 30, 2023). The line is secured by all business assets. The line was not drawn upon as of June 30, 2023 and 2022.

7. Refundable Advance:

The Organization received upfront payments of certain provider relief grant funding through the Department of Health and Human Services as a result of COVID-19. The payments were disbursed in four designated periods with the expectation that each period will require a reporting by the organization regarding its use of the funds for qualifying purposes. The funding is intended to cover the costs of personal protective equipment, other COVID related expenses and lost revenues attributable to COVID-19. These funds have been considered conditional, in accordance with ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made,* with a refunding requirement. Funding received through June 30, 2023 totaled $1,670,618. The Organization recognizes the funding as income as it identifies qualifying revenue drop or COVID related expenditures. For each reporting period, excess qualifying expenses and revenue drop from the Organization's reporting are available to carry over and be used against its subsequent period payments received. For the years ended June 30, 2023 and 2022, the Organization recognized, as government grant income, $725,768 and $296,317 of its total Provider Relief Funding payments. Excess payments as of June 30, 2022, which the Organization had not yet identified qualifying COVID related expenditures or revenue drop for, were carried on the Organization consolidated statement of financial position as a refundable advance and totaled $443,257.

8. Long-Term Debt:

Long-term debt consisted of the following as of June 30:

	2023	2022
United States of America Department of Agriculture note payable, maturing April 2045, principal and interest payable in 360-monthly payments of $10,904. Interest is charged at a rate of 3.5% (see Note 8a).	$ 1,989,470	$ 2,049,550
U.S. Small Business Administration Economic Disaster Injury Loan, maturing May 2051, principal and interest payable in 360-monthly payments of $641 commencing June 2021. Interest is charged at a rate of 2.75%.	157,534	149,359
Bank of NH note payable, maturing November 2031, principal and interest payable in 120-monthly installments based on a 25-year amortization of $11,918 through November 2031. At the maturity date, the entire principal balance plus interest payable will be due. Interest is charged at a rate of 3.57%.	2,193,086	2,255,880
Bank of NH note payable, maturing November 2031, principal and interest payable in 120-monthly installments based on a 25-year amortization of $4,869 through November 2031. At the maturity date, the entire principal balance plus interest payable will be due. Interest is charged at a rate of 3.57%.	895,900	921,390
USDA Rural Development Community Facility Loan Little Antlers Learning Center construction, maximum of $1,995,000, 30-year amortization of final principal plus interest upon closing.	-	337,334
CAKRP, LLC note payable, maturing September 2026, annual principal payments of $120,000 plus interest accrued at a rate of 3.25% commencing September 2022.	480,000	600,000
United States of America Department of Agriculture note payable, maturing January 2053, principal and interest payable in 360-monthly payments of $7,641. Interest is charged at a rate of 2.25%.	1,973,967	-
Total long-term debt	7,689,957	6,313,513
Less: unamortized deferred financing costs	33,279	35,209
Total long-term debt, net of unamortized deferred financing costs	7,656,678	6,278,304
Less: current portion	323,802	609,219
Long-term debt, less current portion	$ 7,332,876	$ 5,669,085

8. Long-Term Debt (continued):

8a The Organization's loan agreement requires the Organization to establish a reserve account which is to be funded in monthly installments of $1,090 until the accumulated sum of reserve funding reaches $130,848, after which no further funding is required except to replace withdrawals. As of June 30, 2023, the reserve account totaled $118,618, reflected on the consolidated statement of financial position as restricted cash.

Future maturities of long-term debt are as follows as of June 30, 2023:

2024	$ 323,802
2025	331,987
2026	338,864
2027	345,977
2028	232,786
Thereafter	6,116,541
	$ 7,689,957

9. Leases:

In February 2016, the FASB issued ASU 2016-02 (Topic 842), Leases. Topic 842 supersedes the lease requirements in Accounting Standards Codification Topic 840, Leases. Under Topic 842, lessees are required to recognize assets and liabilities on the balance sheet for most leases and provide enhanced disclosures. Leases will be classified as either finance or operating. The Organization adopted Topic 842 effective July 1, 2022.

The Organization applied Topic 842 to all leases as of July 1, 2022 with comparative periods continuing to be reported under Topic 840. The Organization has elected the practical expedient package to not reassess at adoption: (i) expired or existing contracts for whether they are or contain a lease, (ii) the lease classification of any existing leases or (iii) initial indirect costs for existing leases. The Organization has also elected the policy exemption that allows lessees to choose to not separate lease and non-lease components by class of underlying asset and are applying this expedient to all relevant asset classes.

The Organization determined if an arrangement is or contains a lease at inception of the contract. Right-of-use asset represents a right to use the underlying asset for the lease term and the right-of-use obligation represent the obligation to make lease payments arising from the leases. The right-of-use asset and right-of-use lease obligation are recognized at commencement date based on the present value of lease payments over the lease term. The Organization uses the implicit rate noted within the contract. If not readily available, the Organization uses the 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 right-of-use lease obligation are not recognized for leases with an initial term of 12 months or less and the Organization recognizes lease expense for these leases on a straight-line basis over the lease term within lease as rental expense.

The Organization's operating leases are for leased facilities in Lincoln and Plymouth, N.H. The lease agreements have remaining terms between 24 and 36 months as of June 30, 2023. The Organization considered the lease renewal options when determining the lease term. The Organization's finance lease is for an ultrasound machine with a term of 35 month remaining as of June 30, 2023.

9. Leases (continued):

The components of lease expense are as follows for the year ended June 30, 2023:

Operating lease cost	$	61,764
Variable and short term lease cost (a)		119,896
Total lease and rental expense	$	181,660
Finance lease cost:		
Amortization of property under finance lease	$	2,420
Interest on debt of property under finance lease		345
Total finance lease cost	$	2,765

(a) Includes month-to-month leases, variable payments, and leases with a maturity of less than 12 months.

Supplemental balance sheet information related to leases as of June 30, 2023, are as follows:

Operating leases		
Right-of-use assets	$	366,162
Accumulated amortization		(61,763)
Right-of-use assets, net	$	304,399
Current portion of right-of-use obligations	$	119,976
Long-term right-of-use obligations		190,250
Total right-of-use obligation	$	310,226
Finance leases		
Right-of-use assets	$	87,111
Accumulated amortization		(2,420)
Right-of-use assets, net	$	84,691
Current portion of right-of-use obligations	$	27,782
Long-term right-of-use obligations		57,073
Total right-of-use obligation	$	84,855
Weighted average remaining lease term, years		
Operating leases		2.59
Finance leases		2.92
Weighted average discount rate		
Operating leases		3.51%
Finance leases		4.75%

9. Leases (continued):

Supplemental cash flow information related to leases for the year ended June 30, 2023, are as follows:

Cash paid for amounts included in the measurement of lease liabilities:

Operating cash flows from operating leases	$ 60,000
Operating cash flows from finance leases	345
Financing cash flows from finance leases	2,256
	$ 62,601

10. Net Assets with Donor Restrictions:

Net assets with donor restrictions consisted of the following as of June 30:

	2023	2022
Little Antlers Learning Center	$ -	$ 981,241
Promises to give due in the future	-	20,000
	$ -	$ 1,001,241

11. Liquidity:

Financial assets available for general expenditures within one year of the balance sheet date consisted of the following as of June 30:

	2023	2022
Cash and cash equivalents	$ 3,087,135	$ 2,947,101
Patient services receivable, net	1,546,815	1,896,109
Government grants receivable	299,125	179,739
Contract and other receivables	3,078,552	987,475
	$ 8,011,627	$ 6,010,424

As part of its liquidity management strategy, the Organization structures its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Organization has certain restricted cash balances totaling $118,618 and $105,053 as of June 30, 2023 and 2022, respectively, representing funds required to be set aside as a building maintenance reserve for the Organization's Bristol, New Hampshire location. These balances have not been included in the Organization's financial assets available for general expenditure within one year.

12. Retirement Program:

During 2007, the Organization adopted a tax-sheltered annuity plan under 403(b) of the Code for eligible employees. Eligible employees are specified as those who normally work more than 20 hours per week and are not classified as independent contractors. The Organization provides for matching of employee contributions, 50% of the first 6% contributed. Contributions to the plan for the years ended June 30, 2023 and 2022 were $260,556 and $187,944, respectively.

13. Malpractice Insurance Coverage:

The U.S. Department of Health and Human Services deemed the Organization covered under the Federal Tort Claims Act (FTCA) for damage for personal injury, including death, resulting from the performance of medical, surgical, dental, and related functions. FTCA coverage is comparable to an occurrence policy without a monetary cap. Prior to being deemed for coverage under the FTCA, the Organization purchased medical malpractice insurance under a claims-made policy on a fixed premium basis. The Organization purchases primary and excess liability malpractice insurance under occurrence policies for certain services and other portions of the Organization not covered under FTCA. Claim liabilities are determined without consideration of insurance recoveries. Expected recoveries are presented separately. Management analyzes the need for an accrual of estimated losses of medical malpractice claims, including an estimate of the ultimate costs of both reported claims and claims incurred but not reported. In such cases, the expected recovery from the Organization's insurance provider is recorded within prepaid expenses and other receivables. As of June 30, 2023 and 2022, subsequent to management's assessment of potential reported and not yet reported claims, management determined that its exposure for potential unreported claims was immaterial and consequently did not provide for an accrual. It is possible that an event has occurred which will be the basis of a future material claim.

14. Health Insurance:

The Organization participates in a captive health insurance plan (Captive Plan). The Organization is subject to a stop-loss limit of $50,000 per participant in the Plan before additional coverage through the captive arrangement will commence coverage of claims. Claims submitted to the Captive Plan for reimbursement after the end of the fiscal year with service dates on or prior to June 30 are required to be recognized as a loss in the period in which they occurred. As such, the Organization has provided for a liability for unpaid claims with service dates as of or before June 30 which had not yet been reported totaling $187,276 and $101,537 as of June 30, 2023 and 2022, respectively, included under the caption "accrued expenses and other current liabilities". Employee deductible requirements under the Captive Plan range from $1,500 to $3,500.

15. Commitments and Contingencies:

Real Estate Taxes – The Organization and the Town of Plymouth, New Hampshire agreed to a payment in lieu of real estate taxes for a period of 10 years. The agreement identified real estate taxes previously paid by the Organization to the Town that the Organization was not required to pay as a result of its tax-exempt status. The sum of the overpayments will be applied evenly on an installment basis over the 10-year period, totaling $50,000. The Organization remains subject to its requirement to timely file its application for tax exemption with the Town on an annual basis.

340B Revenue – The Organization participates in the 340B Drug Discount Program (the 340B Program) which enables qualifying health care providers to purchase drugs from pharmaceutical suppliers at a substantial discount as a Covered Entity. The 340B Program is managed by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs. The Organization is required to undergo a self-audit process to determine compliance with 340B Program guidelines. The 340B statutes also explicitly authorize HRSA to audit Covered Entities to ensure they are compliant with the 340B Program. All Covered Entities are also required to recertify compliance with the 340B Program on an annual basis, including an attestation to full compliance with the 340B Program. The Organization earns revenue under the 340B Program by purchasing pharmaceuticals at a reduced cost to fill prescriptions to qualified patients. The Organization contracts with certain third-party pharmacies that dispense the pharmaceuticals to its patients. 340B revenue is included in contract revenue within the consolidated statements of operations and totaled $1,813,364 and $1,694,593 for the years ended June 30, 2023 and 2022, respectively.

15. Commitments and Contingencies (continued):

The cost of pharmaceuticals, dispensing fees to the pharmacies, consulting fees and other costs associated with the 340B Program are included in operating expenses in the consolidated statements of operations and totaled $738,608 and $624,311 for the years ended June 30, 2023 and 2022, respectively.

Employee Retention Credit Program – The CARES Act created the Employee Retention Credit Program (2020 ERC), making it available in 2020, which was designed to encourage entities to keep employees on their payroll despite experiencing economic disruption due to the COVID-19 pandemic. Later, as a result of the Consolidated Appropriations Act (CA Act), the ERC program was extended and expanded for the first three quarters of calendar year 2021 (2021 ERC). The 2020 ERC program allows eligible entities to take a credit against certain employment taxes equal to 50% of up to $10,000 of qualified wages an eligible employer pays to employees in 2020. The 2021 ERC program allows eligible entities to take a credit against certain employment taxes equal to 70% of up to $10,000 of qualified wages an eligible employer pays to employees, for each quarter that the Company meets the applicable ERC eligibility requirements. During the year ended June 30, 2023, the Organization determined that it qualified for the 2020 ERC as well as the 2021 ERC. As a result, the Organization filed ERC claims totaling $2,338,209. As of June 30, 2023, the Organization also reported interest income on the credit claims of $116,401. To calculate and process the ERC claims, the Organization engaged a third party service organization, incurring fees totaling $228,821. The ERC claims have been reflected on the Organization's consolidated statemen to activities for the year ended June 30, 2023 as a nonoperating activity. As of June 30, 2023, the Organization reported a receivable for ERC claims, included on its consolidated statement of financial position as a current asset under the caption "contract and other receivables" in the amount of $2,454,610 as a current asset, included under the caption "other receivable", as it is expected that the Organization will receive the funds within 12 months of the statement of financial position date. The Organization remains subject to audit of its ERC claims, with the statutory period for audit of the quarterly claims ranging between three to five years.

16. Risks and Uncertainties:

The Organization is currently subject to risks and uncertainties resulting from the COVID-19 pandemic. While the Organization acknowledges the matter may negatively impact its results, the extent of the impact of COVID-19 on the Organization's operational and financial performance will depend on future developments. Management believes that the Organization has taken appropriate actions to respond to and mitigate any negative impact COVID-19 may present.

16. Risks and Uncertainties (continued):

Significant sources of governmental assistance received in response to COVID-19, were as follows as of and for the years ended June 30:

	2023	2022
Recognized as grant and other income, net of fees:		
Employee retention credits, including interest	$ 2,454,610	$ -
Employee retention credit professional fees	(228,821)	-
HRSA 330 - American Rescue Plan Act	817,291	1,105,200
HRSA Provider Relief Funding	725,768	296,317
CARES Act benefits included in increase (decrease) in net assets	3,768,848	1,401,517
Liabilities reported:		
Refundable Advance - Provider Relief Funding	$ -	$ 443,257
Economic Injury Disaster Loan	157,534	149,359
Advance payments and long-term debt in total liabilities	$ 157,534	$ 592,616

17. Concentration of Credit Risk:

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of gross patient service revenue from patients and third-party payors was as follows at June 30:

	2023	2022
Medicare	32%	28%
Medicaid	16%	20%
Blue Cross	21%	18%
Patients	6%	10%
Other third-party payors	25%	24%
	100%	100%

18. Subsequent Events:

The Organization has reviewed events occurring after June 30, 2023 through November 27, 2023, the date the board of trustees accepted the final draft of the consolidated financial statements and made them available to be issued.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2023

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Assistance Listing Number	Pass-through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
U.S. Department of Health and Human Services:				
Health Center Program Cluster				
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ -	$ 515,592
COVID-19 Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		-	1,132,376
Total Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)			-	1,647,968
Grants for New and Expanded Services under the Health Center Program	93.527		-	1,259,732
COVID-19 Grants for New and Expanded Services under the Health Center Program	93.527		-	179,173
Total Grants for New and Expanded Services under the Health Center Program			-	1,438,905
Total Health Center Program Cluster			-	3,086,873
COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution	93.498		-	602,752
Passed through N.H. Department of Health and Human Services:				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	TI083326	-	238,657
Immunization Cooperative Agreements	93.268	NH23IP922595	-	28,687
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074 *Comprised of 93.889 & 93.069	NU90TP922018 and U3REP190580	-	55,065

The accompanying notes to financial statements are an integral part of this Schedule.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2023

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Assistance Listing Number	Pass-through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
Activities to Support State, Tribal, Local and Territorial Health Department Response to Public Health or Healthcare Crises	93.391	NU75OT000031	-	1,870
Preventive Health and Health Services Block Grant	93.991	NB01OT009381	-	15,000
Maternal and Child Health Services Block Grant to the States	93.994	Unknown	-	30,760
Total passed through N.H. Department of Health and Human Services			-	370,039
Passed through N.H. Department of Health and Human Services and Bi-State Primary Care Association, Inc.:				
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	SS-2022-DPHS-04-EXPAN-01	-	194,736
Passed through National Association of County and City Health Officials:				
Medical Reserve Corps Small Grant Program	93.008	MRC RISE 22 - 2159	-	77,500
Total U.S. Department of Health and Human Services			-	4,331,900
U.S. Department of the Treasury:				
Passed through N.H. Department of Health and Human Services and Bi-State Primary Care Association, Inc.:				
COVID-19 Social Impact Partnerships to Pay for Results Act (SIPPRA)	21.017	SS-2022-DPHS-04-EXPAN-01	-	395,373
Total U.S. Department of the Treasury:			-	395,373

The accompanying notes to financial statements are an integral part of this Schedule.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2023

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Assistance Listing Number	Pass-through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
U.S. Department of Agriculture:				
Community Facilities Loans and Grants	10.766		-	337,334
Total U.S. Department of Agriculture			-	337,334
U.S. Department of Housing and Urban Development:				
Community Development Block Grant/State's Program and Non-Entitlement Grants in Hawaii	14.228		-	85,662
Total U.S. Department of Housing and Urban Development			-	85,662
Federal Communications Commission				
COVID-19 Telehealth Program	32.006		-	115,698
Total Federal Communications Commission			-	115,698
Northern Border Regional Commission				
Northern Border Regional Development	90.601		-	350,000
Total Northern Border Regional Commission			-	350,000
TOTAL EXPENDITURES OF FEDERAL AWARDS			$ -	$ 5,615,967

The accompanying notes to financial statements are an integral part of this Schedule.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2023

1. Basis of Presentation:

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of the Organization under programs of the federal government for the year ended June 30, 2023. The information in this Schedule is presented in accordance with the requirements of Title 2 US. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets or cash flows of the Organization.

2. Summary of Significant Accounting Policies:

Expenditures, for other than COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution (PRF), reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Schedule includes Catalog of Federal Domestic Assistance (CFDA) and pass-through award numbers when available.

Expenditures for PRF are reported on the Schedule based on guidance issued by the Health Resources & Services Administration. That guidance states that funds received in Periods 4 and 5 from July 1, 2021 through December 31, 2021 and January 1, 2022 through June 30, 2022, respectively, and used during the period of availability of January 1, 2020 to December 31, 2022 and January 1, 2020 to June 30, 2023, respectively, are included on the Schedule for the year ended June 30, 2023.

3. Indirect Cost Rate:

The Organization elected to use the 10% de minimis indirect cost rate.

4. Community Facilities Loans and Grants:

Loans outstanding at the beginning of the year are included in the federal expenditures presented in the Schedule. The balance of the loan outstanding under the Community Facilities Loans and Grants program, federal assistance listing number 10.766, as of June 30, 2023 was $0.

TYLER, SIMMS & ST. SAUVEUR, CPAs, PLLC
Certified Public Accountants & Business Consultants

Report 1

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

To the Board of Trustees of
Mid-State Health Center and Subsidiary:

We have audited, in accordance with the 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 financial statements of Mid-State Health Center and Subsidiary (the Organization), which comprise the consolidated statement of financial position as of June 30, 2023, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 27, 2023.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Organization'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 Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of MSHC'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.

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

Our consideration of the 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 Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the consolidated 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 Organization'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 Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Tyler, Simms and St. Laurent, CPAs, PLLC

Lebanon, New Hampshire
November 27, 2023

TYLER, SIMMS & ST. SAUVEUR, CPAs, PLLC
Certified Public Accountants & Business Consultants

Report 2

Independent Auditors' Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance in Accordance with the Uniform Guidance

To the Board of Trustees of
Mid-State Health Center and Subsidiary:

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Mid-State Health Center and Subsidiary's 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 Mid-State Health Center and Subsidiary's major federal programs for the year ended June 30, 2023. Mid-State Health Center and Subsidiary's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, Mid-State Health Center and Subsidiary complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2023.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); 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 Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Mid-State Health Center and Subsidiary 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 Mid-State Health Center and Subsidiary's compliance with the compliance requirements referred to above.

Tyler, Simms & St. Sauveur, CPAs, PLLC • 19 Morgan Drive • Lebanon, NH 03766 • Ph. 603-653-0044 • Fax 603-653-0209
www.tss-cpa.com

Independent Auditors' Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance in Accordance with the Uniform Guidance (continued)

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 Mid-State Health Center and Subsidiary's federal programs.

Auditor's 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 Mid-State Health Center and Subsidiary'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 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 Mid-State Health Center and Subsidiary's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with 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 Mid-State Health Center and Subsidiary'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 Mid-State Health Center and Subsidiary'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 Mid-State Health Center and Subsidiary'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.

Independent Auditors' Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance in Accordance with the Uniform Guidance (continued)

Report on Internal Control over Compliance

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

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's 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. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

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.

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.

Tyler, Simms and St. Laurent, CPAs, PLLC

Lebanon, New Hampshire
November 27, 2023

MID-STATE HEALTH CENTER AND SUBSIDIARY
Schedule of Findings and Questioned Costs
As of and For the Year Ended June 30, 2023

SECTION I - SUMMARY OF AUDITORS' RESULTS

Financial Statements

Type of auditors' report issued on whether the financial statements audited were prepared in accordance with GAAP	*Unmodified*
Internal control over financial reporting:	
Material weakness(es) identified?	____ Yes __X__ No
Significant deficiency(ies) identified?	____ Yes __X__ None reported
Non-compliance material to financial statements noted?	____ Yes __X__ No

Federal Awards

Internal control over major federal programs:	
Material weakness(es) identified?	____ Yes __X__ No
Significant deficiency(ies) identified?	____ Yes __X__ None reported
Type of auditors' report issued on compliance for major federal programs	*Unmodified*
Any audit findings disclosed that are required to be reported in accordance with Section 200.516(a)?	____ Yes __X__ No

Identification of major federal programs:

Assistance Listing Number	Name of Federal Programs or Clusters
93.224 and 93.527	Health Center Program Cluster
93.498	COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution

Dollar threshold used to distinguish between Type A and Type B programs	$750,000
Auditee qualified as low-risk auditee?	____ Yes __X__ No

SECTION II - FINANCIAL STATEMENT FINDINGS

No matters are reported.

SECTION III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

No matters are reported.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Schedule 1

As of June 30, 2023

	MSHC	MSCDC	ELIMINATIONS	TOTAL
Assets				
Current assets				
Cash and cash equivalents	$ 2,264,761	$ 822,374	$ -	$ 3,087,135
Restricted cash	118,618	-	-	118,618
Patient services receivable, net	1,546,815	-	-	1,546,815
Government grants receivable	299,125	-	-	299,125
Contract and other receivables	3,080,335	-	(1,783)	3,078,552
Promises to give	-	350,000	-	350,000
Prepaid expenses and other current assets	217,119	-	-	217,119
Total current assets	7,526,773	1,172,374	(1,783)	8,697,364
Long-term assets				
Property and equipment, net	3,236,983	8,591,267	-	11,828,250
Right-of-use assets	4,607,533		(4,218,443)	389,090
Other assets	164,484	-	(122,060)	42,424
Note receivable - MSCDC	716,629	-	(716,629)	-
Total long-term assets	8,725,629	8,591,267	(5,057,132)	12,259,764
Total assets	$ 16,252,402	$ 9,763,641	$ (5,058,915)	$ 20,957,128
Liabilities and net assets				
Current liabilities				
Accounts payable	$ 726,432	$ 13,755	$ (1,783)	$ 738,404
Construction payable	-	178,515	-	178,515
Accrued expenses and other current liabilities	1,199,758	16,156	-	1,215,914
Current portion of long-term debt	66,929	256,873	-	323,802
Current portion of right-of-use obligations	569,412	-	(421,654)	147,758
Total current liabilities	2,562,531	465,299	(423,437)	2,604,393
Long-term liabilities				
Lease deposits	-	129,760	(122,060)	7,700
Long-term debt, less current portion	2,075,370	5,257,506	-	7,332,876
Note payable - MSHC	-	716,629	(716,629)	-
Right-of-use obligations, less current portion	4,035,723	-	(3,788,400)	247,323
Total long-term liabilities	6,111,093	6,103,895	(4,627,089)	7,587,899
Total liabilities	8,673,624	6,569,194	(5,050,526)	10,192,292
Net assets without donor restrictions	7,578,778	3,194,447	(8,389)	10,764,836
Net assets with donor restrictions	-	-	-	-
Total net assets	7,578,778	3,194,447	(8,389)	10,764,836
Total liabilities and net assets	$ 16,252,402	$ 9,763,641	$ (5,058,915)	$ 20,957,128

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Operations and Changes in Net Assets – Schedule 2

For the Year Ended June 30, 2023

	MSHC	MSCDC	ELIMINATIONS	TOTAL
Operating revenues and other support without donor restrictions				
Net patient service revenues	$ 9,522,890	$ -	$ -	$ 9,522,890
Contract revenue	2,769,654	-	-	2,769,654
Other operating revenue	861,519	589,347	(504,020)	946,846
Government grants	5,335,011	-	-	5,335,011
Contributions	166,520	-	-	166,520
Net assets released from restrictions for operations	20,000	-	-	20,000
Total operating revenues and other support without donor restrictions	18,675,594	589,347	(504,020)	18,760,921
Operating expenses				
Salaries and wages	10,128,890	-	-	10,128,890
Employee benefits	2,499,289	-	-	2,499,289
Insurance	93,225	-	-	93,225
Professional fees	1,801,684	195	-	1,801,879
Supplies and expenses	3,791,365	25,056	(477,655)	3,338,766
Depreciation and amortization	251,351	229,273	-	480,624
Interest expense	86,769	172,367	(17,976)	241,160
Total operating expenses	18,652,573	426,891	(495,631)	18,583,833
Operating income	23,021	162,456	(8,389)	177,088
Nonoperating income				
Employee retention credits, including interest	2,454,610	-	-	2,454,610
Employee retention credit professional fees	(228,821)	-	-	(228,821)
Contributions for capital acquisitions	-	435,663	-	435,663
Net assets released from donor restrictions for capital acquisitions	121,904	859,337	-	981,241
Total nonoperating income	2,347,693	1,295,000	-	3,642,693
Increase in net assets without donor restrictions	2,370,714	1,457,456	(8,389)	3,819,781
Changes in net assets with donor restrictions				
Net assets released from donor restrictions	(141,904)	(859,337)	-	(1,001,241)
Increase in net asset with donor restrictions	(141,904)	(859,337)	-	(1,001,241)
Increase in net assets	2,228,810	598,119	(8,389)	2,818,540
Net assets, beginning of year	5,349,968	2,596,328	-	7,946,296
Net assets, end of year	$ 7,578,778	$ 3,194,447	$ (8,389)	$ 10,764,836

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Schedule 3

As of June 30, 2022

	MSHC	MSCDC	ELIMINATION	TOTAL
Assets				
Current assets				
Cash and cash equivalents	$ 2,449,831	$ 497,270	$ -	$ 2,947,101
Restricted cash	105,053	-	-	105,053
Patient services receivable, net	1,896,109	-	-	1,896,109
Community benefit grant receivable	-	-	-	-
Government grants receivable	179,739	-	-	179,739
Contract and other receivables	1,058,390	-	(70,915)	987,475
Promises to give	20,000	-		20,000
Prepaid expenses and other current assets	174,803	-	-	174,803
Total current assets	5,883,925	497,270	(70,915)	6,310,280
Long-term assets				
Property and equipment, net	2,775,245	7,737,530	-	10,512,775
Deposits and other assets	164,366	-	(121,942)	42,424
Note receivable - MSCDC	692,110	-	(692,110)	-
Total long-term assets	3,631,721	7,737,530	(814,052)	10,555,199
Total assets	$ 9,515,646	$ 8,234,800	$ (884,967)	$ 16,865,479
Liabilities and net assets				
Current liabilities				
Accounts payable	$ 418,301	$ 114,159	$ (70,915)	$ 461,545
Construction payable	-	602,083	-	602,083
Accrued expenses and other current liabilities	1,072,201	16,156	-	1,088,357
Refundable advance	481,194	-	-	481,194
Current portion of long-term debt	63,596	545,623	-	609,219
Total current liabilities	2,035,292	1,278,021	(70,915)	3,242,398
Long-term liabilities				
Lease deposits	-	129,642	(121,942)	7,700
Long-term debt, less current portion	2,130,386	3,538,699	-	5,669,085
Note payable - MSHC	-	692,110	(692,110)	-
Total long-term liabilities	2,130,386	4,360,451	(814,052)	5,676,785
Total liabilities	4,165,678	5,638,472	(884,967)	8,919,183
Net assets without donor restrictions	5,208,064	1,736,991	-	6,945,055
Net assets with donor restrictions	141,904	859,337	-	1,001,241
Total net assets	5,349,968	2,596,328	-	7,946,296
Total liabilities and net assets	$ 9,515,646	$ 8,234,800	$ (884,967)	$ 16,865,479

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Operations and Changes in Net Assets – Schedule 4

For the Year Ended June 30, 2022

	MSHC	MSCDC	ELIMINATIONS	TOTAL
Operating revenues and other support without donor restrictions				
Net patient service revenues	8,827,222	-	-	8,827,222
Contract revenue	2,857,536	-	-	2,857,536
Other operating revenue	666,127	522,743	(326,187)	862,683
Government grants	3,821,629	-	-	3,821,629
Contributions	24,555	-	-	24,555
Net assets released from restrictions	20,000	-	-	20,000
Total operating revenues and other support without donor restrictions	16,217,069	522,743	(326,187)	16,413,625
Operating expenses				
Salaries and wages	9,039,416	-	-	9,039,416
Employee benefits	2,110,148	-	-	2,110,148
Insurance	81,655	-	-	81,655
Professional fees	1,328,508	16,086	-	1,344,594
Supplies and expenses	3,029,854	28,220	(308,211)	2,749,863
Depreciation and amortization	172,965	148,502	-	321,467
Interest expense	73,046	128,703	(17,976)	183,773
Total operating expenses	15,835,592	321,511	(326,187)	15,830,916
Operating income	381,477	201,232	-	582,709
Changes in net assets with donor restrictions				
Contributions	121,904	859,337	-	981,241
Net assets released from donor restrictions	(20,000)	-	-	(20,000)
Increase in net assets with donor restrictions	101,904	859,337	-	961,241
Change in net assets	483,381	1,060,569	-	1,543,950
Net assets, beginning of year	4,866,587	1,535,759	-	6,402,346
Net assets, end of year	$ 5,349,968	$ 2,596,328	$ -	$ 7,946,296

MID-STATE
HEALTH CENTER

— BOARD OF DIRECTORS CONTACT LIST —

BOARD OFFICERS (4)

Peter Laufenberg, President
Started: 12/27/2016
Term Exp: 6/30/26

Chelsea Salomon, Vice President
Started; 2/23/2021
Term Exp: 6/30/24

Carina Park, Secretary
Started; 4/24/2019
Term Exp: 6/30/25

Mike Long, Treasurer
Started 5/28/2019
Term Exp: 6/30/25

BOARD MEMBERS, ACTIVE (9)

Joseph Monti, Director
Started; 7/23/2019
Term Exp: 6/30/25

Elizabeth Brochu, Director
Started; 7/26/2022
Term Exp: 6/30/2025

Benoit Lamontagne, Director
Started; 6/22/2021
Term Exp; 6/30/2024

Patti Biederman, Director
Started; 9/27/2022
Term Exp: 6/30/2025

Todd Bickford, Vice President
Started; 12/19/2017Term Exp: 6/30/26

John Scheinman, Director
Started 7/27/2021
Term Exp: 6/30/24

Steven Shaffer, Director
Started; 11/29/2022
Term Exp: 6/30/2025

Brian Lash, Director
Started; 2/28/2023
Term Exp: 6/30/2026

Brad McCoil, Director
Started; 2/28/2023
Term Exp; 6/30/2026

BOARD MEMBERS, HONORARY (4)

Carol Bears, Director
284 Hobart Hill
Hebron, NH 03241
cbears@metrocast.net
H: (603) 744-2146

Ann Blair, Director
1456 Buffalo Road
Rumney, NH 03266
annblair1928@gmail.com
H: (603) 786-9526

James Dalley, Director
P.O. Box 174
Plymouth, NH 03264
dalleyj@live.com
C: (603) 254-7573

Cynthia Standing, Director
P.O. Box 1016
Ashland, NH 03217
capiper62@gmail.com
C: (603) 481-0168

Cecilia L. Disney, MD

Family Medicine

[redacted]

PROFESSIONAL EXPERIENCE

Northwestern Medical Center 9/2019-present
Northwestern Primary Care and Georgia Health Center
Family Practice Physician
Georgia, VT

Sea Mar Community Health Centers- Burien Medical 9/2014-8/2019
Family Practice Physician
- Outpatient family practice with obstetrics
- Inpatient/Outpatient Attending for Swedish FM Residency

Medical Director- Burien Medical 8/2017-8/2019
Burien, WA

EDUCATION

Swedish Cherry Hill Family Medicine Residency 6/2011-6/2014
Seattle, WA
- Inpatient Co-Chief Resident

University of Pennsylvania School of Medicine 8/2007-5/2011
Philadelphia, PA
Degree: MD
- AOA, Global Health Certificate

Hamilton College 8/2003-5/2007
Clinton, NY
BA Biochemistry, Spanish Minor

LICENSURE

Vermont State expires 11/30/2022
Issued 5/01/2019
Status: Active

Washington State expires 2/3/2021
Issued: 6/19/2013
Status: Active

Board Certified 6/25/2014

DEA expires 6/30/2022
Buprenorphine- X waiver for 100 patients certified 3/2013

Information Current as of 1/30/2021

CERTIFICATIONS

CPR	expires 10/2021
ALSO	certified 7/2011
Nexplanon	certified 6/2013
	updated 5/2019

PROFESSIONAL INTERESTS

Team based approach to care, population health, PCMH, Quality care metrics

VT Asthma/COPD/Tob Collaborative	6/2020
New Medical Directors NACHC conference	1/2018
American Academy of Family Physicians Member	6/2011

HONORS AND AWARDS

Alpha Omega Alpha Honor Society	5/2011
Global Health Certificate	5/2011
Center for Public Health Initiatives Poster Contest Winner	12/2010

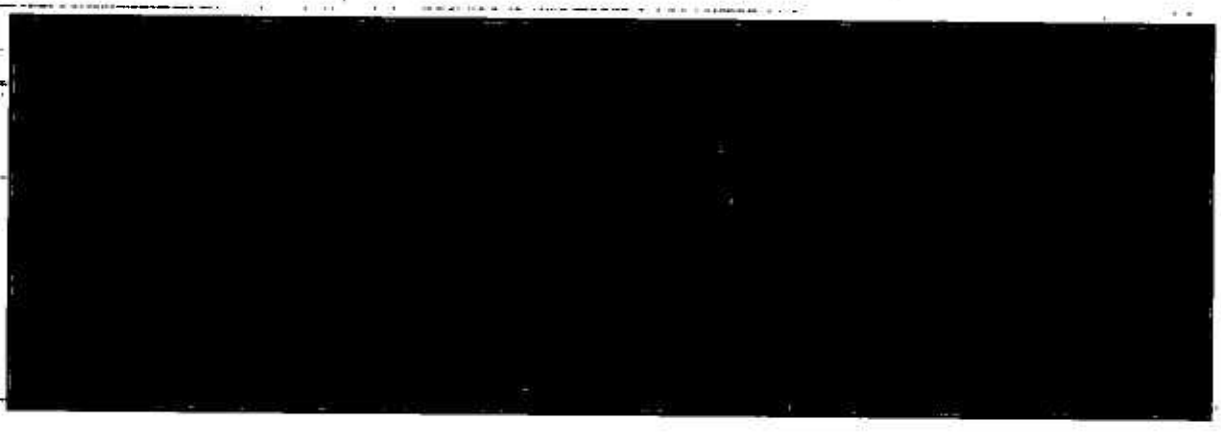
RESEARCH AND PAPERS PRESENTED

Center for Public Health Initiatives: Reflections on Water and Public Health — 12/2010

- *Point of Use Ceramic Water Filtration in Haiti and the Dominican Republic*

LANGUAGES

Spanish-fluent, certified medical interpreter



SERENITY MOODY

[redacted]

OBJECTIVE

To become part of a medical team that shares in the same views, that we can do all we can to facilitate the health and wellness of our patients and to work cohesively as team members, and to continue to grow personally and professionally to achieve the highest standard of care for our patients.

EDUCATION

Certificate, Medical Assisting — Expected May 2011
White Mountains Community College, Berlin, NH

Certificate, Health and Wellness Advocate — Expected August 2017
White Mountains Community College, Berlin, NH

LNA, Licensed Nurses Assistant — 2008-2010 (expired)
Red Cross

SKILLS & ABILITIES

Clinical

- Obtain the chief complaint, verify medications, and vital signs.
- Administer and document immunizations, PPDs, and CLIA waived tests.
- Assist in sterile office procedures, physical exams, and irrigations.
- Preform venipuncture using the syringe, butterfly, or vacutainer techniques.

Administrative

- Checking in patients, collecting co-payments, and verifying insurance.
- Answering phones, scheduling patients, and making/follow-up on referrals.
- Understanding of CPT, ICD-10, and medical billing

Computer

- Working knowledge of Microsoft Word.
- eClinical Works in resource scheduling and patient records. (Centricity)

RELATED EXPERIENCE

Medical Assistant Intern — January to March 2017
Mount Mooselauke Medical Center, Warren, NH

- Responsible for developing my skills as a medical assistant.

Volunteer, Adult Day Care Unit - *Morrison Nursing home, Community Action Program Berlin, NH* — 2007 to 2008

- Working with elderly person with all forms of dementia.
- Creating a safe and fun environment for recreation during the day to give family members respite and elderly people with dementia a social setting each week.

Pharmacy Technician — 2000 to 2004
Brooks Pharmacy Littleton, NH

- Preparing prescriptions
- Being Knowledgeable about medications.

Unite Aide 1997 to 2000

Genesis Health Care Facility, Franconia, NH

- Responsible for assisting residents in activities of daily living

[redacted]

Alicia Gillis

[redacted]

Work Experience

Resource Nurse and Nurse Educator
Mid-State Health Center – Plymouth, NH
July 2019 to present

- Phone triage patients and facilitate appropriate appointments
- Act as liaison between patients and providers to ensure timely and appropriate clinical care
- Provide patient education, wound care, Zio patch placement, allergy shot administration
- Assist in managing coumadin clinic
- Serves as backup for medical assistants to facilitate office flow
- Create and distribute monthly education for staff
- Track and arrange for recertification for CPR for company staff

Clinical Nurse, Medical-Specialties Unit
Dartmouth-Hitchcock Medical Center - Lebanon, NH
July 2016 to July 2019

- Advocate for patients to ensure safe and effective patient care
- Orient and assist nurse residents
- Act as a charge nurse to aid staff in their care for patients
- Act as a resource for peer nurses and other staff on the floor

Lifeguard & After School Assistant
Town of Ashland - Ashland, NH
May 2012 to July 2016

Student Nurse Extern, Hematology-Oncology Nursing Unit
Dartmouth-Hitchcock Medical Center - Lebanon, NH
May 2015 to July 2015

Education

Bachelor of Science in Nursing
Colby-Sawyer College - New London, NH
May 2016

- Clinical experience at DHMC including Oncology, CHAD, PICU, Medical-Surgical, Psychiatry, Obstetrics

High School Diploma
Plymouth Regional High School - Plymouth, NH
June 2012

Nursing License

RN

Expires: July 2025
State: NH

Certifications and Licenses

Medical-Surgical Nursing Certification
December 2018 to December 2023

RN
Expires: July 2025
State: NH

Skills

Microsoft Word and Excel
¼ Advanced Nursing Leadership courses complete
Leadership course with Lisa Leary
Organization and multitasking
e-MDs

Clinical and administrative supervision of on and off-site program staff, program development, initial substance abuse license application with BSAS, Internship supervisor for several universities

Program Director/Clinical Supervisor
High Point Treatment Centers
March 2013 to August 2015

Program development, clinical /administrative supervision, quality assurance and compliance monitoring in an outpatient substance abuse and mental health program with medication-assisted treatment and psychiatric care in the context of an agency with all levels of care

Clinical Therapist
East Bay Center
March 1998 to March 2013

Individual, family, group and couples mental health and substance abuse counseling services. Off-site work in a primary care facility with emphasis on coordination of care

Clinical Supervisor/Program Director
CBH
July 1997 to March 1997

Program administration, clinical supervision, compliance monitoring and program development in a methadone maintenance program

Clinical Supervisor/Program Director
Discovery House
June 1994 to June 1997

Day-to-day clinical program management, staff supervision, program development in a methadone maintenance program, supervision of a minority case management grant-based program

Clinical Supervisor
Cedac
March 1993 to June 1994

Clinical supervision, compliance monitoring, of a drug-free out-patient as well as methadone programs, development of housing outreach programs

EDUCATION

Rhode Island College

1988-1992
Master's degree in Agency counseling and post graduate work in Counselor Education

Universities of Trier and Saarbruecken/Germany
1979-1982
Vordiplom and graduate studies in Clinical Psychology
Additional graduate course work at University of Nebraska at Omaha, University of Rhode Island

CERTIFICATIONS/LICENSES

Nationally Certified Forensic and Domestic Violence Counselor
Certified CBT Counselor
Nationally Certified Clinical Mental Health Counselor
Nationally Accepted Clinical Supervisor
Licensed Mental Health Counselor RI and MA
Licensed Clinical Mental Health Counselor Supervisor NC
Licensed Chemical Dependency Counselor RI
Licensed Clinical Addiction Specialist NC
Licensed Professional Counselor GA
First Examiner NC
Notary Public Macon County NC

SKILLS

MI trainer, DBT, CBT, Critical Stress Debriefing, EMDR, co-occurring disorders, Gorski relapse prevention, animal-assisted therapy, Reiki Master, IET, Advanced Theta Healing, Yoga, Pranayama, QuiGong, TFCBT, problem gambling, group counseling, clinical supervision, medication-assisted treatment

References furnished upon request

Debra A Guilbert

[redacted]

Qualifications Summary

- Exceptional communication skills
- Proficient in Microsoft Word, Excel, PowerPoint, Outlook, Internet, and various Windows based software
- Outstanding ability to obtain, organize, write, edit, and prepare spreadsheets, letters, and reports.
- Skilled in coordination of events and promotions
- Proven leadership skills
- Strong scheduling and organizational skills

Professional Experience

Citizens Bank — *2004 – Present*

Licensed Banker: *Lincoln, NH 2015 – present*
Duel role as both a senior banker and licensed person holding Life and Health Insurance License and Series 6 & 63. Responsible for growing customer relationships through needs based sales of bank and investment products. Continuously exceed all sales goals and responsible for approximately $1.25 million in gross investment sales since accepting this role. Expanded on insightful listening skills, attention to detail, and adaptability to achieve all levels of customer, branch and personal goals, interpersonal skills, and more.

Senior Banker: *Lincoln, NH 2009 - 2015*
Actively market bank products to customers and potential customers. Schedule prospect appointments. Cross-sell bank products to enhance existing customer relationships. Close sales by engaging prospect in a banking relationship. Refer customer to other bank resources as appropriate for additional sales and service issues.
- 2012 Citizen of Excellence winner

Senior Teller: *Lincoln, NH* — *2008 - 2009*
Assisted teller manager in coaching staff on meeting sales goals and reporting. Assisted in maintaining branch cash supply, ordering and shipping currency. Transactional approval within senior teller authority limits.

Advanced Teller: *Lincoln, NH* — *2006 – 2008*
Supervisory approval for advanced teller levels. Responsible for branch opening and closing procedures. Supply purchasing, foreign currency management, spreadsheet development and maintenance.

Teller: *Lincoln, NH* — *2005 - 2006*
Responsible for accurately conducting transactions in compliance with bank policies and procedures. Provided excellent service to all customers, meeting teller sales referral goals. Actively participated in sales promotions.

Assistant: *Linda Knott, CFP, of CCO Investments,* — *2004 – 2005*
Assisted certified financial planner with daily tasks. Generated financial forecasts and asset allocations for clients. Kept files and sales materials compliant. Developed organizational skills, time management, and computer knowledge.

Intern: CCO Investments, NH — Spring 2004
Worked with a certified financial planner to further develop skills and knowledge gained through coursework and then apply them to a business atmosphere.

Education

Bachelor of Science in Management, Finance Focus — *May 2004*
Minor: Economics
Plymouth State University

New Hampshire Department of Health and Human Services
Staff List Form
Division of Public Health Services

COMPLETE ONE STAFF LIST FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Mid-State Health Center

Name of RFP: Primary Care

Budget Period: July 1, 2024 - June 30, 2025

A	B	C	D	E	G		H
Position Title	Current Individual in Position	Projected Hrly Rate as of 1st Day of Budget Period	Hours per Week dedicated to this program	Amnt Funded by this program for Budget Period	Total Salary for Budget Period	% of Salary Funded by this program	Site*
Example:							
Program Coordinator	Sandra Smith	$21.00	40	$13,680	31%		
Administrative Salaries							
					#DIV/0!		
Total Admin. Salaries				$0	0%		
Direct Service Salaries							
Family Medicine	Disney, Cecilia	$118.99	40.00	$110,947.20	$247,499.20	45%	Plymouth
BH Clinician	TBD	$43.93	40.00	$22,843.60	$91,374.40	25%	Both
QI	Guilbert, Debbie	$40.75	40.00	$13,735.55	$84,760.00	16%	Both
RN	Gillis, Alicia	$45.61	40.00	$23,717.20	$94,868.80	25%	Plymouth
MA	Moody, Serenity	$23.25	40.00	$24,180.00	$48,360.00	49%	Plymouth
Total Salaries by Source				$195,423.55	$566,862.40	34%	

*Please list which site(s) each staff member works at, if bidder has multiple sites. Not applicable to WIC.

32 mac

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

May 25, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into contracts with the Contractors listed below in an amount not to exceed $8,158,520 to increase access to integrated prevention and primary health care services for Women, Infants, Children and Adolescents, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through June 30, 2024. 10% Federal Funds. 90% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Amoskeag Health	157274-B001	Manchester	$1,529,850
Concord Hospital, Inc.	177653-B011	Concord	$658,569
Coos County Family Health Services, Inc.	155327-B001	Berlin	$731,721
Greater Seacoast Community Health	166629-B001	Somersworth	$1,232,685
HealthFirst Family Care Center, Inc.	158221-B001	Franklin	$597,648
Lamprey Health Care, Inc.	177677-R001	Newmarket	$1,112,527
Manchester Health Department	177433-B009	Manchester	$412,006
Mid-State Health Center	158055-B001	Plymouth	$640,823
Weeks Medical Center	177171-R001	Lancaster	$617,806
White Mountain Community Health Center	174170-R001	Conway	$624,885
		Total:	**$8,158,520**

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, and are anticipated to be available in State Fiscal Year 2024, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Department to increase access to integrated prevention and primary health care for the Maternal and Child Health (MCH) target population of women, infants, children and adolescents, and to address the maternal and youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

Approximately 194,940 individuals will be served from June 1, 2022 to June 30, 2024.

The Contractors will provide increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, and pregnant women and women of childbearing age, and must not exclude individuals who are uninsured; underinsured; and/or considered low-income. Integrated prevention and primary health care services are provided to individuals who may experience barriers to accessing health care due to issues such as lack of insurance, inability to pay, limited language proficiency and geographic isolation. The Contractors will integrate and coordinate access to medical, behavioral and social services by reducing barriers to care through an array of services such as care coordination, translation services, outreach, eligibility assistance, transportation, and health education.

The Department will monitor services through the following performance measures:

- Percent of infants who were ever breastfed.
- Percent of adolescents 12 to 21 years of age who had at least one (1) comprehensive well-care visit/comprehensive physical exam during the measurement year.
- Percent of postpartum women screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive screen, a follow-up plan is documented on the date of the positive screen.

The Department selected the Contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from January 14, 2022 through February 25, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Executive Council not authorize this request, the Department may be unable to ensure increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, pregnant women and women of childbearing age, and individuals who are uninsured; underinsured; considered low-income.

Source of Federal Funds: CFDA #93.994, FAIN B04MC45230

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

Respectfully submitted,

DocuSigned by:
Ann H. Landry
24BAB37ED8EB488...

Lori A. Shibinette
Commissioner

Maternal and Child Health in the Integrated Primary Care Setting
RFP-2022-DPHS-19-PRIMA
Fiscal Detail Sheet

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH

1. Amoskeag Health, Vendor # 157274-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$161,194
SFY 2023	102-500731	Contracts for Program Services	90080112	$684,328
SFY 2024	102-500731	Contracts for Program Services	90080112	$684,328
			Subtotal:	*$1,529,850*

2. Concord Hospital, Inc., Vendor # 177653-B011 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$26,343
SFY 2023	102-500731	Contracts for Program Services	90080112	$316,113
SFY 2024	102-500731	Contracts for Program Services	90080112	$316,113
			Subtotal:	*$658,569*

3. Coos County Family Health Services, Inc., Vendor # 155327-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$29,269
SFY 2023	102-500731	Contracts for Program Services	90080112	$351,226
SFY 2024	102-500731	Contracts for Program Services	90080112	$351,226
			Subtotal:	*$731,721*

4. Greater Seacoast Community Health, Vendor # 166629-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$49,307
SFY 2023	102-500731	Contracts for Program Services	90080112	$591,689
SFY 2024	102-500731	Contracts for Program Services	90080112	$591,689
			Subtotal:	*$1,232,685*

5. Health First Family Care Center, Vendor # 158221-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$23,906
SFY 2023	102-500731	Contracts for Program Services	90080112	$286,871
SFY 2024	102-500731	Contracts for Program Services	90080112	$286,871
			Subtotal:	*$597,648*

6. Lamprey Health Care, Inc., Vendor # 177677-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$44,501
SFY 2023	102-500731	Contracts for Program Services	90080112	$534,013
SFY 2024	102-500731	Contracts for Program Services	90080112	$534,013
			Subtotal:	*$1,112,527*

7. Manchester Health Dept. Vendor #177433-B009 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$16,480
SFY 2023	102-500731	Contracts for Program Services	90080112	$197,763
SFY 2024	102-500731	Contracts for Program Services	90080112	$197,763
			Subtotal:	*$412,006*

8. Mid-State Health Center, Vendor # 158055-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$25,633
SFY 2023	102-500731	Contracts for Program Services	90080112	$307,595
SFY 2024	102-500731	Contracts for Program Services	90080112	$307,595
			Subtotal:	*$640,823*

9. Weeks Medical Center, Vendor # 177171-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,712
SFY 2023	102-500731	Contracts for Program Services	90080112	$296,547
SFY 2024	102-500731	Contracts for Program Services	90080112	$296,547
			Subtotal:	*$617,806*

10. White Mountain Community Health Center, Vendor # 174170-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,995
SFY 2023	102-500731	Contracts for Program Services	90080112	$299,945
SFY 2024	102-500731	Contracts for Program Services	90080112	$299,945
			Subtotal:	*$624,885*
			TOTAL:	**$8,158,520**

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFP-2022-DPHS-19-PRIMA

Project Title Maternal and Child Health Care in the Integrated Primary Care Setting

	Maximum Points Available	Amoskeag Health	City of Manchester Health Department	Concord Hospital Family Health Center	Coos County Family Health Services	Greater Seacoast Community Health	HealthFirst Family Care Center Inc	Lamprey Healthcare	Mid-State Health	Weeks Medical Center	White Mountain Community Health Center
Technical											
Primary Care Services (Q1)	30	28	24	25	23	29	25	25	28	25	28
Social Determinants of Health (Q2)	20	20	18	13	18	20	18	15	18	15	18
Enabling Service Initiatives (Q3)	20	20	18	14	18	19	18	13	19	18	16
Quality Improvement Projects (Q4)	20	20	20	12	17	18	18	17	15	18	16
Staffing (Q5)	5	3	3	3	3	5	4	2	4	3	3
and Training Plan (Q6)	5	4	3	3	3	5	4	5	4	4	2
Technical Score*	100	95	86	70	82	96	87	77	88	83	83
TOTAL SCORE	100	95	86	70	82	96	87	77	88	83	83

Minimum Passing Technical Score = 70 of 100 possible points.

	Reviewer Name	Title
1	Rhonda Siegel	Administrator
2	Shari Campbell	Program Specialist III
3	Erica Tenney	Program Coordinator
4	Lisa Storez	Public Health Nurse Consultant
5	Ellen Stickney	Public Health Nurse Coordinator

Subject: Maternal and Child Health Care in the Integrated Primary Care Setting (RFP-2022-DPHS-19-PRIMA-08)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Mid-State Health Center		1.4 Contractor Address 101 Boulder Point Dr. Suite #1 Plymouth, NH 03264	
1.5 Contractor Phone Number (603) 536-4000	1.6 Account Number 05-95-90-90210-5190	1.7 Completion Date June 30, 2024	1.8 Price Limitation $640,823
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Robert MacLeod Date: 5/17/2022		1.12 Name and Title of Contractor Signatory Robert MacLeod CEO	
1.13 State Agency Signature DocuSigned by: Iain Watt Date: 5/18/2022		1.14 Name and Title of State Agency Signatory Iain Watt Deputy Director - DPHS	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Robyn Guarino		On: 5/20/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials DS PM
Date 5/17/2022

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

DS PM

Contractor Initials

Date 5/17/2022

8. EVENT OF DEFAULT/REMEDIES:

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

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

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

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

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

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

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

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of the

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Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation")*.

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

Contractor Initials PM

Date 5/17/2022

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting
EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall increase access to integrated healthcare for the Maternal and Child Health (MCH) target population of Women, Infants, Children and Adolescents from birth to 21 years of age, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

1.2. The Contractor shall provide and increase access to healthcare for New Hampshire Infants, Children and Adolescents from birth to 21 years of age, and Pregnant Women and Women of Childbearing age, and must not exclude individuals who are:

1.2.1. Uninsured.

1.2.2. Underinsured.

1.2.3. Considered low-income defined as less than 185% of the U.S. Department of Health and Human Services (US DHHS) Poverty Guidelines.

1.2.4. Lacking housing, including individuals whose primary residence during the night is a supervised public or private facility, such as a shelter, that provides temporary living accommodations.

1.2.5. Residing in transitional housing.

1.2.6. Unable to maintain their housing situation.

1.2.7. Forced to stay with a series of friends and/or extended family members, hence are considered homeless.

1.2.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

1.3. The Contractor shall provide integrated preventative and primary health care services to the populations in Subsection 1.2 above, which must include:

1.3.1. Behavioral health care;

1.3.2. Prenatal care either on site or by referral;

1.3.3. Care management; and

1.3.4. Enabling services.

1.4. The Contractor shall provide eligibility determination services that include, but are not limited to:

1.4.1. Notifying the Department in writing if/when access to primary care services for new patients is limited or closed for more than thirty (30)

consecutive business days or any sixty (60) non-consecutive business days.

1.4.2. Assisting individuals with completing a Medicaid/Expanded Medicaid and/or other health insurance applications.

1.4.3. Maximizing billing to private and commercial insurances for all reimbursable services rendered.

1.4.4. Posting a public notice in a conspicuous location specifying that no individual will be denied services due to inability to pay.

1.4.5. Developing and implementing a sliding fee scale for services in accordance with the Federal Poverty Guidelines and providing the sliding fee scale to the Department upon request.

1.5. The Contractor shall ensure primary care services are provided by a New Hampshire licensed:

1.5.1. Medical Doctor (MD);

1.5.2. Doctor of Osteopathic Medicine (DO);

1.5.3. Advanced Practice Registered Nurse (APRN); and/or

1.5.4. Physician Assistant (PA) to eligible individuals in the service area.

1.6. The Contractor shall provide services in an office-based setting which may include, but is not limited to:

1.6.1. Federally Qualified Health Centers (FQHCs) and/or Rural Health Clinics.

1.6.2. School Based Health Clinics.

1.6.3. Mobile Care Delivery Services.

1.7. The Contractor shall ensure services include, but are not limited to:

1.7.1. Reproductive health services.

1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral.

1.7.3. Preventive primary care services for women, infants, children and adolescents, including screenings and health education in accordance with established, documented state or national guidelines and evidence based practices.

1.7.4. Integrated behavioral health services.

1.7.5. Assessment of need and follow-up/referral as indicated for:

1.7.5.1. Tobacco cessation, including referral to programs such as QuitWorks-NH (http://www.QuitWorksNH.org);

1.7.5.2. Social services that address Social Determinants of Health (SDOH);

1.7.5.3. Chronic Disease management, including disease specific referral and self-management education such as referral to Diabetes Self-Management Education (DSME) as recommended by American Diabetes Association (ADA);

1.7.5.4. Nutrition services, including Women, Infants and Children (WIC) Food and Nutrition Service, as appropriate;

1.7.5.5. Screening, Brief Intervention and Referral to Treatment (SBIRT) services; and

1.7.5.6. Referrals to any specialists as needed that are not offered on site, including home visiting services and oral health.

1.8. The Contractor shall provide and facilitate enabling services to all individuals served with special emphasis given to the MCH population of women and infants, children and adolescents from birth to 21 years of age. Enabling services must include at a minimum:

1.8.1. Case management;

1.8.2. Benefit counseling and/or eligibility assistance;

1.8.3. Health education and supportive counseling; and

1.8.4. Language interpretation, outreach, transportation and education of patients and the community regarding the availability and appropriate use of health services.

1.9. The Contractor shall ensure management services for individuals enrolled for primary care services include, but are not limited to:

1.9.1. Integrated and coordinated services that ensure patients receive necessary care, including behavioral health and oral care when and where it is needed and wanted, and in a culturally and linguistically appropriate manner; and

1.9.2. Direct access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, by referral or subcontract.

1.10. The Contractor shall develop, define, facilitate and implement a minimum of two (2) enabling services initiatives and enabling services initiative work plans that focus on the Title V MCH Block Grant population of women, infants, children and adolescents, as follows:

1.10.1. Initiative One (1) – Screening and Referrals for SDOH, in accordance with Attachment #1; and

1.10.2. Initiative Two (2) – Postpartum Care for Women, in accordance with Attachment #2.

1.11. The Contractor shall monitor, update and implement each enabling services initiative work plan in accordance with Attachment #3 – Reporting Requirements Calendar.

1.12. The Contractor shall develop, define, facilitate and implement a minimum of two (2) quality improvement (QI) projects, which must consist of systematic and continuous actions that lead to measurable improvements in health care services and the health status of all individuals served, including:

1.12.1. QI Project One (1): Preventative Health: Adolescent Well-Care Visits, in accordance with Attachment #4; and

1.12.2. QI Project Two (2): Obesity Screening-Child/Adolescent Measure, in accordance with Attachment #5.

1.13. The Contractor shall monitor, update and implement the work plans for each QI project in accordance with Attachment #3 – Reporting Requirements Calendar.

1.14. The Contractor shall attend in-person and/or virtual meetings and trainings facilitated by the Department, which include, but are not limited to:

1.14.1. MCH Agency Directors' Meetings scheduled by the Department on an as-needed basis.

1.14.2. MCH Primary Care Coordinators' Meetings up to two (2) times per year, which may require attendance by selected Vendor(s) quality improvement and clinical staff.

1.15. The Contractor shall ensure all services in this Exhibit B, Scope of Services, are provided by qualified health and allied health professionals.

1.16. The Contractor shall provide supporting documentation to the Department that verifies staff hours funded under the Agreement that may include, but is not limited to, timecards.

1.17. The Contractor shall ensure all health and allied health professionals possess and maintain the appropriate and current New Hampshire licenses whether directly employed, contracted or subcontracted.

1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator or staff person essential to providing services. The Contractor shall ensure notification:

1.18.1. Is provided to the Department no later than thirty business (30) days from the date of hire; and

1.18.2. Includes a copy of the newly hired individual's resume.

1.19. The Contractor shall notify the Department in writing when:

1.19.1. Any critical position is vacant for more than thirty (30) business days;

1.19.2. There is not adequate staffing to perform all required services for any period lasting more than thirty (30) consecutive business days or any sixty (60) non-consecutive business days.

1.20. The Contractor shall ensure that all employees and subcontractors providing direct services to clients under this Agreement have undergone a criminal background check and have no convictions for crimes that represent evidence of behavior that could endanger clients served under this Agreement.

1.21. The Contractor shall permit an individual, or team or individuals, authorized by the Department to schedule and conduct periodic virtual and/or on-site reviews of documentation related to contracted services, including:

1.21.1. Administration;

1.21.2. Data collection and submission;

1.21.3. Clinical and financial management; and

1.21.4. Delivery of education services.

1.22. The Contractor shall ensure the information needed by the Department to conduct virtual and/or on-site reviews is available, which may include, but is not limited to:

1.22.1. Client records.

1.22.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

1.23. The Contractor shall adhere to any corrective action plans issued by the Department should virtual and/or on-site reviews yield results that services provided are not in compliance with the Agreement. Any corrective action plans shall not prevent the Department from taking action under paragraph 8, Event of Default/Remedies and paragraph 9, Termination, of the General Provisions, Form P-37, of the Agreement.

1.24. The Contractor shall actively and regularly collaborate with the Department to enhance contract management and improve results.

1.25. The Contractor may be required to collect and share other key data and metrics with the Department, including client-level demographic, performance, and service data, in a format specified by the Department.

1.26. Reporting

1.26.1. The Contractor shall collect and submit the data and reports as specified in Attachment #3 – Reporting Requirements Calendar to the Department. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include but is not limited to:

1.26.1.1. Uniform Data System (UDS) outcomes.

1.26.1.2. Performance Measure outcomes.

1.26.1.3. Work plan for each Enabling Service Initiative.

1.26.1.4. Work Plan for each QI Project.

1.27. Performance Measures

1.27.1. The Contractor shall report data on the Performance Measures in Appendix F at regular intervals as specified in Appendix G – Reporting Requirements Calendar, utilizing Appendix K – DTT-PC2022 Template.

1.27.2. The Contractor shall meet or exceed their proposed goals and objectives for the required Performance Measures in Attachment #6. Should the Contractor not meet or exceed their goals, the Contractor shall submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment #7 – Performance Measure Outcome Report Template, at reporting intervals as specified in Appendix G – Reporting Requirements Calendar.

1.27.3. The Department may identify other performance measures in the resulting Agreement.

2. Exhibits Incorporated

2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

3.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

3.4. Operation of Facilities: Compliance with Laws and Regulations

3.4.1. In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental

license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

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

4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate, provided

however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting
EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 10% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration, CFDA #93.994, FAIN B04MC45230.
   1.2. 90% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget through Exhibit C-3, Budget.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
   4.3. Identifies and requests payment for allowable costs incurred in the previous month.
   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.govor mailed to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *Mid-State Health Center*

Budget Request for: *Primary Care Services*

Budget Period *date of G&C – 6/30/22*

Indirect Cost Rate (if applicable) 10.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$ 18,205.25
2. Fringe Benefits	$ 5,097.47
3. Consultants	$ -
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$ -
5.(a) Supplies - Educational	$ -
5.(b) Supplies - Lab	$ -
5.(c) Supplies - Pharmacy	$ -
5.(d) Supplies - Medical	$ -
5.(e) Supplies Office	$ -
6. Travel	$ -
7. Software	$ -
8. (a) Other - Marketing/Communications	$ -
8. (b) Other - Education and Training	$ -
8. (c) Other - Other (specify below)	
Other (please specify)	$ -
Other (please specify)	$ -
Other (please specify)	$ -
Other (please specify)	$ -
9. Subrecipient Contracts	$ -
Total Direct Costs	$ 23,302.73
Total Indirect Costs	$ 2,330.27
TOTAL	$ 25,633.00

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5/17/2022
Date

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name:	*Mid-State Health Center*
Budget Request for:	*Primary Care Services*
Budget Period	*July 1, 2022 - June 30, 2023 (State Fiscal Year 2023)*
Indirect Cost Rate (If applicable)	10.00%

Line Item	Program Cost - Funded by DHHS	
1. Salary & Wages	$	199,460.23
2. Fringe Benefits	$	55,848.86
3. Consultants	$	-
4. Equipment:	$	10,475.00
5.(a) Supplies - Educational	$	1,500.00
5.(b) Supplies - Lab	$	-
5.(c) Supplies - Pharmacy	$	4,800.00
5.(d) Supplies - Medical	$	4,875.00
5.(e) Supplies Office:	$	300.00
6. Travel	$	-
7. Software	$	-
8. (a) Other - Marketing/Communications:	$	1,625.00
8. (b) Other - Education and Training:	$	1,000.00
8. (c) Other - Other (specify below)		
Other: Incentives - Transportation - Gas Cards	$	700.00
Other (please specify)	$	-
Other (please specify)	$	-
Other (please specify)	$	-
9. Subrecipient Contracts	$	-
Total Direct Costs	$	280,584.09
Total Indirect Costs (10%)	$	27,010.91
TOTAL	$	307,595.00

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Date

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *Mid-State Health Center*

Budget Request for: *Primary Care Services*

Budget Period *July 1, 2023 - June 30, 2024 (State Fiscal Year 2024)*

Indirect Cost Rate (if applicable) 10.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$ 207,425.92
2. Fringe Benefits	$ 58,080.90
3. Consultants	$ -
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$ -
5.(a) Supplies - Educational	$ 2,250.00
5.(b) Supplies - Lab	$ -
5.(c) Supplies - Pharmacy	$ 2,000.00
5.(d) Supplies - Medical	$ 6,375.00
5.(e) Supplies Office	$ 500.00
6. Travel	$ -
7. Software	$ -
8. (a) Other - Marketing/Communications	$ 1,000.00
8. (b) Other - Education and Training	$ 1,000.00
8. (c) Other - Other (specify below)	
Other: Incentives - Transportation - $10 Gas Cards	$ 1,000.00
Other (please specify)	$ -
Other (please specify)	$ -
Other (please specify)	$ -
9. Subrecipient Contracts	$ -
Total Direct Costs	$ 279,631.82
Total Indirect Costs	$ 27,963.18
TOTAL	$ 307,595.00

Contractor Initials PM (DS)

Date 5/17/2022

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
   - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
   - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
     - 1.2.1. The dangers of drug abuse in the workplace;
     - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
     - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
     - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
   - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
     - 1.4.1. Abide by the terms of the statement; and
     - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
   - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

Vendor Initials PM
Date 5/17/2022

has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Vendor Name:

DocuSigned by:
Robert MacLeod

5/17/2022
Date

Name: Robert MacLeod
Title: CEO

New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Vendor Name:

5/17/2022
Date

DocuSigned by:
Robert MacLeod
Name: Robert MacLeod
Title: CEO

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

Contractor Initials PM
Date 5/17/2022

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

5/17/2022
Date

DocuSigned by:
Robert MacLeod
Name: Robert MacLeod
Title: CEO

DS
PM
Contractor Initials

5/17/2022
Date

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681; 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

New Hampshire Department of Health and Human Services
Exhibit G

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

DocuSigned by:
Robert MacLeod

5/17/2022
Date

Name: Robert MacLeod
Title: CEO

DS
PM
Contractor Initials

5/17/2022
Date

New Hampshire Department of Health and Human Services
Exhibit H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

5/17/2022
Date

DocuSigned by:
Robert MacLeod
Name: Robert MacLeod
Title: CEO

CU/DHHS/110713

Exhibit H – Certification Regarding Environmental Tobacco Smoke
Page 1 of 1

Contractor Initials RM
Date 5/17/2022

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received ~~by~~ Business Associate from or on behalf of Covered Entity.

Contractor Initials PM

Date 5/17/2022

l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH
Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:
   I. For the proper management and administration of the Business Associate;
   II. As required by law, pursuant to the terms set forth in paragraph d. below; or
   III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) **Obligations and Activities of Business Associate.**

a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person used the protected health information or to whom the disclosure was made;
- Whether the protected health information was actually acquired or viewed
- The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.

d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

Contractor Initials PM

Date 5/17/2022

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

Contractor Initials PM

Date 5/17/2022

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) **Obligations of Covered Entity**

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) **Termination for Cause**

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) **Miscellaneous**

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services	Mid State Health Center
The State	Name of the Contractor
Iain Watt	Robert MacLeod
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Robert MacLeod
Name of Authorized Representative	Name of Authorized Representative
Deputy Director - DPHS	CEO
Title of Authorized Representative	Title of Authorized Representative
5/18/2022	5/17/2022
Date	Date

New Hampshire Department of Health and Human Services
Exhibit J

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

5/17/2022
Date

DocuSigned by:
Robert MacLeod
Name: Robert MacLeod
Title: CEO

New Hampshire Department of Health and Human Services
Exhibit J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 109385625

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   X NO _____ YES

   If the answer to #2 above is NO, stop here

   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____ YES

   If the answer to #3 above is YES, stop here

   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

   Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

Contractor Initials PM

Date 5/17/2022

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

Contractor Initials DS PM

Date 5/17/2022

Attachment #1 - Screening and Referrals for SDOH

Enabling Services Work Plan Agency Name: **Mid-State Health Center** Name and Role of Person(s) Completing Work Plan: **Debbie Guilbert, QI Coordinator**			
Enabling Services Focus Area: ***Improved Screening and Referrals for SDOH***			
Project Goal: ***Connect patients with enabling services to improve health outcomes.***			
Project Objective: ***Increase the number of patients who complete SDOH screening and improve continued support efforts for patients identified with needs***			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Strategic marketing to encourage patients to complete SDOH survey prior to appointment.	Marketing Manager Patient Engagement Platform Quality Improvement Team Patient Services	Current SDOH survey completion is 15% of patients seen in 2021. Goal to increase this by 10%. QI Dept will measure results	July 2022 - ongoing
Connect with area resources for women, children and families to create formal referral processes for identified needs.	Community Health Worker Integrated Healthcare Coordinator Patient Navigators	Current Resource database has 33 area resources. The goal will be to increase this list by 50%. QI department will track growth.	April 2022 - ongoing
Evaluate current and potential patient engagement platforms adaptability and ease of use.	QI Coordinator Data Steward Communications manager Finance Director	Current SDOH survey completion is 15% of patients seen in 2021. Goal to increase this by 10%. QI Dept will measure results	April 2022 – June 2022
Develop and implement program to track, follow-up, and re-evaluate those identified with needs.	QI Coordinator Data Steward Integrated Healthcare Coordinator Community Health Worker Patient Navigator	Care plan tracking	April 2022 - Ongoing

Contractor Initials PM

Date 5/17/2022

Attachment #1 - Screening and Referrals for SDOH

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: ***Improved Screening and Referrals for SDOH*** Project Objective: ***Increase the number of patients who complete SDOH screening and improve continued support efforts for patients identified with needs***	
July 2022 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** _____Yes ____No	
January 2023 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** _____Yes ____No	

Contractor Initials PM (DS)

Date 5/17/2022

Attachment #1 - Screening and Referrals for SDOH

July 2023 Project Update **SFY23 Outcome** (insert your organization's data/outcome results here for 7/1/22-6/30/23).	
Did you meet your Target/Objective?	____Yes ____No
July 2023 Project Update **SFY23 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2023 Project Update **SFY23 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit to the Department for review and/or approval.	

Contractor Initials PM (05)

Date 5/17/2022

Attachment #1 - Screening and Referrals for SDOH

Work Plan Revisions submitted: ____Yes ____No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update **SFY24 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2024 Project Update **SFY24 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Contractor Initials PM (DS)

Date 5/17/2022

Attachment #2 - Postpartum Care for Women

Enabling Services Work Plan
Agency Name: **Mid-State Health Center**
Name and Role of Person(s) Completing Work Plan: **Debbie Guilbert, QI Coordinator**

Enabling Services Focus Area: ***Postpartum Care for Women***

Project Goal: ***Improved services and outcomes for postpartum women and infants***

Project Objective: ***Develop and Implement services for women during the postpartum stage of pregnancy in order to improve outcomes related to postpartum depression, contraception, breastfeeding and infant safety and development.***

Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Develop a team with physicians, APRNs, and Behavioral Health specialist to have focused appointments to address postpartum women's health	1-2 Physicians 2 APRN 2 BH Quality Dietician	Evaluate team for qualifications, knowledge, and experience with this work.	April 2022
Develop and implement "4th Trimester" outreach and care model to include regular outreach and visits during postpartum period. Look to include support with mental health, nutrition, breastfeeding, contraception, and infant safety and development.	Clinical Staff BH Staff Patient Navigator CHW Quality Team Marketing	Track and Report number of postpartum women, those that enroll in the program, and those who complete program, infant immunizations and screenings,	May 2022 – July 2022 planning phase Aug 2022 – Ongoing Implementation and evaluation phase
Develop and Implement Quick Start Contraception Program.	Clinical staff Finance Pharmacy		May 2022 – July 2022 planning Aug 2022 – ongoing – implement and evaluate

Contractor Initials PM (DS)
Date 5/17/2022

Attachment #2 - Postpartum Care for Women

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: ***Postpartum Care for Women*** Project Objective: ***Develop and Implement services for women during the postpartum stage of pregnancy in order to improve outcomes related to postpartum depression, contraception, breastfeeding and infant safety and development.***	
July 2022 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** _____Yes ____No	
January 2023 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** _____Yes ____No	

Contractor Initials PM (DS)

Date 5/17/2022

Attachment #2 - Postpartum Care for Women

July 2023 Project Update **SFY23 Outcome** (insert your organization's data/outcome results here for 7/1/22-6/30/23).	
Did you meet your Target/Objective?	____Yes ____No
July 2023 Project Update **SFY23 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2023 Project Update **SFY23 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit to the Department for review and/or approval.	

Attachment #2 - Postpartum Care for Women

Work Plan Revisions submitted: _____Yes ____No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update **SFY24 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2024 Project Update **SFY24 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

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Contractor Initials _____

Date 5/17/2022

Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 23 (July 1, 2022-June 30, 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
SFY 24 **(July 1, 2023 – June 30, 2024)**	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #4 - Preventative Health: Adolescent Well-Care Visit

Quality Improvement Work Plan Agency Name:
Mid-State Health Center
Name and Role of Person(s) Completing Work Plan:
Debbie Guilbert, QI Coordinator

MCH Performance Measure: ***Preventive Health: Adolescent Well-Care Visit***

Project Objective: ***To increase the number of adolescent patients seen for Well Care visits with a starting baseline of 41% to be increased to 75% by the end of the contract period with a goal of 18% growth each year.***

Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Monthly Identification of patients in need of Well Care Visit	QI Team	QI team will track and report performance measures monthly: Adolescent Well Care Visits	April 2022 – ongoing
Regular outreach to patient/representative to schedule WC visits	Patient Services		April 2022 – ongoing

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Contractor Initials _____

Date 5/17/2022

Attachment #4 - Preventative Health: Adolescent Well-Care Visit

QI Work Plan Progress Report Performance Measure: Project Objective:	
July 2022 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes _____No	
January 2023 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes _____No	
July 2023 Project Update	

Contractor Initials PM (DS)

Date 5/17/2022

Attachment #4 - Preventative Health: Adolescent Well-Care Visit

SFY23 Outcome (insert your agency's data/outcome results here for 7/1/22-6/30/23)	
Did you meet your Target/Objective?	____Yes ____No
July 2023 Project Update **SFY23 Narrative**: If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** _____Yes ____No	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work plan Revisions submitted:** _____Yes ____No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update	

Attachment #4 - Preventative Health: Adolescent Well-Care Visit

SFY24 Narrative: If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year	

Attachment #5 - Obesity Screening-Child/Adolescent Measure

Quality Improvement Work Plan Agency Name:
Mid-State Health Center
Name and Role of Person(s) Completing Work Plan:
Debbie Guilbert, QI Coordinator

MCH Performance Measure: ***Obesity Screening – Child/Adolescent Measure***

Project Objective: ***To increase the number of adolescent patients seen for Well Care visits with documented BMI along with nutrition and physical activity counseling from a baseline of 64% to be increased to 75% by the end of the contract period with a goal of 5% growth each year.***

Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Monthly Identification of patients in need of Well Care Visit	QI Team	QI team will track and report performance measures monthly: Adolescent Well Care Visits Child/Adolescent Obesity Screening	April 2022 – ongoing
Regular outreach to patient/representative to schedule WC visits	Patient Services		April 2022 – ongoing
Enhanced training to MA/clinicians for proper documentation of BMI with nutrition and physical activity counseling	QI team Medical assistants Clinicians Management team		April 2022 – ongoing
Develop and implement enhanced care plan for patients with BMI out pf range.	Physical Therapy Staff Dietician Clinician QI Team	QI team to track and measure patients meeting out of range measure and being referred for enhanced counseling	

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Attachment #5 - Obesity Screening-Child/Adolescent Measure

QI Work Plan Progress Report Performance Measure: Project Objective:	
July 2022 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2023 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
July 2023 Project Update	

Attachment #5 - Obesity Screening-Child/Adolescent Measure

SFY23 Outcome (insert your agency's data/outcome results here for 7/1/22-6/30/23)	
Did you meet your Target/Objective?	____Yes ____No
July 2023 Project Update **SFY23 Narrative:** If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** ____Yes ____No	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work plan Revisions submitted:** ____Yes ____No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update	

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Attachment #5 - Obesity Screening-Child/Adolescent Measure

SFY24 Narrative: If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year	

Attachment #6 – Performance Measures

1. Definitions

1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. Percent of infants who are ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Testing

This measure will be broken down in to two age based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months (NH MCHS).

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Attachment #6 – Performance Measures

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

2.2.1.2. Denominator: All children who turned twenty-four months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months (NH MCHS).

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents, twelve (12) through twenty-one (21) years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients ages twelve (12) and older screened for clinical depression using an age appropriate standardized depression screening tool on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

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Attachment #6 – Performance Measures

2.4.1.3. Denominator: All patients twelve (12) years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose

and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Adult Measure

2.5.1. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period **AND** if the most recent BMI is outside of normal parameters, a follow-up plan is documented (NQF 0421, UDS).

2.5.1.1. Normal parameters: BMI ≥ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the measurement year or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

Child/Adolescent Measure

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting

year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year **AND** who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: Number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco at least one within the past twelve (12) months AND received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least two (2) medical visit during the measurement year, OR 1 preventative visit

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

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Attachment #6 – Performance Measures

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) –Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adult Measure

2.7.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

Adolescent Measure

2.7.2. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: All patients aged 12-17 years during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.7.2.4. Definitions:

2.7.2.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.2.4.2. Brief Intervention: Includes guidance or counseling.

2.7.2.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

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Attachment #6 – Performance Measures

2.7.3. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.3.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services

2.7.3.2. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.3.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8 Developmental Screening Measure

Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months (NH MCHS)

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and who had at least (1) medical visit during the measurement year

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Attachment #7 – Performance Measure Outcome Report Template

Instructions for completing this Performance Measure Outcome Report (PMOR):
The Performance Measure Outcome Report (PMOR) is to be completed by your agency and emailed to shari.campbell@dhhs.nh.gov at the intervals specified on the Reporting Calendar.

Please complete the Narrative and Plan for Improvement sections for any of the following measures where your agency did not meet your agency target for the reporting period (July 1, 20XX – June 30, 20XX).

Performance measures:

- Breastfeeding
- Lead Screening for 1 Year Olds
- Lead Screening for 2 Year Olds
- Adolescent well care visit
- Depression screening and follow up plan if positive screening, 12 years and older
- Maternal Depression Screening
- Adults with documented BMI and follow-up plan if BMI outside of normal range
- Children 3-17 with documented BMI, nutrition counseling and physical activity counseling
- Adult tobacco screening and cessation counseling intervention for smokers
- Prenatal Tobacco screening each trimester and cessation counseling intervention for smokers
- SBIRT, Adults
- SBIRT, Adolescents
- SBIRT, Pregnant Women
- Developmental Screening-M-CHAT

* Note: Not met performance measures that have been addressed by your agency SFYXX Work Plan are excluded from this report. For example, the PMOR will omit Adolescent Visit measure for Primary Care Services

1. The Narrative section is to explain what happened during the year i.e. why measure was not met, what barriers/challenges your agency faced, describe any improvement activities that took place during the year to correct along the way, etc.

2. The Plan for Improvement section is to describe what steps your agency will take to achieve your agency target in SFYXX i.e. describe your strategy (PDSA), what will you plan to do differently etc.

3. Please email your completed PMOR **Shari Campbell at shari.campbell@dhhs.nh.gov by the dates indicated in the Reporting Calendar.** If you have any questions about completing this document, please contact Jannell Levine at Jannell.E.Levine@dhhs.nh.gov or 603-856-6449.

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Attachment #7 – Performance Measure Outcome Report Template

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Please copy above pages/sections as needed to complete for all not met measures.

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State of New Hampshire
Department of Health and Human Services
Amendment #1

This Amendment to the Maternal and Child Health Care in the Integrated Primary Care Setting contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Weeks Medical Center ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 15, 2022 (Item #32), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2025

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $ 891,369

3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:

   Robert W. Moore, Director

4. Modify Exhibit B, Scope of Services, Section 1.3.2., to read:

   1.3.2. Prenatal care either on site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data related to prenatal performance measures.

5. Modify Exhibit B, Scope of Services, Section 1.7.2., to read:

   1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data relating to prenatal performance measures to the Department.

6. Modify Exhibit B, Scope of Services, Section 1.10.1. through Section 1.10.2., to read:

   1.10.1. Initiative One (1) – Screening and Referrals for SDOH; and

   1.10.2. Initiative Two (2) – Contractor's choice, which must focus on enabling services.

7. Modify Exhibit B, Scope of Services, Section 1.12.1. through Section 1.12.2., to read:

   1.12.1. QI Project One (1): Increasing Adolescent Well Visits; and

   1.12.2. QI Project Two (2): Increasing post-partum clinical depression screening of women within the first 12 weeks after delivering.

8. Modify Exhibit B, Scope of Services, Section 1.18., to read:

   1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator, or staff person essential to providing services and/or any personnel changes to these positions. The Contractor shall ensure notification:

      1.18.1. Is provided to the Department no later than thirty (30) business days from the date of hire or personnel change; and

      1.18.2. Includes a copy of the new staff individual's resume as well as an updated

staffing list.

9. Modify Exhibit B, Scope of Services, by adding Section 1.28., to read:

   1.28. The Contractor shall provide de-identifiable patient level data on the integrated and primary health care services provided, as specified in Subsection 1.3., and Section 1.26. Reporting.

10. Modify Exhibit C, Payment Terms, Section 1.1. through Section 1.2., to read:

    1.1. 14% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.994, FAIN B04MC45230, and as awarded on October 27, 2022, ALN 93.994, FAIN B04MC47432.

    1.2. 86% General funds.

11. Modify Exhibit C, Payment Terms, Section 3., to read:

    3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget Sheet through Exhibit C-4, Budget Sheet, Amendment #1.

12. Modify Exhibit C, Payment Terms, Section 4.3., to read:

    4.3. Identifies and requests payment for allowable costs incurred in the previous month. Allowable costs are costs incurred that specifically supports only New Hampshire Infants, Children and Adolescents from birth to 21 years of age, Pregnant Women, and Women of Childbearing age.

13. Modify Add Exhibit C, Payment Terms, by adding Section 4.7., to read:

    4.7. Includes budget line items that are used exclusively for serving the Maternal and Child Health population and invoicing must clearly state how the incurred expenses benefited this specific patient population.

14. Modify Attachment 3, Reporting Calendar, by replacing it in its entirety with Attachment 3, Amendment #1, Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

15. Modify Attachment 6, Performance Measures, by replacing it in its entirety with Attachment 6, Amendment #1 – SFY 2025 Performance Measures, which is attached hereto and incorporated by reference herein.

16. Modify Attachment 7, Performance Measure Outcome Report (PMOR), by replacing it in its entirety with Attachment 7, Amendment #1, Performance Measure Outcome Report (PMOR), which is attached hereto and incorporated by reference herein.

17. Add Attachment 8, Amendment #1, DTT – MCH in the Integrated Primary Care Setting Template, which is attached hereto and incorporated by reference herein.

18. Add Exhibit C-4, Budget Sheet, Amendment #1, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2024, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

5/3/2024

DocuSigned by:
Iain Watt
D778BB63F9704C7...

Date

Name: Iain Watt
Title: Interim Director - DPHS

Weeks Medical Center

5/3/2024

DocuSigned by:
Matthew Streeter
F10[illegible]

Date

Name: Matthew Streeter
Title: CFO

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

OFFICE OF THE ATTORNEY GENERAL

5/14/2024

Date

DocuSigned by:
Robyn Guarino
74B734844941460...

Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

C-4, Budget Sheet, Amendment #1

New Hampshire Department of Health and Human Services		
Contractor Name:	Weeks Medical Center	
Budget Request for:	Primary Care Services	
Budget Period	July 1, 2024 - June 30, 2025	
Indirect Cost Rate (if applicable)	#DIV/0!	
Line Item	**Program Cost - Funded by DHHS**	**Budget Narrative** ***Explain specific line item costs included and their direct relationship to meeting the objectives of this solicitation.*** **All line item expenses budgeted must be exclusively for the purpose of supporting NH Infants, Children and Adolescents from birth to 21 years of age, and Pregnant Women and Women of Childbearing age.**
1. Salary & Wages	$273,563	Salaries and Wages for Providers and Staff suporting NH Infants, Children and Adolescents, Pregnant Women and Women of Childbearing age.
2. Fringe Benefits	$0	
3. Consultants	$0	
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0	
5.(a) Supplies - Educational	$0	
5.(b) Supplies - Lab	$0	
5.(c) Supplies - Pharmacy	$0	
5.(d) Supplies - Medical	$0	
5.(e) Supplies Office	$0	
6. Travel	$0	
7. Software	$0	
8. (a) Other - Marketing/ Communications	$0	
8. (b) Other - Education and Training	$0	
8. (c) Other - Other (specify below)	$0	
Subcontracts/Agreements - Transportation	$0	
Other (please specify)	$0	
Other (please specify)	$0	
Other (please specify)	$0	
9. Subrecipient Contracts	$0	
Total Direct Costs	$273,563	

Total Indirect Costs	$0	

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TOTAL	$273,563	

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Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets. • UDS Data
SFY 2024	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2025	
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2024	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets
January 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2024 - December 31, 2024) • Complete January 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2026	
July 31, 2025	**SFY25 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2024 - June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

1. Definitions

1.1. **Measurement Year** – Consists of 365 days and is defined as either:

1.1.1. A Calendar Year (January 1st through December 31st), or

1.1.2. A State Fiscal Year (July 1st through June 30th).

1.2. **Medical Visit** –Defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. The UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the expectation is that the Contractor will adhere to the most up to date UDS guidance.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. **Breastfeeding**

2.1.1. Percent of infants who were ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for approximately six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. **Preventive Health: Lead Testing**

This measure will be broken down into two (2) age-based measures, based on current NH Legislation RSA 130-A:5-a, which requires children be tested for lead at one (1) year of age, and at two (2) years of age.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between 12 and 23 months of age (NH MCHS).

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2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between 12 and 23 months of age.

2.2.1.2. Denominator: All children who turned 24 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between 24 and 36 months of age (NH MCHS).

2.2.2.1. Numerator: All children who received at least one (1) capillary or venous blood lead test between 24 and 36 months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients 12 through 21 years of age screened for clinical depression using an age-appropriate standardized depression screening tool on the date of the encounter or within 14 days prior to the date of the encounter **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients 12 through 21 years of age who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 through 21 years of age by the end of the measurement year who had at least one (1) medical visit during the measurement year.

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2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit in the first 12 weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

2.5.1. Percent of patients three (3) through 17 years of age who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.1.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.1.2. Denominator: Number of patients who were one (1) year after their second (2nd) birthday (i.e., three (3) years of age) through adolescents who were up to one (1) year past their 16th birthday (i.e., 17 years of age) at some point during the measurement year, who had at least one (1) medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.1.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers **PLUS** queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) – Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adolescent Measure

2.7.1. SBIRT – Percent of patients 12 through 17 years of age who were screened for substance use using a formal valid screening tool during

any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use using a formal valid screening tool during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients 12 through 17 years of age during the measurement year with at least one (1) medical visit during the measurement year and with at least two (2) medical visits ever.

2.7.1.4. Definitions:

2.7.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.1.4.2. Brief Intervention: Includes guidance or counseling.

2.7.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.7.2. Percent of pregnant women who were screened using a formal valid screening tool for substance use during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of women in the denominator who were screened for substance use using a formal and valid screening tool during each trimester they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8. **Developmental Screening Measure**

Percent of children who reached 30 months of age by the end of the reporting period, and were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age (NH MCHS).

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age.

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and had at least one (1) medical visit during the measurement year.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1

SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

Organization Name

		7/1/21-6/30/22	1/1/22-12/31/22	7/1/22-6/30/23	1/1/23-12/31/23	7/1/23-6/30/24	1/1/24-12/31/24	7/1/24-6/30/25
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

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Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

4B. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5A. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6A. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6B Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7A. Percent of patients aged 18 years and older who were screened for	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7C Percent of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

DS MS

5/3/2024

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 WEEKS MEDICAL CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 22, 1919. 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: **63681**

Certificate Number: **0006658939**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 4th day of April A.D. 2024.

David M. Scanlan

Secretary of State

CERTIFICATE OF AUTHORITY

I, Charlie Cotton, Treasurer of the Board of Directors, hereby certify that:

1. I am a duly elected Clerk, Secretary, or Officer of Weeks Medical Center.

2. The following is a true copy of a vote taken at a special request by phone and/or email of the Board of Directors/shareholders, duly called and held on December 14, 2021 at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Matthew Streeter, CFO, (may list more than one person) is duly authorized on behalf of Weeks Medical Center to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

Dated: 5.2.2024

Charlie Cotton, Treasurer of the Board
Weeks Medical Center Board of Directors

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/21/2023

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

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

PRODUCER Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com
INSURED Weeks Medical Center 173 Middle Street Lancaster, NH 03584	INSURER A: Professional Security Insurance Company — NAIC # 11811 INSURER B: New Hampshire Employers Insurance Company — 13083 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W30189082 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			HPL09121499	10/01/2023	10/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ $ 5,000 $ 1,000,000 $ 3,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	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		WMZ80080077652023A	10/01/2023	10/01/2024	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Medical Professional Liability Claims-made			HPL09121499	10/01/2023	10/01/2024	Each Medical Incident Annual Aggregate	$1,000,000 $3,000,000

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

North Country Healthcare, Androscoggin Valley Hospital, North Country Home Health & Hospice Agency, Inc, Upper Connecticut Valley Hospital Association, Weeks Medical Center are named insured.

CGL & PROF is included in the same policy 002NH000032947

Certificate Holder is included as an Additional Insured as respects to General Liability, as required by written

CERTIFICATE HOLDER

State of New Hampshire, Dept. of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Northeast, Inc.	NAMED INSURED Weeks Medical Center 173 Middle Street Lancaster, NH 03584
POLICY NUMBER See Page 1	
CARRIER See Page 1 / NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

contract.

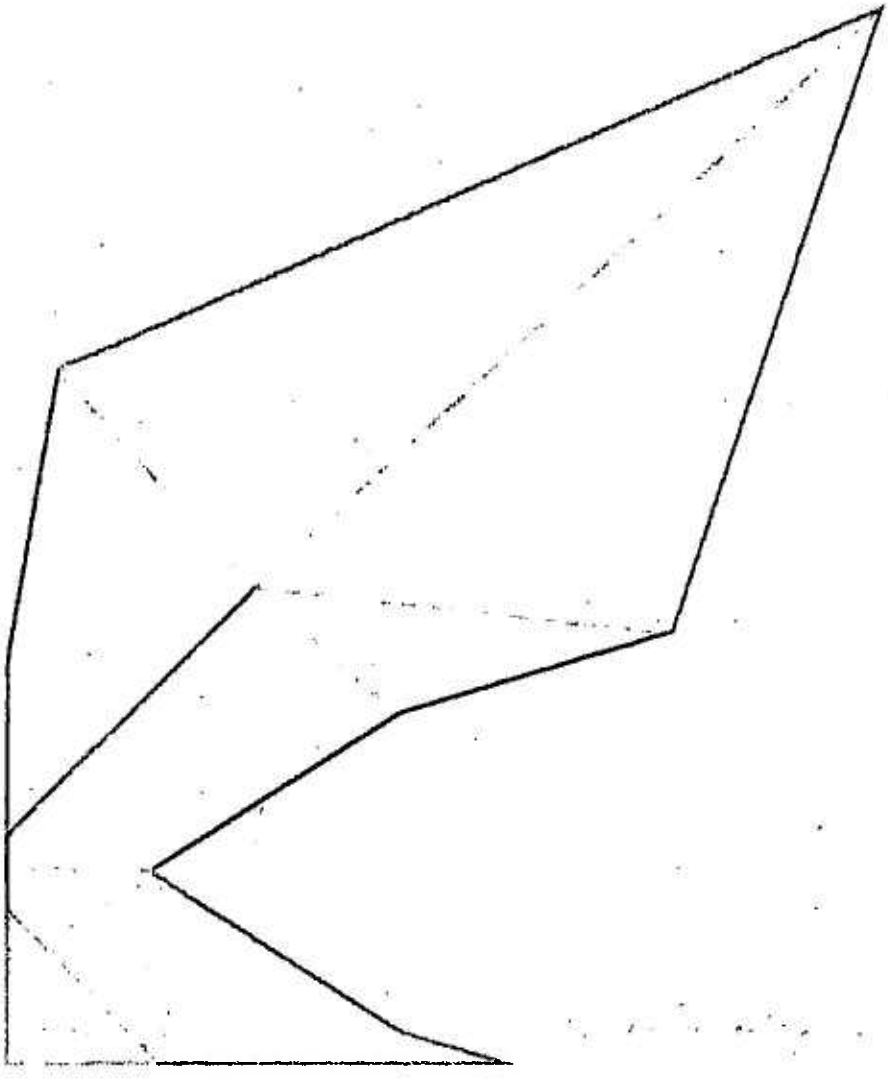
WMC Mission Statements

Weeks Medical Center's compassionate staff is committed to providing high quality and efficient healthcare services to ensure the well-being of our patients, families and communities.

Weeks Medical Center and Subsidiary

Financial Statements

Years Ended September 30, 2023 and 2022



WIPFLI

Weeks Medical Center and Subsidiary

Years Ended September 30, 2023 and 2022

Table of Contents

WIPFLI

Independent Auditor's Report

Board of Directors
Weeks Medical Center and Subsidiary
Berlin, New Hampshire

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the accompanying consolidated financial statements of Weeks Medical Center and Subsidiary (the "Hospital"), which comprise the consolidated balance sheet as of September 30, 2023, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of September 30, 2023, and the results of its operations, changes in its net assets, and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Basis for Opinion

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

Responsibilities of Management for the Consolidated Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital'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 Hospital'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.

Other Matter

The financial statements of the Hospital for the year ended September 30, 2022, were audited by another auditor, whose report dated March 9, 2023, expressed an unmodified opinion on those financial statements.

Wipfli LLP

Wipfli LLP
Eau Claire, Wisconsin
February 19, 2024

Weeks Medical Center and Affiliate

Consolidated Balance Sheets

September 30,	2023	2022
ASSETS		
Current assets:		
Cash and cash equivalents	$ 3,795,280	$ 4,990,716
Assets limited as to use	256,236	256,236
Patient accounts receivable - Net	8,735,189	8,092,506
Other accounts receivable	946,771	482,541
Inventories	1,759,746	1,407,868
Prepaid expenses	1,145,301	1,480,157
Due from related parties - Net	11,289	-
Total current assets	16,649,812	16,710,024
Assets limited as to use:		
Board designated for capital expenditures	20,201,440	25,154,117
Amounts restricted by donors	1,578,710	1,474,586
Total assets limited as to use	21,780,150	26,628,703
Less - Assets required for current liabilities	256,236	256,236
Total assets limited as to use	21,523,914	26,372,467
Property and equipment – Net	35,085,267	35,721,839
Other assets - Note receivable	9,534,913	9,534,913
Total Assets	$ 82,793,906	$ 88,339,243

Weeks Medical Center and Affiliate

Consolidated Balance Sheets (Continued)

September 30,	2023	2022
LIABILITIES AND NET ASSETS		
Current liabilities:		
Current portion of long-term debt	$ 741,050	$ 707,309
Accounts payable and accrued expenses	6,253,955	1,649,726
Accrued payroll and payroll taxes	1,487,373	1,047,854
Accrued vacation payable	991,273	1,220,033
Deferred revenue	32,561	257,230
Amounts payable to third-party reimbursement programs	4,599,836	11,662,534
Due to related parties - Net	-	817,585
Total current liabilities	14,106,048	17,362,271
Long-term debt - Less current portion	20,754,767	21,281,537
Total liabilities	34,860,815	38,643,808
Net assets:		
Without donor restrictions	46,518,437	48,477,126
With donor restrictions	1,414,654	1,218,309
Total net assets	47,933,091	49,695,435
Total liabilities and net assets	$ 82,793,906	$ 88,339,243

See accompanying notes to consolidated financial statements.

Weeks Medical Center and Affiliate

Consolidated Statements of Operations

Years Ended September 30,	2023	2022
Net assets without donor restrictions:		
Net patient service revenue	$ 77,118,350	$ 67,384,290
Other revenue	5,971,170	8,176,413
Total revenue	83,089,520	75,560,703
Expenses:		
Salaries and wages	25,893,459	27,235,382
Employee benefits	8,281,556	7,320,642
Supplies and other	45,820,215	34,528,137
Interest	639,340	526,982
Depreciation	4,296,405	4,001,714
Total expenses	84,930,975	73,612,857
Income (loss) from operations	(1,841,455)	1,947,846
Other income (expense):		
Investment income (loss)	2,015,406	(2,792,638)
Contributions and donations - Net	(103,546)	129,511
Gain on disposal of property and equipment	1,000	-
Total other income (expense) - Net	1,912,860	(2,663,127)
Revenue in excess (deficiency) of expenses	71,405	(715,281)
Other changes in net assets without donor restrictions:		
Transfer of equity to North Country Healthcare, Inc.	(2,030,094)	(2,037,482)
Net assets released from restrictions for property and equipment acquisitions	-	-
Decrease in net assets without donor restrictions	$ (1,958,689)	$ (2,752,763)

See accompanying notes to consolidated financial statements.

Weeks Medical Center and Affiliate

Consolidated Statements of Changes in Net Assets

Years Ended September 30,	2023	2022
Net assets without donor restrictions:		
Revenue in excess (deficiency) of expenses	$ 71,405	$ (715,281)
Other changes in unrestricted net assets:		
Transfer of equity to North Country Healthcare, Inc.	(2,030,094)	(2,037,482)
Net assets released from restrictions for property and equipment acquisitions	-	-
Decrease in net assets without donor restrictions	(1,958,689)	(2,752,763)
Net assets with donor restrictions:		
Investment income (loss)	100,161	(87,938)
Restricted contributions	104,037	192,302
Net assets released from restrictions	(7,853)	(324,761)
Increase (decrease) in net assets with donor restrictions	196,345	(220,397)
Change in net assets	(1,762,344)	(2,973,160)
Net assets at beginning	49,695,435	52,668,595
Net assets at end	$ 47,933,091	$ 49,695,435

See accompanying notes to consolidated financial statements.

Weeks Medical Center and Affiliate

Consolidated Statements of Cash Flows

Years Ended September 30,	2023	2022
Increase (decrease) in cash and cash equivalents:		
Cash flows from operating activities:		
Change in net assets	$ (1,762,344)	$ (2,973,160)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation	4,296,405	4,092,650
Amortization	90,936	90,936
Net realized and unrealized losses (gains) on investments, including assets limited as to use	(1,826,289)	3,627,320
Gain on disposal of property and equipment	(1,000)	-
Transfer of equity to North Country Healthcare, Inc.	2,030,094	2,037,482
Restricted contributions	(104,037)	(192,302)
Changes in operating assets and liabilities:		
Patient and other receivables - Net	(1,106,913)	(1,334,725)
Inventories	(351,878)	(234,899)
Prepaid expenses	334,856	(185,035)
Due from/to related parties - Net	(828,874)	(1,105,465)
Accounts payable	4,604,229	(191,001)
Accrued compensation and other	210,759	(548,231)
Deferred revenue	(224,669)	(296,651)
Amounts payable to third-party reimbursement programs	(7,062,698)	(10,939,463)
Total adjustments	60,921	(5,179,384)
Net cash used in operating activities	(1,701,423)	(8,152,544)
Cash flows from investing activities:		
Decrease in assets limited as to use	6,674,842	3,060,034
Purchases of property and equipment	(3,659,833)	(6,712,426)
Proceeds from sale of property and equipment	1,000	-
Net cash provided by (used in) investing activities	3,016,009	(3,652,392)
Cash flows from financing activities:		
Principal payments on long-term debt	(583,965)	(754,868)
Transfer of equity to North Country Healthcare, Inc.	(2,030,094)	(2,037,482)
Restricted contributions	104,037	192,302
Net cash used in financing activities	(2,510,022)	(2,600,048)
Net decrease in cash and cash equivalents	(1,195,436)	(14,404,984)
Cash and cash equivalents - Beginning of year	4,990,716	19,395,700
Cash and cash equivalents - End of year	$ 3,795,280	$ 4,990,716
Supplemental cash flow information:		
Cash paid for interest	$ 548,404	$ 436,046

See accompanying notes to consolidated financial statements.

Weeks Medical Center and Subsidiary
Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies

The Entities

Weeks Medical Center ("WMC") is a not-for-profit corporation which operates a 22-bed Critical Access Hospital ("CAH") providing inpatient and outpatient health care services, as well as emergency and specialty care through specialty physician/provider clinics, to patients in Lancaster, New Hampshire and the surrounding communities. WMC also operates four rural health clinics located throughout Northern New Hampshire.

Lancaster Patient Care Center ("LPCC") is a 501(c)(3) non-profit corporation formed for the purpose of securing new financing related to the construction of a new patient care center on the Weeks Medical Center campus. LPCC is a wholly-controlled affiliate of Weeks Medical Center.

North Country Healthcare, Inc. ("NCH") is the sole corporate member of Weeks Medical Center. NCH is also the parent company of Androscoggin Valley Hospital, Inc. ("AVH"), Upper Connecticut Valley Hospital ("UCVH"), and North Country Home Health & Hospice Agency, Inc. ("NCHHHA").

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of WMC and its wholly controlled subsidiary, LPCC (collectively the "Hospital"). All material intercompany accounts and transactions have been eliminated in consolidation.

Consolidated Financial Statement Presentation

The Hospital follows accounting standards set by the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC). The ASC is the single source of authoritative accounting principles generally accepted in the United States (GAAP) to be applied to nongovernmental entities in the preparation of financial statements in conformity with GAAP.

Use of Estimates in Preparation of Financial Statements

The preparation of the accompanying consolidated financial statements in conformity with GAAP requires management to make certain estimates and assumptions that directly affect the reported amounts of assets and liabilities and disclosure contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results may differ from these estimates.

Cash Equivalents

The Hospital considers highly-liquid debt instruments with an original maturity of three months or less to be cash equivalents, excluding amounts limited as to use.

Note 1: Summary of Significant Accounting Policies (Continued)

Assets Limited as to Use and Investment Income

Assets limited as to use include assets designated by the Board of Directors for future capital improvements and expansion over which the Board of Directors retains control and may at its discretion subsequently use for other purposes, and funds restricted by donors for specific purposes.

Investments, which are included as assets limited as to use, are measured at fair value in the accompanying consolidated balance sheets and are considered trading securities unless are restricted by donor or law.

Investment income or loss (including realized gain (loss) on investments, interest, and dividends, net of investment fees) is reported as other income (expenses) and is included in revenue in excess (deficiency) of expenses unless the income is restricted by donor or law. Realized gains or losses are determined by specific identification.

The Hospital monitors the difference between the cost and fair value of its investments. If investments experience a decline in value that the Hospital determines is other than temporary, the Hospital records a realized loss in investment income.

Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date. The Hospital measures fair value of its financial instruments using a three-tier hierarchy that prioritizes the inputs used in measuring fair value. These tiers include Level 1, defined as observable inputs such as quoted market prices in active markets; Level 2, defined as inputs other than quoted market prices in active markets that are either directly or indirectly observable; and Level 3, defined as unobservable inputs in which little or no market data exists, therefore requiring an entity to develop its own assumptions. The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Patient Accounts Receivables and Credit Policy

Patient accounts receivable is reported at the amount that reflects the consideration to which the Hospital expects to be entitled, in exchange for providing patient care services. Patient accounts receivable are recorded in the accompanying consoidated statements of financial position net of contractual adjustments and implicit price concessions which reflects management's estimate of the transaction price. The Hospital estimates the transaction price based on, negotiated contractual agreements, historical experience, and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions and is recorded through a reduction of gross revenue and a credit to patient accounts receivable. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change.

The Hospital does not have a policy to charge interest on past due accounts.

Note 1: Summary of Significant Accounting Policies (Continued)

Inventories

Inventories consist primarily of medical supplies, general supplies, and pharmaceuticals and are stated at the lower of cost or net realizable value with cost determined using first in first out (FIFO) method.

Property, Equipment and Depreciation

Property and equipment acquisitions are recorded at cost or, if donated, at fair value at the date of donation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Estimated useful lives range from three to twenty-five years for major movable equipment, and from five to thirty years for land improvements, building, building service equipment, fixed assets, and leasehold improvements.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support and are excluded from revenue in excess of expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Hospital reports expirations of donor restrictions when the donated or acquired long-lived assets are placed into service.

Impairment of Long-Lived Assets

The Hospital periodically evaluates the recoverability of its long-lived assets, which consists primarily of property and equipment with estimated useful lives, whenever events or changes in circumstance indicate that the carrying value may not be recoverable. If the recoverability of these assets is unlikely because of the existence of factors indicating impairment, an impairment analysis is performed using a projected undiscounted cash flow method. Management must make assumptions regarding estimated future cash flows and other factors to determine the fair value of these respective assets. If the carrying amounts of the assets exceed their respective fair values, the carrying value of the underlying assets would be adjusted to fair value and an impairment loss would be recognized. During 2023 and 2022, the Hospital determined that no evaluations of recoverability were necessary.

Unamortized Debt Issuance Costs

Costs related to issuance of long-term debt are amortized over the life of the related debt. Amortization expense of the costs of issuance of long-term debt is included within interest expense in the accompanying consolidated statements of operations.

Note 1: Summary of Significant Accounting Policies (Continued)

Asset Retirement Obligation

ASC Topic 410-20, *Accounting for Conditional Asset Retirement Obligation*, clarifies when an entity is required to recognize a liability for a conditional asset retirement obligation. Management has considered ASC Topic 410-20, specifically as it relates to its legal obligation to perform asset retirement activities, such as asbestos removal, on its existing properties. Management believes that there is an indeterminate settlement date for the asset retirement obligations because the range of time over which the Hospital may settle the obligation is unknown and cannot be estimated. As a result, management cannot reasonably estimate the liability related to these asset retirement activities as of September 30, 2023 and 2022.

Net Assets

Net assets without donor restrictions consist of investments and otherwise unrestricted amounts that are available for use in carrying out the mission of the Hospital. Net assets with donor restrictions are those whose use by the Hospital has been limited by donors to a specific time period or purpose, or those assets restricted by donors to be maintained by the Hospital in perpetuity.

Revenue in Excess (Deficiency) of Expenses

The accompanying consolidated statements of operations and changes in net assets include the classification of revenue in excess (deficiency) of expenses, which is considered the operating indicator. Changes in net assets without donor restrictions, which are excluded from the operating indicator include items such as permanent transfer of assets to and from affiliates for other than goods and services.

Patient Service Revenue

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

Performance obligations are determined based on the nature of the services provided. Revenue from performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. Generally, the majority of patient care services provided in or by the Hospital, the performance obligation is satisfied as the patient simultaneously receives and consumes the benefits provided as the services are performed and recognition of the obligation over time yields the same result as recognizing the obligation at a point in time. The Hospital believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation.

Note 1: Summary of Significant Accounting Policies (Continued)

Patient Service Revenue (Continued)

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

The Hospital uses a portfolio approach to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. The Hospital used the following factors to develop portfolios: major payor classes, type of service (i.e. inpatient, outpatient, emergency, clinic, etc.), and geographic location. Using historical collection trends and other analyzes, the Hospital evaluated the accuracy of its estimate and determined that recognizing revenue by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach was used.

The nature, amount, timing and uncertainty of revenue and cash flows are affected by several factors that the Hospital considers in its recognition of revenue. Following are some of the factors considered:

- Payors (for example, Medicare, Medicaid, managed care, other insurance, patient, etc.) have different reimbursement/payment methodologies
- Length of the patient's service/episode of care
- Geography of the service location
- Line of business that provided the service (for example, hospital, clinic, etc.)

The Hospital determines the transaction price, which involves significant estimates and judgement, based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Hospital's policy, and implicit price concessions provided to patients. The Hospital determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policy, and historical experience. The Hospital determines its estimate of implicit price concessions based on its historical collection experience for each patient portfolio based on payor class and service type.

Note 1: Summary of Significant Accounting Policies (Continued)

Patient Service Revenue (Continued)

The Hospital has agreements with third-party payors that typically provide for reimbursement at amounts that vary from its established charges. A summary of the basis of reimbursement with major third-party payors follows:

Hospital Services:

- Medicare: The Hospital is designated as a critical access hospital (CAH). As such, all inpatient, swing bed, and outpatient hospital services are paid based on a cost-reimbursement methodology, except for certain types of laboratory, radiology, and professional services provided to Medicare beneficiaries, which are reimbursed on prospectively determined fee schedules.

- Medicaid: Inpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services rendered to Medicaid program beneficiaries are paid based on a cost-reimbursement methodology. The State of New Hampshire also enacted in 2021 a directed payment program for hospitals participating in the Medicaid program in which payments are paid in support of healthcare services provided to Medicaid and low-income beneficiaires to the providers that care for these patients, including the Hospital. The Medicaid directed payment program is funded through a tax that is imposed by the State of New Hampshire on the gross patient service revenue of every hospital in the state. The funds generated from this tax and from federal matching funds are disbursed to the hospitals through the Medicaid directed payment program. The Medicaid directed payment program replaced the previous Medicaid Disproportionate Share Hospital ("DSH") payment program which was funded through federal and state allotments in order to provide financial assistance to hospitals that served a large proportion of low-income patients. Amounts received under the DSH payment program were subject to audit and therefore subject to change; however, the direct payment program is not subject to future audit as amounts are determined prospectively based on prior filings by each hospital. The Hospital incurred Medicaid enhancement taxes, which were paid to the State of New Hamsphire to assist in funding the Medicaid direct payment program, of approximately $2,907,000 and $2,476,000 during 2023 and 2022, respectively which is included in supplies and other expenses in the accompanying consolidated statements of operations.

- Other: Payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations provide for payment using prospectively determined rates per discharge, discounts from established charges, prospectively determined daily rates, and fee schedules.

Weeks Medical Center and Subsidiary
Notes to Consolidated Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Patient Service Revenue (Continued)

Clinics:

- Professional services to clinic patients, including behavioral health services, are paid primarily under arrangements which include prospectively determined rates per visit or procedure or discounts from established charges.

- Certain physician and professional services rendered to Medicare and Medicaid beneficiaries in the Hospital's Lancaster, Whitefield, Groveton, and North Stratford clinics qualify for reimbursement as Medicare- and Medicaid-approved rural health clinic services. Qualifying services are reimbursed based on cost-reimbursement methodologies. All other physician and professional services rendered to Medicare and Medicaid beneficiaries are paid based on prospectively determined fee schedules.

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

The Centers for Medicare and Medicaid Services (CMS) uses recovery audit contractors (RACs) to search for potentially inaccurate Medicare payments that may have been made to health care providers and tat were not detected through existing CMS program integrity efforts. Once the RAC identifies a claim it believes is inaccurate, the RAC makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment. The Hospital has not been notified by the RAC of any potential significant reimbursement adjustments. In addition, the contracts the Hospital has with commercial payors also provide for retroactive audit and review of claims.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Hospital's historical settlement activity, including an assessment 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 (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from a change in the transaction price, were not significant in 2023 and 2022.

Note 1: Summary of Significant Accounting Policies (Continued)

Patient Service Revenue (Continued)

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Hospital also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Hospital estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions.

Consistent with the Hospital's mission, care is provided to patients regardless of their ability to pay. Therefore, the Hospital has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Hospital expects to collect based on its collection history with those patients. In accordance with New Hampshire state statute 151:12-b, *Hospital Rates for Self-Pay Patients*, the Hospital accepts as payment in full from uninsured payments amounts no greater than amounts generally billed and received by the Hospital for that service for patients covered by health insurance for similar services. This policy did not change in 2023 and 2022.

The promised amount of consideration from patients and third-party payors have not been adjusted for the effects of a significant financing component due to the Hospital's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the Hospital does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

All incremental customer contract acquisition costs are expensed as they are incurred as the amortization period of the asset that the Hospital otherwise would have recognized is one year or less in duration.

Charity Care

The Hospital provides care to patients who meet criteria under its financial assistance policy without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as net patient service revenue.

The estimated cost of providing care to patients under the Hospital's financial assistance policy is calculated by multiplying the ratio of cost to gross charges for the Hospital times the gross uncompensated charges associated with providing charity care.

Note 1: Summary of Significant Accounting Policies (Continued)

Contributions and Gifts

Contributions are considered available for unrestricted use unless specifically restricted by the donor. Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is deemed unconditional. The gifts are reported as 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 accompanying consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as contributions without donor restrictions.

Advertising Costs

Advertising costs are expensed as incurred.

Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Hospital is also engaged, to a limited extent, in certain activities subject to taxation as unrelated business income ("UBI"). UBI is not significant.

Subsequent Events

Subsequent events have been evaluated through February 19, 2024, which is the date the consolidated financial statements were available to be issued.

Note 2: COVID-19

Starting in March 2020, the nation in general, and healthcare-related entities specifically, were faced with a global pandemic. As healthcare entities prepared for the crisis, operational changes were made to delay routine visits and elective procedures and reevaluate the entire care delivery model to care for patient needs, specifically those affected by COVID-19. These operational changes continued and adjustments were made in operations and business plans throughout the pandemic. The declared public health emergency ended in May 2023 related to the COVID-19 pandemic, and even with this ending the complete financial impact on the economy in general and healthcare-related entities specifically still remains undeterminable at this time. Management of the Hospital continues to note that both operational performance and cash flows for healthcare-related entities have been and will continue to be impacted into the future even though the declared public health emergency period and pandemic have ended.

Note 2: COVID-19 (Continued)

The federal and state governments, as well as other agencies, assisted many healthcare organizations to prevent significant financial constraints by providing supplemental payment programs in the forms of distributions which are intended to help in offsetting lost revenues as well as the cost of staffing, supplies, and equipment from treating patients impacted by or preparing for the pandemic's healthcare needs.

Through September 30, 2022, the Hospital received approximately $7,869,000 in funding from these program and recognized approximately $63,000 and $2,636,000 as other operating revenue during the year ended September 30, 2023 and 2022, respectively, in the accompanying consolidated statements of operations. The Hospital had also previously recognized approximately $5,170,000 in operating revenue of these amounts received collectively between 2021 and 2020. No additional funds had been received from these programs during the year ended September 30, 2023. Funding was primarily received from the U.S. Department of Health and Human Services ("HHS") Coronavirus Aid, Relief, and Economic Security ("CARES") and American Rescue Plan ("ARP") Acts, and the State of New Hampshire related to COVID-19 assistance.

These funds are subject to various financial and compliance guidelines for intended uses as published by the federal and state governments. Management is continuing to monitor compliance with the terms and conditions of these grants as new guidance and clarification is released from HHS, the State of New Hampshire, and other agencies. The Hospital has completed all required attestations to the federal government as well as all required audits to date to or comply with the current terms and conditions of the programs; however, as more information becomes available or the federal or state government would perform any additional audits in the future, the Hospital's ability to retain some or all of the distributions received could be impacted.

The Hospital also received approximately $4,714,000 of accelerated and advanced payments from the Medicare program in 2020 to be repaid interest free over approximately a seventeen month period of time starting in 2021. The Hospital repaid the advanced payments from the Medicare program in full in 2022.

Note 3: Available Resources and Liquidity

The Hospital does not have a formal liquidity policy but generally strives to maintain financial assets in liquid form such as cash and cash equivalents for at least three to six months of operating expenses. Other funds, included in assets limited as to use in the accompanying consolidated statements of financial position, are considered available for operational or capital needs. Occasionally, the Board of Directors designates a portion of operating surplus to be appropriated at its discretion for future operational initiatives and capital expenditures. These funds, at the discretion of the Board of Directors, could be released immediately or sold and redeemed prior to their maturity and are not considered available under the Hospital's general liquidity management. The Foundation also has unrestricted investments available which are included in assets limited as to use and could be used for operating purposes of the Foundation or transferred to for hospital operations or other needs if approved by the Foundation. At September 30, 2023 and 2022, the balance of these funds collectively was $21,780,150 and $26,628,703, respectively.

Financial assets available for general expenditure, such as operating expenses, and purchases of property and equipment, within one year of the consolidated balance sheet date, comprise the following at September 30:

	2023	2022
Cash and cash equivalents	$ 3,795,280	$ 4,990,716
Patient accounts receivable - Net	8,735,189	8,092,506
Other accounts receivable	946,771	482,541
Due from related parties - Net	11,289	-
Total	$ 13,488,529	$ 13,565,763

Patient accounts receivable - net becomes available as an available resource to the Hospital generally as operating cash as it is billed and collected based on the policies and procedures described in Note 1, and its opening balance at October 1, 2021 was $7,146,867.

Note 4: Assets Limited as to Use and Investment Income

Assets limited as to use, stated at fair value, consisted of the following at September 30:

	2023	2022
Money market funds	$ 7,179,905	$ 5,256,610
Exchange traded funds	185,394	-
Mutual funds	132,533	6,452,758
Marketable equity securities	12,498,464	12,249,276
Fixed income securities - U.S. Treasury and corporate bonds	1,783,854	2,670,059
Total assets limited as to use	$ 21,780,150	$ 26,628,703

Investment income (loss), including income on assets limited as to use, consisted of the following for the years ended September 30:

	2023	2022
Investment income (loss) without donor restrictions:		
Interest and dividends - Net of investment fees	$ 263,615	$ 640,823
Net realized gain (loss) on sale of investments	(2,719)	5,060
Net unrealized gain (loss) on investments	1,754,510	(3,438,521)
Investment income (loss) with donor restrictions:		
Interest and dividends - Net of investment fees	25,663	105,921
Net realized loss on sale of investments	(45,869)	(106,074)
Net unrealized gain (loss) on investments	120,367	(87,785)
Total investment income (loss)	$ 2,115,567	$ (2,880,576)

Management assesses individual investment securities as to whether declines in market value are other than temporary and result in impairment. For equity securities and mutual funds, the Hospital considers whether it has the ability and intends to hold the investment until a market price recovery. Evidence considered in this includes the reasons for the impairment, the severity and duration of the impairment, changes in value subsequent to year-end, the issuer's financial condition, and the general market condition in the geographic area or industry in which the investee operates. For debt securities, if the Hospital has made a decision to sell the security, or if its's more likely than not the Hospital will sell the security before the recovery of the security's cost basis, an other-than temporary impairment is considered to have occurred. If the Hospital has not made a decision or does not have an intention to sell the debt security, but the debt security is not expected to recover its value due to a credit loss, an other-than-temporary impairment is considered to have occurred. At September 30, 2023 and 2022, the Hospital did not consider any individual investments other than temporarily impaired.

Note 4: Assets Limited as to Use and Investment Income (Continued)

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of certain investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated financial statements.

Note 5: Fair Value Measurements

The following is a description of the valuation methodologies used for assets measured at fair value:

Money market funds are valued using a net asset value (NAV) of $1.00. Exchange traded funds and mutual funds are valued at the daily closing price as reported by the fund. Exchange traded funds and mutual funds held by the Hospital are open-end funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily NAV and to transact at that price. The exchange traded funds and mutual funds held by the Hospital are deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Hospital's assets measured at fair value on a recurring basis as of September 30:

	2023			
	Level 1	Level 2	Level 3	Total Assets at Fair Value
Assets:				
Money market funds	$ -	$ 7,179,905	$ -	$ 7,179,905
Exchange traded funds	185,394	-	-	185,394
Mutual funds - Invested in equity and fixed income securities	132,533	-	-	132,533
Marketable equity securities	12,498,464	-	-	12,498,464
Fixed income securities:				
Corporate bonds	-	1,144,282	-	1,144,282
U.S. Treasury bonds	-	639,572	-	639,572
Total assets	$ 12,816,391	$ 8,963,759	$ -	$ 21,780,150

Note 5: Fair Value Measurements (Continued)

	2022			
	Level 1	Level 2	Level 3	Total Assets at Fair Value
Assets:				
Money market funds	$ -	$ 5,256,610	$ -	$ 5,256,610
Mutual funds - Invested in equity and fixed income securities	6,452,758	-	-	6,452,758
Marketable equity securities	12,249,276	-	-	12,249,276
Fixed income securities:				
Corporate bonds	-	1,744,078	-	1,744,078
U.S. Treasury bonds	-	925,981	-	925,981
Total assets	$ 18,702,034	$ 7,926,669	$ -	$ 26,628,703

The assets included in the fair value measurements tables above include all assets within assets limited as to use as detailed in Note 4 at both September 30, 2023 and 2022.

Note 6: Property and Equipment

Property and equipment consisted of the following at September 30:

	2023	2022
Land	$ 532,630	$ 532,630
Land improvements	2,178,955	1,822,414
Buildings	30,946,509	27,797,145
Fixed equipment	18,341,388	15,149,000
Major movable equipment	28,000,258	27,264,296
Total property and equipment	79,999,740	72,565,485
Less - Accumulated depreciation	45,971,822	41,741,851
Net depreciated value	34,027,918	30,823,634
Construction in progress	1,057,349	4,898,205
Property and equipment - Net	$ 35,085,267	$ 35,721,839

Construction in progress at September 30, 2023, primarily relates to minor facility renovation, equipment installation costs, and information technology upgrade projects which are anticipated to be completed and placed into service in 2024. The estimated remaining cost to complete these projects is approximately $700,000 as of September 30, 2023. These projects are being funded by operating cash reserves of the Hospital.

Note 7: Long-Term Debt

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

	2023	2022
Business Finance Authority of the State of New Hampshire hospital revenue bonds, Series 2010, held by Passumpsic Bank; variable interest rate of 6.21% at September 30, 2023; interest and principal due monthly in installments of $37,000, including interest; through September 1, 2030; collateralized by property and equipment of the Hospital.	$ 4,750,000	$ 5,297,500
Mortgage payable to Passumpsic Savings Bank; fixed interest rate of 3.75%; interest and principal due monthly in installments of $24,070, including interest, through December 1, 2038; collateralized by mortgaged property of the Hospital.	3,353,997	3,513,796
LPCC note payable to 20 VRV 2008, LLC.; fixed interest rate of 1.00%; interest-only payments of $3,372 due quarterly through January 1, 2027, at which time interest and principal payments of $13,777, including interest, are due quarterly until maturity date of December 31, 2053; collateralized by LPCC property.	4,046,837	4,046,837
LPCC note payable to 20 VRV 2008, LLC.; fixed interest rate of 1.00%; interest-only payments of $23,837 due quarterly through January 1, 2027, at which time interest and principal payments of $33,617, including interest, are due quarterly until maturity date of December 31, 2053; collateralized by LPCC property.	9,534,913	9,534,913
Other note payable	123,333	-
Totals	21,809,080	22,393,046
Less - Current maturities	741,050	707,309
Less - Unamortized debt issuance costs	313,263	404,200
Long-term maturities	$ 20,754,767	$ 21,281,537

The bond and notes payable agreements provide for various restrictive covenants, including required annual financial reporting and meeting certain financial ratios, among other covenants.

As part of its financing for LPCC, the Hospital borrowed $9,534,913 to Twain Investment Fund 328, LLC ("Twain"), an unrelated party who then invested approximately $14,000,000 in 20 VRV 2008, LLC, another unrelated party, as part of a new markets tax credit arrangement. 20 VRV 2008, LLC then loaned LPCC through two notes which totaled $13,581,750 as described in detail in the long-term debt table above. The note receivable to Twain was made on November 14, 2018, has a 30-year term, and accrues interest at 1.213%. Interest-only payments of $9,638 are due quarterly to LPCC from Twain through September 2027, at which time monthly payments of $44,314, including principal and interest, are due from Twain to LPCC until the maturity date of December 10, 2047. LPCC can utilize the payments received to assist in repayment of the principal and interest on the notes payable to 20 VRV 2008, LLC.

Note 7: Long-Term Debt (Continued)

The note payable to 20 VRV 2008, LLC also requires establishment of a replacement reserve account which is required to be funded annually through 2024 by LPCC, and amounts in the replacement reserve account can be utilized primiarly for fees incurred to maintain compliance and recordkeeping for the debt arrangements, as well as for any necessary capital upgrades, renovations, and routine maintenance to ensure that the facilities included in the LPCC note agreements are maintained. Annual fees are required to be paid from the replacement reserve account to the unrelated parties to manage the debt arrangement through 2024, and any remaining funds can be used to repay principal on outstanding notes or for capital or maintenance expenditures as needed. This reserve account is also designated by the Hospital's Board of Directors for capital expenditures or repayment of final principal on the notes and is included in the current portion of assets limited as to use in the accompanying consolidated balance sheets as it can be used regularly and as needed for general capital and maintenance of the facilities, as well as other current fees as they come due.

Scheduled principal payments on long-term debt at September 30, 2023, including current maturities, are summarized as follows:

	2023
2024	$ 741,050
2025	896,523
2026	850,793
2027	1,293,541
2028	1,348,728
Thereafter	16,678,445
Total	$ 21,809,080

Note 8: Net Assets With Donor Restrictions

Net assets with donor restrictions include assets set aside in accordance with donor restrictions as to time or use. Net assets with donor restrictions are available for the following purposes at September 30:

	2023	2022
Donor restricted, subject to expenditure for specific healthcare program purposes	$ 284,238	$ 188,052
Donor restricted, to be maintained in perpetuity with investment income expendable for healthcare programs	1,130,418	1,030,257
Total	$ 1,414,656	$ 1,218,309

Note 8: Net Assets With Donor Restrictions (Continued)

The Hospital's net assets with donor restrictions include two endowment funds that are invested in various investments including certificates of deposit, as well as marketable equity securities, corporate bonds, U.S. treasury bonds, and mutual funds in brokerage accounts. The endowment funds were established by donors to be maintained in perpetuity, the income of which is expendable for hospital operations and scholarships for medical education for employees of the Hospital upon approval of the Board of Directors. The Board of Directors have created a policy for the endowment fund to be invested in a manner that is intended to produce results that exceed the price and yeild results of the S&P 500 index while assuming a moderate level of investment risk.

The Board of Directors of the Hospital have interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift to the endowment fund absent any explicit donor stipulations that would otherwise dictate the contributed funds. The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a dependable method of funding programs supported by the endowment funds while seeking to preserve the purchasing power of the endowment assets. Under this policy, the Hospital monitors the investments of the endowment so that these assets are invested in funds that are not expected to decline significantly in value in the future. This method of investing will maintain the purchasing power of the endowment assets that are required to be held in perpetuity, as well as to provide additional purchasing ability through new contributions and investment returns.

Changes in endowment net assets for the years ended September 30 consisted of the following:

	2023		
	Donor Restricted Subject to Appropriations	Donor Restricted to be Held in Perpetuity	Total
Endowment net assets at beginning of year	$ 118,343	$ 911,914	$ 1,030,257
Interest and dividend income - Net of fees	25,663	-	25,663
Net appreciation - Unrealized gain	120,367	-	120,367
Net realized loss	(45,869)	-	(45,869)
Endowment net assets at end of year	$ 218,504	$ 911,914	$ 1,130,418

	2022		
	Donor Restricted Subject to Appropriations	Donor Restricted to be Held in Perpetuity	Total
Endowment net assets at beginning of year	$ 206,281	$ 911,914	$ 1,118,195
Interest and dividend income - Net of fees	105,921	-	105,921
Net depreciation - Unrealized loss	(87,785)	-	(87,785)
Net realized loss	(106,074)	-	(106,074)
Endowment net assets at end of year	$ 118,343	$ 911,914	$ 1,030,257

Note 9: Net Patient Service Revenue

The composition of net patient service revenue based on the geographic region the Hospital operates in as outlined in Note 1, is primarily all hospital and clinic services and whether inpatient or outpatient services, the Hospital considers these similar business lines for the purposes of tracking net patient service revenue.

Patient service revenue (net of contractual allowances, discounts, and implicit price concessions) consisted of the following for the years ended September 30:

	2023	2022
Medicare and Medicare Advantage Plans	$ 44,583,337	$ 42,202,536
Medicaid and Medicaid HMO Plans	18,333,749	13,849,284
Other third-party payors	13,545,527	10,809,198
Uninsured Patients	655,737	523,272
Total	$ 77,118,350	$ 67,384,290

Note 10: Charity Care

The Hospital provides healthcare services and other financial support through various programs that are designed, among other matters, to enhance the health of the community including the health of low-income patients and residents. Consistent with the mission of the Hospital, care is provided to patients regardless of their ability to pay, including providing services to those persons who cannot afford health insurance because of inadequate resources or who are underinsured.

Patients who meet certain criteria for charity care, generally based on federal poverty guidelines, are provided care without charge or at a reduced rate, determined based on qualifying criteria as defined in the Hospital's charity care policy and from applications completed by patients and their families.

The estimated cost of providing care to patients under the Hospital's charity care policy aggregated approximately $816,000 and $617,000 in 2023 and 2022, respectively.

Other benefits for the community for which the Hospital is not compensated, or for which compensation is below cost, include health screenings, community education through seminars and classes, and other health-related services.

Note 11: Retirement Plans

The Hospital is part of the North Country Healthcare Retirement Plan, a defined contribution retirement plan sponsored by NCH covering substantially all employees. Employees may contribute a percentage of their compensation to the retirement plan. After a year of service, the Hospital will contribute matching contributions of 50% of participant contributions up to 6% of compensation. The Hospital's retirement plan expense totaled approximately $453,000 and $484,000 in 2023 and 2022, respectively.

Certain eligible employees of the Hospital are also eligible to participate in a nonqualified deferred compensation plan established under Section 457(b) of the Code, which is administerred by NCH. The plan permits certain management and highly compensated employees to defer portions of their compensation based on Internal Revenue Service guidelines. Compensation deferred is transferred to NCH who then retains the related investments. These investments are then segregated by NCH a separate account, and any assets and related deferred compensation plan liabilities are reported in the financial statements of NCH since under the terms of the deferred compensation plan agreement, NCH bears the responsibility for custody of the assets and their related liabilities once the related withholdings are transferred from the Hospital to NCH.

Note 12: Malpractice Insurance

The Hospital is insured under the NCH medical malpractice insurance coverage. NCH purchases medical malpractice insurance under a claims-made policy. Under such a policy, only claims made and reported to the insurer are covered during the policy term, regardless of when the incident giving rise to the claim occurred. The Hospital would be able to purchase tail coverage from its insurance carrier if it chose to do so. The professional liability insurance policy is renewable annually and has been renewed by the insurance carrier for the annual period extending to October 1, 2024.

Under a claims-made policy, the risk for claims and incidents not asserted within the policy period remains with the Hospital. Although there exists the possibility of claims arising from services provided to patients through September 30, 2023, which have not yet been asserted even if covered by insurance policies, the Hospital has not been given notice of any such material possible claims, and accordingly no provision or related insurance recoveries have been made for them.

Note 13: Concentration of Credit Risk

Financial instruments that potentially subject the Hospital to possible credit risk consist principally of patient accounts receivable and cash deposits in excess of insured limits in financial institutions.

Patient accounts receivable consist of amounts due from patients, their insurers, or governmental agencies (primarily Medicare and Medicaid) for health care provided to patients. The majority of the Hospital's patients are from Lancaster, New Hampshire, and the surrounding area.

Note 13: Concentration of Credit Risk (Continued)

The mix of receivables from patients and third-party payors is as follows at September 30:

	2023	2022
Medicare	47 %	42 %
Medicaid	11 %	13 %
Other third-party payors	23 %	26 %
Patients	19 %	19 %
Total	100 %	100 %

The Hospital maintains depository relationships with area financial institutions that are Federal Deposit Insurance Corporation ("FDIC") insured institutions. Depository accounts are insured by the FDIC up to $250,000. Operating cash needs often require that amounts on hand exceed FDIC limits. Management has also entered into other collateral protection arrangements with one of these financial institutions to provide coverage over the FDIC limits. At September 30, 2023, the Hospital's bank account balances were approximately $957,000 above the FDIC coverage or other collateral protection limits. Management of the Hospital believes that as of September 30, 20233 it is not exposed to any significant risks from the financial insitutions which are holding the uninsured deposits.

Note 14: Functional Expenses

The Hospital provides general healthcare services to residents within its geographic location. The accompanying consolidated statements of operations and changes in net assets present certain expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis. Employee benefits are allocated based on factors of either salary expense or actual employee expense. Overhead costs that include things such as professional services, office expenses, information technology, insurance, and other similar expenses are allocated on a variety of factors including revenues and departmental expense. Costs related to building and equipment usage include depreciation and interest and are allocated on a square footage or direct assignment basis. Expenses related to providing these services for the years ended September 30, 2023 and 2022, are as follows:

	2023			2022		
	Healthcare Services	General Administrative	Total	Healthcare Services	General Administrative	Total
Salaries and wages	$ 23,841,486	$ 2,051,973	$ 25,893,459	$ 21,680,066	$ 5,555,316	$ 27,235,382
Employee benefits	6,526,012	1,755,544	8,281,556	5,799,081	1,521,561	7,320,642
Supplies and other	31,527,099	14,293,116	45,820,215	24,714,968	9,813,169	34,528,137
Interest	372,432	175,972	548,404	296,127	139,919	436,046
Depreciation	2,979,528	1,407,813	4,387,341	2,779,398	1,313,252	4,092,650
	$ 65,246,557	$ 19,684,418	$ 84,930,975	$ 55,269,640	$ 18,343,217	$ 73,612,857

Note 15: Related-Party Transactions

As a member of NCH, the Hospital shares in various services, such as shared staffing, centralized accounting, human resources, information technology, and other administrative costs, with the other member hospitals and the parent.

The total expenses incurred from services provided by related parties is as follows at September 30:

	2023	2022
AVH	$ 279,341	$ 327,537
UCVH	681,829	729,541
NCHHHA	117,730	98,852
NCH	12,629,488	6,467,899
Total	$ 13,708,388	$ 7,623,829

The total receivable (payables) with related parties is as follows at September 30:

	2023	2022
AVH	$ 133,699	$ 142,729
UCVH	787,577	334,551
NCHHHA	8,774	3,720
NCH	(918,761)	(1,132,092)
Total	$ 11,289	$ (651,092)

Note 16: Reclassifications

Certain reclassifications have been made to the 2022 financial statements to conform to the 2023 presentation.

Weeks Medical Center
Board of Directors and Officers – 2024

Name	Office
Ruby Berryman	Vice Chair
Denise Brisson	
Scott Burns	
Charlie Cotton	Treasurer
Dennis Couture	Chair
Sarah Desrochers	
Bill Everleth	Secretary
Michael Foster	
Stanley Holz	
Frances LaDuke	
Sharon Kopp	
Edward J. Samson III	
Timothy M. Connolly	
Michael Lee	President/CEO
Mark Morgan	CMO
Amber Schmidt	President, Medical Staff

MARY BYRNE

OBJECTIVE | Entry level position leading into a carrer.

EXPERIENCE | **LPN, WEEKS MEDICAL CENTER (MED-SURG)**
FEB 2020-CURRENT

- To take care of patients admitted into the hospital assigned to them.
- Check and record patients' height, weight, pulse rate, blood pressure, and respiration condition.
- Gather patient's medical history and present ailments.
- Monitor patient's condition from time to time.
- Record patients' fluid and food intake as well as output.
- Dress wounds.
- Administer medicines; check whether the patient is taking the advised dosages.
- Administer IV fluids (this is permitted only in a few states).
- Assist in patients' movements while going for a bath, moving and walking. Maintain good personal hygiene of the patient.
- Help the patients to drink fluids or juices and feed if them they are not able to do so on their own.
- Observe patients' reaction to various drugs and procedures.
- Take samples of urine and blood.
- Supervise nursing assistants and orderlies.
- Advise relatives and friends of patients about the way to handle the patient and the sickness during the hospital stay and after being discharged from the hospital.
- In doctor's offices they may have to perform clerical duties such as setting appointments and maintaining patient records.

LNA, WEEKS MEDICAL CENTER (MED-SURG)
APRIL 2019-FEB 2020

Provided direct care to residents as assigned.

- Identify special resident problems and changes in condition and report them immediately to supervisor.
- Initiate corrective action as necessary and/or seek assistance of supervisor.
- Identify safety hazards and emergency situations and initiate corrective action.
- Followed facility procedures related to control of equipment and supplies.
- Participated in resident care conferences and other facility meetings as assigned.
- Reviewed care plans and performed care as outlined.
- Documented the care and treatment provided to the resident and the resident's response to care provided.
- Listened to resident and family complaints and concerns and reports to nurse.
- Assisted residents with meals or feed resident as necessary
- Toileted and accurately documents results.

- Weighed resident and took vital signs as assigned.

PERFORMED OTHER RELATED DUTIES AS ASSIGNED.

LNA, GENESIS HEALTH CARE (COUNTRY VILLAGE)
MAY 2015-APRIL 2019

Provided direct care to residents as assigned.

- Identify special resident problems and changes in condition and report them immediately to supervisor.
- Initiate corrective action as necessary and/or seek assistance of supervisor.
- Identify safety hazards and emergency situations and initiate corrective action.
- Followed facility procedures related to control of equipment and supplies.
- Participated in resident care conferences and other facility meetings as assigned.
- Reviewed care plans and performed care as outlined.
- Documented the care and treatment provided to the resident and the resident's response to care provided.
- Listened to resident and family complaints and concerns and reports to nurse.
- Assisted residents with meals or feed resident as necessary
- Toileted and accurately documents results.
- Weighed resident and took vital signs as assigned.
- Performed other related duties as assigned.
-

EDUCATION | **WMCC**, BERLIN
NURSING

Graduated May 15, 2020

GSC, LITTLETON
MATH STUDIES

Graduated June 28, 2013. Math studies GPA 3.5

WMCC, BERLIN
BUSINESS ADMINISTRATION

Graduated May 2007. GPA 3.6

COMMUNICATION | I really enjoyed working with others. I also really enjoy helping others, this is why I ended up working in assisted living and then became and LNA. I am now going back to school to be come and RN. I am currently enrolled with WMCC in the Health Science degree which is where you start to get some of your classes done and then I will be going into the Nursing program. I am looking forward to going back to school and becoming an RN. I am also getting a degree in Accounting as well.

Ashley Clauss

I am a highly motivated, responsible, hardworking, energetic, and compassionate Registered Nurse with 15+years' experience in healthcare. Skilled in providing care to patients from birth to elderly. My passion is education for both staff and patients to provide the upmost care to our patients and growth in coworkers.

Licenses

Registered Nurse in the State of New Hampshire, License number 056926-21, with Basic Life Support (BLS). Certification. IV Therapy Certified. MOAB (management in aggressive behavior) training.

Completion 6/16/2021- Diabetes Care and Education Specialist certification through the AADE.

Skill Highlights

Diabetes education
Pediatric nursing
Family practice
Patient evaluation/intervention
Medication administration
Catheter insertion/removal, straight cath
Critical thinking skills
Insulin /medication assistance
High level of autonomy
Organizational skills
Exceptional computer skills
Wound care
Medical laboratory procedures
Specimen collection/processing, blood draws
Flow sheet charting
Patient and family advocacy
Infection control standards
Efficient
Triage
Compassionate
Immunization manager
Mentor/trainer

Professional Experience

Registered Nurse/Patient Service Coordinator, Vaccine Manager

April 2009 - Present Weeks Medical Center Lancaster, NH

I am currently working as the Patient Service Coordinator and Vaccine manager at our Whitefield Physician's office. I perform various duties throughout the day, including, but not limited to: triaging calls, care management, administering immunizations, rooming patients, various nurse clinic visits, which include performing assessments on patients and using critical thinking and decision making skills, lab draws and all other duties as assigned. I am the vaccine manager for the physician office practices, providing education and competency testing to clinical staff, vaccine trainer/mentor, ordering of vaccines for the offices and following State of NH vaccine management and school requirements.

I am currently working with our affiliate hospital UCVH to start and ADA accredited Diabetes Care Program here at Weeks Medical Center.

Awarded the 2017 Tricia McGuire Memorial Award from the New Hampshire Immunization program on 3/22/2017.

Registered Nurse/Pediatrics, Family Medicine

Aug 2007-April 2009.Weeks Medical Center Lancaster, NH

I worked with the pediatrician on staff as well as our family practice providers rooming, giving immunizations, education to parents and child, triaging and other duties assigned.

Registered Nurse/Medical/Surgical

Aug 2006-Aug 2007 Weeks Medical Center Lancaster, NH

I worked on our Medical/Surgical floor caring for patients from infancy to geriatrics. Performing all duties as assigned.

Licensed Nursing Assistant/Medical/Surgical

Mar 2005-Aug 2006 Weeks Medical Center Lancaster, NH

I worked on our Medical/Surgical floor caring for patients from infancy to geriatrics. Performing all duties as assigned.

Education

Rivier (College) University

Nashua, NH

Nursing

Associate of Science, 2006

*I have completed many BSN requirements through Rivier University

CYNTHIA M. CORLISS, LPN

OBJECTIVE

I am a hardworking, caring, compassionate person that truly enjoys being a nurse. I am easy going, a team player, however also able to work independently. I am dependable and reliable; I don't like to miss time from work. I am a fast learner and willing to learn new things as nursing and the medical field is always changing. I am a critical thinker and am also able to think outside the box and problem solve. I strive for quality patient care and customer service. I am very good at managing my time and also very good at communication, both verbal and written.

I have enjoyed my experiences as a nurse out in the field. I have been a geriatric nurse in a nursing home starting out as a LNA in 1994. I continued my education. I became a MNA in 2002, and in 2004 I took classes to obtain my LPN while continuing to work as both a LNA and MNA at Coos County Nursing Hospital in West Stewartstown. In 2005 I graduated from my nursing program and took my boards in 2006. At Coos County Nursing Hospital, I was the charge nurse on the night shift. I was responsible for 2 floors and also the House of Correction. I then applied for a full time LPN position at Indian Stream Health Center. I have had many roles over my years in nursing. From daily care, medication administration, dressing changes and supervising LNA's on all shifts that I worked at CCNH, to rooming patients, triaging patients both in person and on the phone. I have learned how to use the EKG machine, Lead Care II machine, as well as Hgb and Glucose machines, and the Clinitec Urinalysis machine. I have been a Care Management nurse, which I have experienced many different roles. I manage the Coumadin program. I did prescription refills, prior authorizations for medications, diagnostic radiology and nuclear stress tests, as well as outpatient behavioral health services. Orders for durable medical equipment are handled by the Care Management department. I also did referrals to home health agencies and nursing home placement. I also did follow up phone calls with patients that have been discharged from the hospital or emergency room and make sure patients medication lists are updated as well as their diagnosis list and allergy list. I also make sure that they have a follow up

appointment with their PCP and that any diagnostic test or referrals to specialists have been taken care of. I previously created the nurses schedule, until a new nursing supervisor was hired. I have also supervised nursing staff as well as Care Management staff when the supervisor was away. I have also had the experience of being a field nurse and supervisor of LNA and Homemaking staff.
I managed an outpatient primary care clinic for White River Junction VAMC until they decided to close the clinic. I then was transitioned to Office of Community Care responsible for referral and authorizations for Veterans to receive care in the community. Since November of 2019 I have been a field nurse for North Country Home Health and Hospice agency working as a field nurse. During that time I have become IV certified, and I am certified BLS.
For the last 22 months I have been the clinical lead nurse at the Colebrook Patient Care Center. I have established a very good rapport with the clinical, front office staff, and administrative staff. We have a very good atmosphere, staff respect each other and work well together.
In November, I will have been in the nursing profession 29 years.

SUMMARY OF QUALIFICATIONS

- 2005 Graduated with an Associate's Degree LPN from Skill Med Nursing in Laconia, New Hampshire.
- 2006 Passed my LPN boards
- 2002 Became a MNA
- 1994-2005 LNA
- BLS 2022

WORK OF EXPERIENCE

North Country Healthcare Clinical Team Lead at the Colebrook Patient Care Center 2021-present

North Country Home Health and Hospice Agency Cottage Street Littleton, NH
2019-Present

Department of Veterans Affairs 215 North Main Street White River Junction, Vermont

LPN/Community Care Coordinator 2016-2019

Indian Stream Health Center 141 Corliss Lane Colebrook, NH

LPN and Care Management Nurse 2006-2013 and 2014-2016

LPN/LNA and Homemaker Supervisor for Northwoods Home Health and Hospice Lancaster, NH 2013-2014

Coos Count Nursing Hospital Old County Road West Stewartstown, NH

LNA, MNA, LPN 1994-2006

EDUCATION

- 2005 Graduated from Skilled Med Nursing with an Associate LPN
- 2002 Graduated from a Medication Nursing Assistant program offered at the nursing hospital
- 1994 Graduated from a LNA program offered by Berlin Vocational Technical School in Berlin, NH
- 1992 Graduated from Colebrook Academy, general studies

EXTRACURRICULAR ACTIVITIES

Home and family is very important to me and I enjoy the time we get to spend together. I have 4 Labrador Retrievers; Jaxon, Webster, Miya, and Buddy are my furry children and I enjoy spending time with them. I also foster/rescue puppies that come from Arkansas until they are adopted. I like to hike, camp, go for walks and Jeep rides in the summer. In the winter I enjoy snowshoeing, snowmobiling and quilting.

REFERENCES

References are available upon request.

Karen Coy

Professional Summary

Experienced and motivated nurse leader with solid background in management and supervision of a quality hospice program. Acute awareness of industry standards and census development strategies. Compassionate and well versed in patient and family relations, with commitment to organizational goals and vision.

Skills

- Judgment and Decision Making
- Excellent Customer Service
- Healthcare regulatory and procedural knowledge
- Critical Thinking
- Resourceful and Collaborative team member

Experience

Hospice Manager — *Feb 2017-Present*
North Country Home Health & Hospice Agency — *Littleton, NH*
Provides management of daily hospice operations including oversight of referral coordination, ensuring regulagtory and quality compliance of the agency. Collaborates with agency leadership team to meet the needs of all patients and families. Works closely with partnering facility and provider teams to continually improve relationships and positive patient outcomes. Participates in development of agency policies and procedures.

Clinical Resource Coordinator/Staff Development — *July 2016-May 2017*
Northern New Hampshire Healthcare Collaborative — *Lancaster, NH*
Provided daily support of clinical operations for Northwoods Home Health & Hospice. Coordinated patient care across the continuum, while maintaining relationships with partnering agencies, referral sources, and community partners. Managed coordination of all aspects of the hospice program. Reviewed and coordinated staff development training/in-services for clinical staff. Assisted with collaborative efforts supporting 2 hospice programs in consolidation with North Country Home Health & Hospice.

Hospice Director — *Jan 2014-July 2016*
Northern New Hampshire Healthcare Collaborative — *Lancaster, NH*
Directed, supervised, and coordinated hospice operations for Northwoods Home Health & Hospice agency. Maintained positive communications between agency and referral sources. Consulted with hospice interdisciplinary team to establish appropriate patient centered care plans for all hospice patients/families.

RN Case Manager-Hospice Director — *Jul 2010-Jan 2014*
Weeks Medical Center — *Lancaster, NH*
Directed, supervised, coordinated hospice operations for Northwoods Home Health & Hospice agency. Maintained communications between agency and referral sources. Consults with hospice interdisciplinary team to establish appropriate patient centered care plans. Prior to Hospice Director Role, RN field case manager position was held managing the care of 20-25 home care and hospice patients.

3-11 RN Supervisor — *Jun 2009-Jul 2010*
Country Village Center-Genesis Healthcare — *Lancaster, NH*
Directly supervised nursing and supportive care staff on 3-11 shift in nursing home facility providing care to 80+ residents. Collaborated closely with day shift management team and Director of Nursing.

LPN — *Jun 2008-Jun 2009*
The Morrison — *Whitefield, NH*
Under the supervision of Registered Nurse, provided nursing care to 20+ residents in Nursing Home. Completed medication pass, performed wound care, simple dressing changes, nursing procedures within the LPN scope of practice.

Education

Associate of Science: Nursing — Berlin, NH
White Mountains Community College — May 2009

Accomplishments

NHHPCO Board Secretary- Executive Committee — June 2015-2017
NHPCO Hospice Manager Development Program — Mar 2014
Advance Care Planning Facilitator-POLST — Jan 2013
NHHPCO Hospice Administrators Group- — Jan 2012-2017

Emily Foote

Professional Summary

A new graduate nurse with 6 months of working experience at Upper Connecticut Valley Hospital in Colebrook, New Hampshire. I have my ACLS and PALS certifications.

I graduated in May of 2022 from White Mountains Community College with an associate degree in nursing.

Licensures.
ADN May 2022
RN 09/29/2022
ACLS certified February 2023
PALS certified May 2023

Education:

New Oxford High School, New Oxford PA.

Diploma earned in June 2000.

White Mountain Community College Berlin, NH

ADN Nursing Degree earned May 2022

Professional Experience

Position; Registered Nurse
October 2023 to present.
Upper Connecticut Valley Hospital

Utilizing the nursing process for effective patient care management.
Creating a plan of care for patients on admission to hospital.
Prioritizing patient care using urgent vs. non urgent criteria.
Communicating in a clear and concise manner with the interdisciplinary team.
Delegating tasks appropriately to different members of the care team.
Completing required education as assigned.
Working in a fast paced and changing environment efficiently.

Position; Licensed Nursing Assistant/ER technician
July 2016 – September 2022
Upper Connecticut Valley Hospital

Providing exceptional and safe patient care in an acute care setting.

Prioritizing patient care according to urgent vs. no urgent criteria.
Assessing patient needs according to patient care plan.
Assisting patients with personal care needs; bathing either bed bath or in room shower assistance. Oral care needs, dressing as appropriate, skin care with application of prescribed lotions, ointments, and powders.
Providing Occupational and Physical therapy support during and after sessions.
Recognizing emergent situations and communicating to staff efficiently.
Taking vital signs as scheduled in patient care plan.
Transferring of patients appropriately and safely.
Following direction of charge nurse
Documenting all patient interaction in a detailed and efficient manner
Ensuring patient safety during all patient interactions.
Performing procedures within the scope and practice of an LNA.
Participating in regular educational sessions via local setting or webinar.
Working as an interdisciplinary team member.

Position; Certified Nurse Assistant
September 2013- November 2013
Brethren Home Cross Keys Village

Providing a safe home environment for residents.
Following direction from charge nurse for assigned duties.
Assisting residents with activities of daily living to include dressing, oral care, foot/nail care.
Perineal care, assisting residents with bathing on assigned days, and other duties as assigned.
Communicating with staff members appropriately.

Providing residents with daily engagement activities.
Completing daily charting on assigned residents on Point-Care Click kiosks.
Providing a safe and sanitary work environment.
Assisting residents during mealtimes as needed.
Working as team player to ensure a positive environment for residents.
Using all mechanical lift equipment in a safe manner.
Attending all mandatory in-service training.
Working under stressful conditions at times.
Working in a fast paced, constantly changing environment.

Position; Licensed Nurse Assistant
October 2012- July 2013
Coos County Nursing Hospital

Providing excellent patient care and customer service using compassion, efficiency, and communication with family as well as other staff members.
Following direction from charge nurse for assigned duties.
Assisting residents with activities of daily living to include dressing, oral care, foot/nail care. perineal care, assisting residents with bathing on assigned days, and other duties as. documented on resident care plan.
Communicating with staff members appropriately.
Providing residents with daily engagement activities.
Completing daily charting on assigned residents on Point-Care Click kiosks.
Providing a safe and sanitary work environment.
Assisting residents during mealtimes.
Working as team player to ensure a positive environment for residents.
Using all mechanical lift equipment in a safe manner.
Attending all mandatory in-service training.
Obtaining resident vital signs as directed by charge nurse.
Working under stressful conditions at times.
Working in a fast paced, constant changing environment.

Dawn Gooden.

I currently work in the Human Services field. I support families and children both in public and home settings. Part of my role is strengthening families who have been impacted by drug & alcohol abuse, abuse & neglect and social emotional issues. I am extremely motivated to continue supporting these families to rebuild these relationships. I find my job to be truly rewarding.

I am currently working towards my LADC and have attended numerous professional development opportunities to strengthen my understanding of the Drug & Substance epidemic in our area.

I have my B.A degree in Psychology, A.S in Human Services and A.S in Early Childhood. I feel I have a diverse background, where I have had the opportunity to support children & families in multiple environments.

Education

- **1986- Graduated, Memorial High School, Manchester, NH. Received a diploma.**
- **2001- Associates Degree in Human Services, CCV**
- **2001- Associates Degree in Early Childhood Ed , CCV**
- **2008- VT Bachelor's Degree in Psychology, Johnson States College, Johnson VT**

Experience

2016-to present-Northern Human Services, Children's/Adult Case Manager

Working with children and adults who have behavioral issues and mental health issues. Manitains up-to-date and complete case management records on assigned individuals, provides crisis intervention, symptom management and outreach services when appropriate Family Support & Services, coping skills, and strategies. Maintains personally supportive relationships with individuals and their families while encouraging independence. Assisting clients in public school settings, community outings, home based and access to local resources. Working with parents & guardians to better support the client.

Supporting clients and families with basic needs such as housing, transportation, employment, EBT, and health insurance.

Encouraging clients to work towards goals and maintain sobriety by using deep breathing, grounding skills, and mindfulness techniques.

2007-to 2016-Family Resource Center at Gorham, Child Health Support Worker

Working with families due to Abuse & Neglect. Offering supervised visits and teaching them household management, budgeting, and parenting education. Helping families become aware of resources in their local areas that they can utilize. Many clients had a vast array of goals they needed to meet in order to regain custody. Every case requires adaptability and flexibility to meet these goals.

2006-2007-Whitefield High School/Special Educator Paraprofessional

Supported an adolescent who is non-verbal, diagnosed with having autism, and is a severe diabetic. Testing blood sugar, giving insulin, counting carbs, and given out his medications. Keeping the student safe, learning to make choices, to show preferences, living skills, developing and maintaining personal relationships, and participating in community experiences.

2004-2006 Easter Seals/Teachers Assistant & Residential Instructor

Worked with special needs children ages to nine-twenty one with ADHD, ODD, and Autism, abuse & neglect, sexual offenders, physically challenged, and learning disabled, and supervising youth in all settings. Testing blood sugar, given insulin, counting carbs, and given out medications. Assisting with physical restraints, keeping safety of the children, assisting in unsafe behavior protocol. Given leadership opportunities to support other staff members when in crisis or emergency situations.

2004-Lancaster Play and Learn Center

Worked with four to seven year old children and at times one to three year old children. Providing care and protection to meet the needs of all the children, interacting with the children, modeling behavior for the children, dealing with discipline issues, assisting the children with their needs, and communicating with the staff and the parents in regards to children.

2002-2005 Head start/Special Education Paraeducator Lunenburg School & Guildhall School/Special Education Para-Educator

Worked with groups of three to five year old children as well as individually with a student on an IEP. Working independently in the classroom over the summer with a child who has recently been diagnosed with Autism. Working with a student who is four years old diagnosed with Autism and is non-verbal.

2001-Lynsey House Relief Worker

I have experience working at the Lynsey House. I completed intakes with residents, answer the telephone, intakes over the phone, and listen and provide support to the residents. Supervised 1-2 staff members weekly to oversee the needs of the residents. Supported both staff and residents to locate and obtain resources to help residents achieve their goals.

1998-2001- Cub scout Den Mother

Supervising cub scouts in both individual and group opportunities. Scheduling and organizing activities and trips for the group. Supporting children to reach potential while promoting character and leadership development.

1996-2000-Daisies/Girl scout Assistant Leader

Supervised girl scouts with planning activities, giving back to the Community, introducing girls to new experiences, guide and mentor, and help them develop skills and confidence. Attending numerous enrichment opportunities with scouts. Modeling appropriate social skills and communication within the group.

Professional Development

Death & Dying, Introduction to Psychology, Ethics & Diversity, Abnormal Psychology, Curriculum Development in Early Childhood, Introduction to Early Childhood, Introduction to Exceptional Population, Infant and Toddler Development, Nutrition, Child Abuse & Neglect, Introduction to Human Services, Observing, Recording, and Reporting, and Child Development.Moody Management & Self-Control Strategies for Kids, Special Education Issues for the Paraprofessional, Supporting Students with Challenging Behaviors: A Para educator Curriculum, Nonviolent Crisis Intervention, Taming the Anger Monster, Behavior As A Means of Communication, A Model of Effective Parenting, Including Difficult Children, The Stages of Cognitive, Social and Emotional Development, Strategies for Dealing with Children Who Are Overwhelmed by Emotional Stress, Common Children's Medications, Training in advocacy and professional topics, and Conference for Paraeducators. Celebrating Similarities: Students with Disabilities, Summer Institute in Autism (6 hours)."Aiding Young Children with Autism Spectrum Disorders: (12 hours), Writing and Using Social Stories to Support Children with Autism Spectrum disorder, (6 hours), Ray Levy, Try and Make Me approach to challenging behavior 92 hours), Simply Good Ideas: five-day training session in Advanced Instructional/Behavioral strategies for students with Autism Spectrum Disorder (25 hours), Crisis Prevention (CPI), PECS-communication system, and Designing and Implementing Great Visual/Behavioral Supports a Plans for the Student with ASD (10 hours).Trauma in Early Childhood: Assessment, Intervention and Supporting Families(8.5 hours),Plan B: Collaborative Problem Solving with Behaviorally Challenging Kids (6 hours), Invest in Coos Kids (4 hours), DCYF/DJS Community Based In-Home Services AND Medicaid Rules Training (2 hours), The Watch Me Grow Project, The Adolescent Brain and High Risk Behaviors (3.5 hours), Professional Boundaries Reporting Abuse and Neglect ,Confidentiality, Handling Conflict with Staff, (4 hours), Strengthening Families Summit (6 hours), Substance Abuse During Pregnancy and Beyond (5 hours), "Science of Relationships: The Prevention Connection" A Strengthening Families Summit for Providers and Families (6 hours), Bringing the Protective Factors To Life Face To Face Training (7 hours), 22nd Annual DCYF Conference Tools for the Trade:

Community, Prevention, Protection, and Security (5.5 hours), Bringing The Protective Factors To Life Face To Face Training (6 hours), Pyramid Model Training, Relationship: The Foundation of Success (3 hours). Standards of Quality for Family Strengthening & Support. Early Childhood and Family Mental Healths Credential (Intermediate), Working with the Worrier: Addressing Anxiety Concerns in Young Children (10.75), Complex Trauma and Attachment: Working with Children living outside their family of Origin, Substance Use Counseling Skills and Core Functions (5.5 hours), HIV Update for Substance Use Professionals (6 hours), Prime for Life (24 hours), Motivational Interviewing (1.75 hours), Ethics & Boundaries for Recovery Support Workers, New England School of Addiction and Prevention Studies: Human Trafficking, Opioid Addiction and Treatment: Understanding the Disorder, Treatment, and Protocol, Addressing the Opioid Crisis: Supporting Those on the Front Lines of an Epidemic, The Behavioral Addictions: Dynamics, Diagnosis and Treatment (19.25 hours).

Monique Hand

Dedicated Practice Manager adept at project management and driving change. Proven track record of collaborating and achieving results across multiple locations. Successful at building and maintaining positive working relationships with executive and support staff.

Work Experience

Physician Practice Manager and Specialty Practice Manager

North Country Healthcare - Colebrook, NH
March 2021 to Present

Responsible for day to day operations and management of WMC Primary Care at the northern most sites and the Specialty Services Practice at UCVH. Management of staff including holding staff to safety, quality and productivity measures. Physician satisfaction and retention. Patient accessibility to Primary and Specialty Care. Ensuring Practices are in compliance with CMS and RHC guidelines. Startup of new Practices and Specialty Services. Recently managed all aspects of opening the new NCH Patient Care Center in Colebrook including but not limited to planning the physical space, patient flow, staffing, equipment, supplies and technical requirements of the Practice. Built trust and working relationships with Providers that have been through a tough couple of years struggling with the Primary Care dynamic in the Colebrook area.

Specialty Practice Manager, Patient Access Manager and Volunteer Services Manager

North Country Healthcare - Colebrook, NH
2016 to 2021

Responsible for day to day operations and management of the Specialty Practice, Patient Access and the Volunteer Department at UCVH. Management of clinical and non-clinical staff. Assist with Physician onboarding. Setup all aspects of new Specialties and new services within the Practice including ordering of equipment, working with Revenue Cycle to setup new charge codes, advertising, etc. Work closely with Providers to ensure their needs and the needs of the patients are met: Ensure the Practice and Patient Access department remain in compliance with CMS guidelines. Meditech Superuser for the Ambulatory Practice, Patient Access and Patient Portal modules for the EMR conversion to Meditech.

Work to transform Patient Access procedures and front-end processes to improve the overall patient experience and financial stability of the Hospital. Hold staff accountable to and motivate toward productivity and quality standards. Ensure excellent customer service and staff engagement. Drive change within the department to improve productivity, accuracy and improve customer service. Also managed the prior authorization and patient financial services staff. Deployed to AVH weekly for a period of time to serve as Interim Patient Access Manager while they were struggling to fill a vacancy.

Management of Volunteer Services. Onboarding and training of volunteers. Plan and host the annual Volunteer Services dinner.

Satellite Practice Manager, Associate Practice Manager at AVH

North Country Healthcare - Colebrook, NH
2014 to 2016

Management of the Specialty Practices at AVH in addition to UCVH's outreach location. Responsible for the daily operations and management of staff. Role included all job functions of previously held role of Satellite Practice Manager listed below.

Meditech superuser for all years of service at AVH.

Satellite Practice Manager

Androscoggin Valley Hospital - Berlin, NH
2011 to 2014

Employed by AVH to travel to UCVH to establish and manage Specialty Care in Colebrook, NH. Management of staff and Practice operations. Business development and project management associated with starting up new outreach clinics. A large part of this role was building relationships and trust with patients, staff and Physicians at UCVH and the surrounding area who were reluctant to have an outside facility provide patient care at their organization. Managed clinical and non-clinical staff ensuring quality patient care and excellent customer service.

Senior Patient Access Representative

Androscoggin Valley Hospital - Berlin, NH
2010 to 2011

Supervising of Patient Access staff across the Specialty Practice. Duties included training and the development of training tools. Holding staff accountable to quality measures and customer service expectations.

Education

B.A. in Business Management

University of Maine at Presque Isle
Present

Associate in Science (AS) in Environmental Science, Spatial Information Technology

White Mountains Community College - Berlin, NH

High school diploma

Groveton High School - Groveton, NH

Certifications and Licenses

Certificate in Medical Assistant

2021 to Present

Certified Rural Health Clinic Provider
2021 to Present

Certified Health Access Manager
2018 to Present

LEAN in Healthcare

Water Treatment Grade I
2008 to 2010

Water Distribution Grade I
2008 to 2010

Additional Information

- COOS County 4H Advisory Council 2022-present
- 4H Club Leader, Valley Voyagers 2022-present
- Groveton Girls Basketball Coach Grades 3 & 4 2022-2023
- Groveton Cal Ripken 8U Softball Assistant Coach 2023

Katelyn Martin

Professional Summary

Knowledgeable Practice Manager offering more than 10 years of supervisory experience and 15 years of clinical nursing experience working with several well-known providers in a high-volume office. Well-versed in handling electronic health records. Exceptional triage skills.

Skills

*Family Medicine
*Pediatrics
*Interdisciplinary Care
*IV certified
*Practice Support
*Employee Performance
*Prior Authorizations

Work History

Clinical Practice Manager **01/2022 to Current**

Weeks Medical Center/Whitefield, NH

*Assessed processes and procedures , complying with OSHA and HIPAA regulations.

*Developed close working relationships with providers and support staff.

*Addressed and remedied patient or team member issues.

*Provided outstanding support to entire staff which helped improve process flow and boosted efficiency.

*Primary triage RN

*Back up vaccine coordinator

*Roomed patients as necessary to assist staff

*Outpatient nurse visits for vaccines, wound care, EKG's, blood pressure checks

*Phlebotomy

*Assisted with regulatory issues such as compliance

*Boosted staff morale by offering constructive feedback and specific direction.

*Ordered medical surgical supplies and kept check on inventory levels.

*Ordered pharmacy supplies and kept check on inventory levels.

*Provided supervision and management to team.

*Oversaw budgeting and financial reporting.

*Communicated closely with patients, ensuring medical information was kept private.

Assistant Practice Manager **01/2020 to 01/2022**

Weeks Medical Center/Whitefield, NH

*Developed close working relationships with providers and staff.

*Provided supervision and management to team.

*Addressed and remedied patient or team member issues.

*Provided outstanding support to staff.

*Primary triage RN

*Roomed patients and provided nurse visits, as necessary.

*Phlebotomy

*Ordered medical surgical supplies and kept check on inventory levels.

*Ordered pharmacy supplies and kept check on inventory levels.

RN Team Leader/Supervisor **03/2013 to 01/2020**

Weeks Medical Center/Whitefield, NH

*Primary triage RN

*Phlebotomy

*Provided supervision to team

*Roomed patients and provided nurse visits

*Ordered medical surgical supplies and kept check on inventory levels.

*Ordered pharmacy supplies and kept check on inventory levels.

Clinical Supervisor **01/2011 to 03/2013**

Northwoods Home Health and Hospice/ Lancaster, NH

*Monitored, analyzed and corrected staff performance and worked with nurse manager to raise standards of practice.

*Lead and directed team of RN's, PT's and OT's

*Coordinated schedules for RN's, PT's and OT's

*Admitted pediatric patients to home health services.

*Developed improvement plans to solve problems and improve lagging areas.

*Provide ongoing case management to patients

*Worked with nurse manager to develop nursing staff through education, evaluation, performance management and competency improvement.

Intake RN **01/2009 to 01/2011**

Northwoods Home Health and Hospice/ Lancaster, NH

*Reviewed incoming referrals, coordinated with referring facilities to ensure timely admission to services.

*Coded chart with appropriate ICD-9 codes

*Asessed new patients care plans and administered prescribed medications and treatments.

*Displayed functional familiarity with Medicare, Medicaid and private insurance coverage protocols.

Registered Nurse **02/2007 to 01/2009**

Weeks Medical Center/ Whitefield, NH

*Provided direct patient care

*Administered medications via oral, IV and intramuscular injections

*Phlebotomy

*Triage

Graduate Registered Nurse **11/2006 to 02/2007**

Weeks Medical Center/ Whitefield, NH

*Provided direct patient care under supervision of RN

*Phlebotomy

*Triage

Graduate Registered Nurse **05/2006 to 11/2006**

Littleton Regional Healthcare/ Littleton, NH

*Conferred with RN to identify patient care needs and support and prepare patient admission, transfer or discharge

*Completed, maintained, and submitted accurate and relevant clinical notes regarding patient condition and treatment plan

LNA **02/2005 to 05/2006**

Weeks Medical Center/ Lancaster, NH

*Facilitated personal hygiene management, feeding and ambulation.

*Maintained patient stability by checking vital signs and weight and recording intake and outtake information.

Education

Associate of Science- Nursing Graduated 5/2006

Rivier University, Nashua, NH

Sarah Morse

Professional Summary

Patient-oriented Nurse with 10 years of diverse experience in direct patient care, staff supervision and department operations. Skilled at multitasking and prioritizing patient needs and daily assignments. Offering expertise in Primary Care.

Education

White Mountain Reginal High School — Whitefield NH
High School Diploma — 06/07

Johnson & Wales University — Providence, RI
Bachelor of Science in Hotel Management — 02/11

US Career Institute — Online
Certificate in Medical Assistant — 10/14

Vermont Technical College — Randolph, VT
Certificate in Practical Nursing — 06/21

White Mountain Community College — Berlin, NH
Associates in Nursing — 05/23

Current Licenses and Certifications

- Registered Nurse
- Licensed Practical Nurse
- Certified Medical Assistant
- BLS Certified
- IV Certified

Relevant Skills and Accomplishments

Relevant Skills:

- Patient Triaging hundreds of calls daily
- Providing direct patient support for multiple Providers in a very busy practice
- HIPPA Protocols
- Administer medications and vaccinations to adult and pediatric patients
- Phlebotomy
- Case Management and Care Planning
- Task Delegation
- Supervising multiple staff
- Very Adaptable and have worked in multiple locations with multiple providers

Employment History

05/23-present	RN-Team Leader	Weeks Medical Center	Whitefield, NH
06/20-05/23	LPN-PSC WPO	Weeks Medical Center	Whitefield, NH
10/15- 05/20	CMA-Primary Care/Podiatry	Weeks Medical Center	Whitefield, NH
10/14 – 10/15	Front Desk Agent	Weeks Medical Center	Whitefield, NH

Sarah Morse

Objective

To continue a lifelong learning process as a nurse and to provide compassionate, competent nursing care to promote health and well-being in the client.

Education

Johnson & Wales University — Providence, RI
Bachelor of Science in Hotel Management — 02/11
GPA 3.45/4.0

US Career Institute
Certificate in Medical Assistant — 10/14

Vermont Technical College — Randolph, VT
Certificate in Practical Nursing — 06/21

Current Licenses and Certifications

- Licensed Practical Nurse
- Certified Medical Assistant
- BLS Certified

Relevant Skills and Accomplishments

Relevant Skills:

- Review EMR chart with patients
- Obtain and chart vitals
- Administer daily medications
- Set up and Assist Providers with procedures
- Collect lab specimens and package for testing
- Administer Injections
- Assist in Wound Care
- Assist with Activities of Daily Living
- Create multiple referrals daily
- Order labs, Diagnostic imaging, and procedures
- Create and schedule follow up appointments
- Very Adaptable - working in multiple locations with multiple providers

Employment History

10/14- present	CMA-Primary Care/Podiatry	Weeks Medical Center	Whitefield, NH
12/08 – 05/11	Front Desk Agent Whitefield, NH	Mountain View Grand Resort & Spa	
09/08 – 11/08	Intern	Johnson & Wales Inn	Seekonk, MA
08/11 – 04/12	Data Analyst	NTI	Jefferson, NH

References and Career Portfolio Available Upon Request

Nathaniel Pelchat

Authorized to work in the US for any employer

Work Experience

Director of Practice Operations
Weeks Medical Center - Lancaster, NH
July 2020 to Present

Over see the operations of 4 RHCs, the EMR department and referral authorization department. Manage budgets, hold all staff and team meetings. Resolve quality issues, audit reports for validity, Develop New Service lines. This includes workflow generation and process mapping.

Emergency Preparedness Coordinator/EMR Manager
Weeks Medical Center - Lancaster, NH
May 2017 to Present

Create Emergency operation procedures
Transition practice from eclinicalworks to meditech
Manage emr tech and clinical application specialists, for completion of Technical operations

Administrative Team Leader/EMR System Anaylst
Weeks medical center - Lancaster, NH
February 2015 to Present

Supervise day to day operation/analysis of EMR. Supervise 21 non clinical employees, and 4 EMR staff. Analyze data from eclinicalworks for clinical Operations and quality measures, write reports in EBO.

EMR Tech/Trainer
Weeks Medical Center - Lancaster, NH
February 2013 to Present

Technical Operations and support for eclinicalworks Electronic Medical record program

Education

College prep
White Mountains Regional High School - Whitefield, NH
September 2001 to June 2005

High school or equivalent

Skills

- Team Lead
- Microsoft word, outlook, excel (6 years)
- EMR Systems
- Vital Signs
- Experience Administering Injections
- Medical Records
- Medical Office Experience
- Laboratory Experience
- Patient Care
- Computer Skills
- Medical Scheduling
- Phlebotomy
- Medication Administration
- Administrative Experience
- Leadership
- Software troubleshooting
- Classroom experience
- Curriculum development
- Process mapping
- Metadata
- Emergency management

Military Service

Branch: Army
Service Country: United States
Rank: Sgt
July 2004 to July 2013

1 Tour of Duty

Commendations:
Army achevment medal
Army commendation medal
Combat action badge

Certifications and Licenses

CPR/AED

February 2020 to February 2022

Lean Manufacturing
Present

Moab
Present

Manageing overly agressive behaviors

Registered Medical Assistant (RMA)
February 2018 to February 2021

I still hold a current certification as a RMA

Certified Rural Health Center Professional
December 2022 to December 2024

Certification through NARHC

Additional Information

Combat medic in us army from 2007 to 2013 got out as a sgt e-5

RUTH M. PRIOLO

PROFILE

Licensed Registered Nurse with 35 years of staff / managerial experience and navigating the health care system. Professional, compassionate, self -motivated and goal-oriented team player.

PROFESSIONAL HISTORY

RN, CCM / Clinical Nurse Educator
Upper Connecticut Valley Hospital ♦ Colebrook NH ♦ 2019 TO Present

UTILIZATION COORDINATOR / RN CCM
RIVERVIEW MEDICAL CENTER ♦ RED BANK, NEW JERSEY ♦ 2017 TO 2019

- ♦ Monitor the daily utilization functions of the Care Management Department.
- ♦ Ensure the appropriate allocation of resources while maintaining quality care
- ♦ Collaborate with the multidisciplinary team and Care Management Department to advocate for Patients and families within the healthcare continuum
- ♦ Ensure regulatory compliance with CMS and DOH guidelines
- ♦ Coordinate clinical review requests from payer sources
- ♦ Conduct daily review of assigned cases to ensure proper status and medical necessity for Admission and continued stay
- ♦ Written, electronic and phone correspondence with payers
- ♦ Adherence to regulatory standards
- ♦ Data management, including LOS and progression of care review

MANAGER OF LIAISONS
MERIDIAN AT HOME ♦ WALL, NEW JERSEY ♦ 2013 TO 2017

- ♦ Manage and provide clinical support to Liaisons in five Hospitals, 3 Outside Liaisons to Service Rehab and Skilled Nursing Facilities throughout 2 Counties (Monmouth and Ocean).
- ♦ Educate Liaisons and facilitate all clinical aspects of homecare services and patient referrals, insurance, CMS programs, regulations and guidelines.
- ♦ Maintain relationships with key individuals in facilities and multiple hospital systems.
- ♦ Identify high risk and BPCI patients in collaboration with Meridian Nursing and Rehab and other facilities and participate in weekly interdisciplinary meetings to ensure smooth transitions and prevent readmissions.
- ♦ Ensure staff takes ownership to assure delivery of services meet customer and referral source expectations.
- ♦ Accountable to mentor staff in exemplary customer service and assure that Liaisons have access to tools necessary to perform their job functions.
- ♦ Demonstrate flexibility with job responsibilities in all areas.
- ♦ Responsible for yearly performance evaluations and payroll.
- ♦ Ensure ongoing performance improvement activities.

- Document and maintain weekly productivity, audits and reports.
- Evaluate current processes and initiate new processes to foster efficiency and business growth.
- Perform scheduling functions to assure coverage in all facilities at all times.
- Foster ongoing education for coordinating and assuring compliance with regulations, agency policies for facilities/hospital staff.
- Provide coverage for Intake Manager Daily and as needed.

MANAGER OF CLINICAL PRACTICE
MERIDIAN AT HOME ♦ WALL, NEW JERSEY ♦ 2008 TO 2013

- Direct management of nurses Throughout 2 Counties
- Responsible to train and mentor team members.
- Review Oasis documentation to ensure accurate assessment of patient status and outcomes.
- Instruct and foster ongoing compliance measures and industry updates and changes.
- Field supervisions; maintain records of current certifications and licensure.
- Thorough incident documentation and monitoring.
- Implement weekly case conferences with clinical personnel.
- Perform field visits and patient care as needed.
- Responsible for yearly employee evaluations and accurate payroll.
- Maintan OASIS-C Certification

RN / CASE MANAGER
MERIDIAN AT HOME♦ WALL, NEW JERSEY ♦ 2001 TO 2007

- Case managing 30-40 patients.
- Accurate Oasis documentation in Cerner.
- Maintain OASIS-C Certification
- Provide nursing care and assessment to a wide variety of patients in the homecare setting.
- Responsible to provide disease and medication management education to patients and families.
- Treatment and assessment of surgical sites and wounds.

RN / HEALTH EDUCATOR / INSTRUCTOR TRAINER
MERIDIAN HEALTH SYSTEMS ♦ COMMUNITY AND SENIOR SERVICES ♦1996 TO 2005

- Train healthcare providers and qualified individuals as BLS Instructors.
- Teach BLS, basic anatomy and physiology, rational and CPR skills within various health care systems and private organizations and at community level.
- Train professionals and lay persons in use and rational of AED.
- Instruct/teach techniques of psycho-prophylactic childbirth preparation (Lamaze) in classroom setting.
- Community Health Education

RN – MEDICAL / SURGICAL/ CHF UNIT
COMMUNITY MEDICAL CENTER ♦ TOMS RIVER, NEW JERSEY ♦ 1999 To 2001

- Direct patient care.
- Utilize TDS, MIS and Pyxis systems in hospital setting.
- Utilize cardiogenic machine to determine degrees of CHF.
- Maintain accurate assessment and charting of patient status.
- Consult with physicians, case managers, therapies, patients and families to ensure effective management of overall care.
- Administer medications.
- Treat and assess surgical sites and wounds.

RN / Float
Centrastate Medical Center ♦ Freehold, N.J. ♦ 1989 To 1992

RN / Charge Nurse, Long Term Care Unit
Garden State Rehab ♦ Toms River, N.J. ♦ 1987 To 1989

RN / Staff Nurse, Med/Surg
Monmouth Medical Center ♦ Long Branch N.J. ♦ 1986 To 1987

SKILLS

- Strong, effective communicator and mentor.
- Successful assessor of patient and family needs
- Proficient in Excel, Microsoft word, Power Point
- Proficient use of EMR including Soarian, SigmaCare, Cerner and Allscripts, MCG and Indicia.

EDUCATION AND CERTIFICATIONS

- Board Certified Case Manager – Certificate Number 4235873, expiration date 5/31/23
- Associate Applied Science and Nursing – Beth Israel School of Nursing, New York, N.Y.
- BLS certified / Instructor
- ACLS certified

CEU: Cultural Diversity, How to Deal with Difficult People, Leadership Development – Giving Quality feedback and setting performance Goals.

Haley Allen

Education & Training

North Country Union High School, High School Diploma
June 2017, Newport VT

- 10 hours of OSHA training
- Fire Extinguisher Training
- CRP Certified in 2016*
- Sr Captain Field Hockey Team 2017
- 3 years of FFA background

North Country Career Center Green Industry Technologies
Completers Certificate

Professional Experience

Reklis Brewing Company, Hostess and Wait Staff
May 2021- Current, Bethlehem NH

Host Duties

- Bring guests to appropriate tables based on party's needs
- Use in-house programs for waitlists, if need be
- Use CAKE to complete transactions for merchandise, beer to-go
- Work as a team with wait staff to help clean tables at a good rate to ensure parties/guests on waitlist can be sat in a timely manner

Wait Staff Duties

- Take down guest orders for tables of 2-12 occupants
- Ask appropriate questions based off of what guests order (meat temperatures, sides based off of main meals we provide)
- Deliver outstanding customer service techniques to guarantee guests enjoy their time at the restaurant
- Prepare each table to their specific needs, per order requests (appropriate eatery utensils, napkins, side plates for shared appetizers)
- Usage of CAKE to place orders to kitchen and bars per guests eatery/drink requests

- Understand guests body language to know whether they have completed their meal or still need time to finish
- Prepare and provide check to guests in a gentle manner

Subway, Sandwich Artist
Dec 2019-May 2021, Lancaster NH

- Opener for restaurant
- Cleaned ovens, retarder for bread, counters, glass displays and utensils
- Put together vegetable peelers and cutters using safety precautions, per subways policy and common knowledge
- Conducted a safe working environment for foods that can cause cross contamination issues
- Made sandwiches per guest special requests using knowledge of Subway's sandwich making policies
- Used POS system to check out customers
- Used an online software to receive and complete orders made on the go in a timely manner to be ready for pickup

Jiffy, Cashier
Sep 2019- Dec 2019, Lancaster NH

- Opener for store
- Did morning routine of: doing cash drops, sorting money and counting drawers, cigarette counts, lottery counts, making coffee, stocking shelves and coffee island, put up new days newspapers, ect
- Used great customer service skills to ensure shoppers got a one of a kind shopping experience tailored to their needs
- Cleaned floors as needed from snow, rain, dirt
- On my days off, would come in and stock shelves and coolers if needed, per manager's request

Thompsons Redemption Center, Gas Attendant and Cashier
Feb 2018-Sep 2019, Derby VT

- Helped open/close store and worked closely with manager(s)
- Worked doubles adding up to 14 hour days

Gas Attendant Duties

- Attended the gas island as customers dorve up to get gas
- Pumped gas for customers upon request
- Cleaned up gas spillage with knowledge of gas clean up kits, if needed
- Used customers service skills required for job

- Transported payments from customers to inside cash register, brought back change if needed

Cashier Duties

- Used the software provided to ring-up customers based on what they brought to the counter
- Asked appropriate questions when need be (what kind of cigarettes if information wasn't provided, rollers and loose tobacco, ect)
- Succeeded in lottery cash out
- Bought change from safe using correct dollar amounts
- Stocked shelves according to floor plan
- Stocked coolers according to cooler floor plans
- Used adequate customer service skills

References

L O R I M O R A N N

PROFESSIONAL SUMMARY

Administrator with a demonstrated history of leadership in community health. Skilled in critical thinking, governance, grant writing, grant administration, fiscal and facility management.

PROFESSIONAL EXPERIENCE

RECENT PROFESSIONAL EXPERIENCE

Weeks Medical Center • Lancaster, NH • March 2022 to present
Grant Administrator; Quality Coordinator– *Grant Administration to include writing, correspondence, and reporting; Quality Coordination to include Risk Management, Professional Practice Evaluation, Quality Reporting,*
ACO Administration; Community Outreach for UCVH *ACO administration, Community Outreach event coordination*

Upper Connecticut Valley Hospital • Colebrook, NH • January 2022 to March 2022
Contracted Administrator – *administrative and financial assistance in the closure of Indian Stream Health Center; assistance with transition of the facility to the Rural Health Center of Upper Connecticut Valley Hospital*

Indian Stream Health Center• Colebrook, NH• September 2020 to December 2021
Practice Manager – *Executive leadership; coordination of clinical and administrative activities of 50 staff member, $3.5 million budgeted Federally Qualified Health Care Center; Direct supervision of administrative staff; management of Accounts Payable*

North Country Community Recreation Center• Colebrook, NH• August 2010 to December 2020
Executive Director – *Financial management, fundraising and grant writing for the $300,000 budgeted organization; supervision of 12 staff members and 10+ volunteers to promote the organizations mission and provide quality offerings across all programs.*

Tillotson North Country Foundation• Colebrook, NH• 2009 to present
Administrator – *Part time position administering the granting activities of the Foundation*

PRIOR PROFESSIONAL EXPERIENCE

Upper Connecticut Valley Community Coalition• Colebrook, NH•
Administrative Assistant – *Assist Executive Director in implementation of UCVCC grant writing and support programs*

University of Virginia Medical Center - Department of Neurosurgery - Charlottesville, VA
Executive Secretary – *administrative support of Department Chair, patient scheduling, clerical staff supervision*

Crouse-Hinds, Inc. – Purchasing Department – Earlysville, VA
Maintenance, Repairs and Operations Buyer *–prepare requests for quote and purchase items for facility and manufacturing support*

BOARD EXPERIENCE

North Country Community Recreation Center• Colebrook, NH• January 2021 to present
Volunteer Board Member - *Treasurer*
Borders Development Corporation• Colebrook, NH• 2018 to 2020
Volunteer Board Member– ***Colebrook Main Street Committee***
Healthy Eating Active Living - Foundation for Healthy Communities (NH) 2017-2109
Steering Committee Member – ***Northern NH representation***
Indian Stream Health Center• Colebrook, NH• 2018 to 2020
Volunteer Board Member – ***Secretary – Governance Chair***
Two River Ride for Cancer• Colebrook, NH• 2007 to present
Volunteer Board Member– ***Vice President, Past President***
Dixville Cemetery Corporation• Dixville, NH• 2012 to present
Volunteer Trustee
Colebrook Public Library• Colebrook, NH• 2001 to 2013
Elected Library Trustee– ***Past Treasurer, Vice Chairman and Chairman***

EDUCATION

BA• University of Virginia•1982 **North Country Leadership 2009**
Bi State Primary Care Leadership Development 2021 UNH Cooperative Extension Master Gardener•1997

INTERESTS

•Gardening • Hiking and Snowshoeing • Mineral and Gem Exploration • Cycling • Floral Design •

Jayne Tarkleson DO

PROFILE

I am a hard working, compassionate woman looking for a general pediatric position beginning in July of 2012. I grew up in a small community in northern New Hampshire and am looking for a similar place to settle down in with my husband. We are currently finishing my education in Michigan and looking forward to our return to New England.

RESIDENCY

Sparrow Hospital/Michigan State University - Pediatric Residency
Lansing, MI (2009-2012)

FACULTY APPOINTMENTS

Michigan State University College of Human Medicine & College of Osteopathic Medicine
Lansing, MI (2009-2012)

EDUCATION

University of New England College of Osteopathic Medicine – Doctorate of Osteopathy
Biddeford, ME (2005-2009)
University of Maryland – Graduate School Teacher Quality in Biology Program
Baltimore, MD (2004-2005)
University of New England – Bachelor of Science, Medical Biology
Biddeford, ME (2000– 2004)

PROFESSIONAL EXPERIENCE

University of New England College of Osteopathic Medicine - Osteopathic Manipulative Medicine Teaching
Assistant, Biddeford ME (2006-2007)
Bowie High School - 10th Grade General Biology Teacher
Bowie, MD (2004-2005)
Children's Medical Care Center - Medical Technician
Bowie, MD (2004)
Southern Maine Medical Center – Phlebotomist
Biddeford, ME (2003-2007)

MEMBERSHIPS

American Osteopathic Association
American Academy of Pediatrics
American College of Osteopathic Pediatricians

LICENSURE & BOARD CERTIFICATIONS

COMLEX Step 1, 2, 3, & PE
Michigan Medical License

Karen A. Woods

Education

Ottawa University — Online
Masters in Leadership — 2019 -present

Ottawa University — Online
Bachelors in Healthcare Management — 2015-2017

New Hampshire Technical Institute
Associates in Science / Radiographic Technology — 1990-1992

Certifications / Licensures

ARRT: — 1992-present
- Radiography
- Computed Tomography
- Mammography

New Hampshire Imaging Board — 2019-present

Professional Organizations

American Society of Radiologic Technologist — 2002-present

Professional Collaborations

North Country Health Consortium
Board Member — 2016-2022

Youth Restorative Justice — 2019-2022
Panel Member

NH Integrated Delivery Network (IDN)
Steering Committee — 2016-2022

Haverhill Area Substance Misuse Prevention Coalition
Chairperson — 2015-2022

Memberships

American Society of Radiologic Technologists — 2005-present

Professional Highlights / Awards

ASRT Imaging Professionals of the Year — 2006

N.H. Business Review's:
Business Excellence Award — 2020

Health Care Project Management / Project Lead Experience

PACS Digital Image System Implementation
2005

Rural Health Clinic Building
2015

Website Customization
2020

Inpatient Unit Renovation
2016

Electronic Medical Record (EMR) Implementation
2018

Work History

Vice President of Physician Practices **Present**

Weeks Medical Center

Lancaster, NH

- Member of executive team.
- Provide administrative operational oversight and budgetary governance for several outpatient health clinics.
- Mentor Department Mangers in operations, financial processes, regulatory needs, and human resource management.
- Monitor CMS readiness.
- Review, analyze, and interpret profit and loss statements; investigate fiscal incongruities.
- Monitor quality measures, outcomes, and performance improvements.
- Serve as strategic advisor on operational matters, align department strategies to organization's strategic plan.
- Work with medical directors of departments to ensure enhanced patient experience and promote best practice.
- Monitor business plan effectiveness.
- Create, monitor, and maintain budgets for several departments.
- Lead Department Managers to develop high-performing teams that collaborate towards organization's goals.

Administrative Director **2015 – 2022**

Cottage Hospital

Woodville, NH

- Member of executive team.
- Provide administrative operational oversight and budgetary governance for several departments to include: Diagnostic Imaging, Physical and Occupational Therapy, Laboratory, Specialty Clinics: Orthopedics, Dermatology, Cardiology, Mental Health, Pain Management, Endocrinology, Gastroenterology, General Surgery, and Podiatry, Primary Care in a Rural Health Clinic (RHC) setting, Facilities Management, Life Safety, and Environmental Services.
- Mentor Department Directors of above outlined specialties in operations, financial processes, regulatory needs, and human resource management.
- Monitor CMS readiness for above departments.
- Review, analyze, and interpret profit and loss statements; investigate fiscal incongruities.
- Monitor quality measures, outcomes, and performance improvements.
- Serve as strategic advisor on operational matters, align department strategies to organization's strategic plan.
- Work with medical directors of departments to ensure enhanced patient experience and promote best practice.
- Monitor business plan effectiveness.
- Create, monitor, and maintain budgets for several departments.
- Lead Department Directors to develop high-performing teams that collaborate towards organization's goals.
- Organize and direct several capital improvement projects across organization.
- Project lead:
    - EMR transition
    - Construction of Medical Art Building: 8,000 sq. foot RHC
    - Renovation of inpatient unit
    - Website design
    - ACO
- Ongoing Planning Section Chief for pandemic Incident Command.
- Wrote and secured a USDA grant.
- Completed a certificate of need for renovation project.
- Created Emergency Preparedness Plan for RHC.
- Lead Community Benefit Reporting and Community Needs Assessment.

Director of Radiology / PACS Administrator **2008-2015**
Cottage Hospital
Woodsville, NH

- Continued Chief Mammographer responsibilities.
- Continued PACS Administrator responsibilities.
- Created staffing schedules.
- Maintained CMS survey readiness.
- Developed policies and procedures to ensure compliance with federal, state, and local law and regulations.
- Ensured safe use of equipment by staff; ensured radiation safety.
- Maintained dosimetry program.
- Hire and counsel staff.
- Monitored profit and loss across modalities.
- Completed regular quality control measures for equipment across department.
- Scheduled equipment for preventative maintenance, services, and physicist inspections.
- Created business initiatives to increase program utilization.
- Created operational budgets for each modality.
- Identified and led capital project needs of each modality.
- Acted as liaison between community providers and radiology services.
- Maintained department documents for staff and equipment.

Assistant Manager of Radiology / Chief Mammographer **2006-2008**
Cottage Hospital
Woodsville, NH

- Continued staff technologist and associated duties.
- Continued PACS Administrator and associated duties.
- Mammography Charge responsible for:
  - Policies and procedure
  - QC
  - ACR inspections
  - MQSA inspections
- Assistant Manager responsible for:
  - Staff scheduling
  - Department safety
  - Equipment PM schedules
  - Staff competencies
  - Back up to Director

PACS Administrator **2005-2015**
Cottage Hospital
Woodsville, NH

- Continued staff technologist and associated duties.
- Project lead on PACS implementation for facility.
- Ensured optimal operation of archiving system, system monitoring and maintenance.
- Investigate and address any image issues.
- Trained staff and providers on use of system.
- Liaison with area providers to install access to PACS from offices.

Staff Technologist **2002-2005**

Cottage Hospital

Woodsville, NH

- Performed quality imaging.
- Practiced radiation safety.
- Maintained competency in radiography, computed technology, and mammography.
- Promoted exceptional patient experiences / focused on high patient satisfaction.
- Mentored radiology students.

Staff Technologist **1992-2004**

Northeastern Vermont Regional Hospital

St. Johnsbury, VT

- Performed quality imaging.
- Practiced radiation safety.
- Maintained competency in radiography, computed technology, and mammography.
- Managed mammography Ladies First responsibilities.
- Promoted exceptional patient experiences / focused on high patient satisfaction.

Sarah Sterling, RN

OBJECTIVE

Looking for a responsible position as team leader to expand my experience in nursing and to enhance my skills and abilities.

- Experienced with excellent patient care
- Keen observation, communication, and intervention skills
- Adapt easily to a change of environment

SKILLS & ABILITIES

IV Certified, Wound Care, Excellent time management, Able to make appropriate decisions in difficult situations, and comfortable with different electronic medical records

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EXPERIENACE

REGISTERED NURSE, UNIT MANAGER, COUNTRY VILLAGE CENTER, GENESIS HEALTHCARE

April 2019 to present

Manage LNA's and floor LPN's and RN's on a long-term care wing and the skilled care wing. Manag resident orders and care on long-term care wing and skilled care wing.

- Admission Oder Input
- Admission and Discharge Medication Management
- Weekly Wound Care Assessments
- Initiating and Updating Care Plans
- Discharge Planning
- Cover Staff Call Outs
- Call Coverage
- Psychotropic Medication Audits
- Work Closely with Providers on Symptom Management and Resident Care Concerns
- Monitor Lab Values

REGISTERED NURSE, NURSE PRACTICE EDUCATOR/INFECTION CONTROL NURSE, COUNTRY VILLAGE CENTER, GENESIS HEALTHCARE

January 2019 to April 2019

- Maintain infection line listings for residents and staff
- Staff education (annual competencies, new employee education, new equipment, LNA education)
- Monitor Staff BLS Education Expiration, coordinate BLS Education
- New employee orientation
- Monitor vaccinations for resident's and staff

REGISTERED NURSE, FLOAT, COUNTRY VILLAGE CENTER, GENESIS HEALTHCARE

- Skilled level patient care
- Wound care
- IV Therapy
- Medication Administration
- Vital Signs
- EKG
- Lab Draws
- PICC Line Management
- Patient Education
- Blood Sugar Monitoring

LICENSED PRACTICAL NURSE, WEEKS MEDICAL CENTER

March 2010 to October 2018

Responsible for Surgical Services and OB/GYN Department
Acute Care Clinic

- Vital Signs
- IV Therapy
- Wound Care
- Oxygen Therapy
- EKGs
- Dispensing of Medications
- Vaccine Administration
- Suture and Staple Removal
- Maintain Sterile Field for in Office Procedures
- Assist Surgeon with Office Procedures
- Assist OB/GYN Provider with Office Surgical Procedures

LICENSED PRACTICAL NURSE, GROVETON HIGH SCHOOL, SAU 58

August 2015-February 2016

I cared for children grades 6-12. I ensured that each student had proper vaccines. I generated care plans for students with certain medical problems. I did annual hearing and vision screenings. I gave the students a safe place to talk or a place to rest quietly.

LICENSED PRACTICAL NURSE, WEEKS HOSPITAL

December 2005 to March 2010

Medical/Surgical
Nursery Nurse, Obstetrics Department- 1yearProvided specific care immediately after birth (in collaboration with the Doctor and Apgar score)

- Vital Signs
- IV Therapy
- Wound Care
- Oxygen Therapy
- EKGs

- Administer Medications

LICENSED NURSING ASSISTANT, WEEKS HOSPITAL

November 2000 to December 2005

EDUCATION

WHITE MOUNTAIN COMMUNITY COLLEGE 2016-2018

Graduated with an Associate Degree in Nursing, September 2018

EXCELSIOR COLLEGE 2014-2015

Liberal Arts Program

Skill Med 2005

Certificate Completion of Licensed Practical Nurse Program

LICENSING QUALIFICATIONS

New Hampshire Board of Nursing, 9/2018, RN

New Hampshire Board of Nursing, 12/2005, LPN

Wendy Bennett, RN

CAREER OBJECTIVE

My goal as Team Leader would be to utilize my training, knowledge, and skills to ensure that the Medical Team is able to deliver excellence in patient safety, clinical effectiveness and patient experience as well as coordinating with the team for timely and efficient daily operations while contributing to the continued success of the physician(s) practice.

EDUCATION

SOUTHERN NEW HAMPSHIRE UNIVERSITY, Manchester, NH
2017-2019
BSN, Graduated Aug 2019

WHITE MOUNTAINS COMMUNITY COLLEGE, Berlin, NH
2015-2017
ADN, Graduated May 2017

CREDENTIALS AND LICENSES

- Registered Nurse, BSN: New Hampshire State Board of Nursing, License #075924-21
- Licensed RN Educator 2022, License #3246
- Basic Life Support (BLS) certified by American Heart Association
- BLS Instructor 2023
- MOAB Trained 2022
- Reiki Level One Provider 2020
- CDC Infection Preventionist Certified 2020
- POLST Facilitator 2019

CLINICAL EXPERIENCE

THE MORRISON COMMUNITIES
Clinical Nurse Manager
September 2023 – Present

- Ensures Policies and Procedures are current, accurate, and enforced.
- Overseeing day to day patient care
- Supervising, directing, and developing nursing staff.
- Reporting to the Director of Nursing to ensure quality patient care.
- Interdisciplinary team collaboration
- Edit and approve Payroll PRN
- Employee Evaluations
- Interview / Hire new staff.
- Assist with scheduling.
- Wound rounding, monitoring, and treatments
- Support DON
- Collaborate with Providers to ensure proper care for residents.
- Support the facility in any other capacities needed.

THE MORRISON COMMUNITIES
Staff Development / Infection Prevention Control Coordinator
October 2019 - Present

- Surveillance including process and outcome surveillance, monitoring data analysis documentation and communicable disease reporting to the Division of Public Health, CDC, and CMS, as needed.
- Staff education, including infection prevention and control practices to ensure compliance with State and Federal regulations.
- Antibiotic review, including reviewing data to monitor the appropriate use of antibiotics in the resident population.
- Identifies infections that are causing or have the potential to cause an outbreak.
- Conducts data analysis to help detect unusual or unexpected outcomes and determines the effectiveness of current infection prevention and control practices.
- Document observations related to the causes of infection and/or infection trends.
- Implements measures to prevent the transmission of infectious agents and to reduce risks for device and procedure related infections.
- Ensures that staff having direct contact with residents or who handle food must be free of communicable diseases and/or open skin lesions.
- Monitors and facilitates resident immunizations programs. Monitors and facilitates employee immunization programs including Hepatitis B and annual influenza vaccines.
- Act as a resident advocate, upholding the residents' Bill of Rights. Ensuring freedom from abuse, neglect, and exploitation.
- Ensures Policies and Procedures are current, accurate, and enforced.
- Overseeing day to day patient care
- Supervising, directing, and developing nursing staff.
- Reporting to the Director of Nursing to ensure quality patient care.
- Interdisciplinary team collaboration

THE MORRISON COMMUNITIES
Primary RN Charge Nurse on Skilled Unit
October 2017 – October 2019

- Resident assessments
- Medication administration
- Wound monitoring and treatments (i.e., Xeroform, Calcium alginate, Hydrophilic wound paste, AG rope)
- Wound VAC placement/management
- Pleural drain placement/management
- Resident/family education on medication and disease processes/management
- Foley and pubic catheter insertion/care
- Provider order entry
- Admission and discharge of residents
- LNA delegation
- Bladder scans, EKG monitoring, glucose monitoring, and INR monitoring

THE MORRISON COMMUNITIES
2nd Shift Float RN Floor Nurse
August 2017 – October 2017

- Float charge nurse.
- Resident assessments
- Medication administration
- Wound treatments
- Resident education
- Task delegation and LNA supervisor

OTHER WORK EXPERIENCE

BOND AUTO, *Parts Specialist, Aug 2013 - Dec 2014*

- Read catalogs or computer displays in order to determine replacement part stock numbers and prices.
- Determine replacement parts required, according to inspections of old parts, customer requests, or customers' descriptions of malfunctions.
- Receive and fill telephone orders for parts.
- Fill customer orders from stock.
- Advise customers on substitution or modification of parts when identical replacements are not available.

CN BROWN COMPANY, *Business Office*
Manager, Jan 2011 - Feb 2013

- Oversee activities directly related to making products or providing services.
- Review financial statements, sales and activity reports, and other performance data to measure productivity and goal achievement and to determine areas needing cost reduction and program improvement.
- Manage staff, prepare work schedules and assigning specific duties.
- Determine staffing requirements, and interview, hire and train new employees, or oversee those personnel processes.
- Track previous customer fuel usage to determine future heating fuel needs.

Personal Care Attendant, Jul 2006 – Dec 2007

- Administer bedside or personal care, such as ambulation or personal hygiene assistance.
- Provide companionship.
- Perform housekeeping duties, such as cooking, cleaning, washing clothes or dishes, or running errands.
- Plan, shop for, and prepare nutritious meals.
- Transport client to locations outside the home, such as to physicians' offices or on outings, using a motor vehicle.

REFERENCES

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Dawn Gooden

I currently work in the Human Services field. I support families and children both in public and home settings. Part of my role is strengthening families who have been impacted by drug & alcohol abuse, abuse & neglect and social emotional issues. I am extremely motivated to continue supporting these families to rebuild these relationships. I find my job to be truly rewarding.

I am currently working towards my LADC and have attended numerous professional development opportunities to strengthen my understanding of the Drug & Substance epidemic in our area.

I have my B.A degree in Psychology, A.S in Human Services and A.S in Early Childhood. I feel I have a diverse background, where I have had the opportunity to support children & families in multiple environments.

Education

- **1986- Graduated, Memorial High School, Manchester, NH. Received a diploma.**
- **2001- Associates Degree in Human Services, CCV**
- **2001- Associates Degree in Early Childhood Ed , CCV**
- **2008- VT Bachelor's Degree in Psychology, Johnson States College, Johnson VT**

Experience

2018 to Present-Weeks Medical Center, Behavioral Health Case Manager

Responsible for managing an assigned caseload of clients, both adults and children, having a diagnosed mental health/substance use disorder and for assessing client needs, developing, implementing, and reviewing service plans, and working with other community resources in meeting/achieving client service needs. Serves as the behavioral health team's coordinator and serving as the face of the department.

2016-2018-Northern Human Services, Children's/Adult Case Manager

Working with children and adults who have behavioral issues and mental health issues. Maintains up-to-date and complete case management records on assigned individuals, provides crisis intervention, symptom management and outreach services when appropriate Family Support & Services, coping skills, and strategies. Maintains personally supportive relationships with individuals and their families while encouraging independence. Assisting clients in public school settings, community outings, home based and access to local resources. Working with parents & guardians to better support the client.

Supporting clients and families with basic needs such as housing, transportation, employment, EBT, and health insurance.

Encouraging clients to work towards goals and maintain sobriety by using deep breathing, grounding skills, and mindfulness techniques.

2007-to 2016-Family Resource Center at Gorham, Child Health Support Worker

Working with families due to Abuse & Neglect. Offering supervised visits and teaching them household management, budgeting, and parenting education.

Helping families become aware of resources in their local areas that they can utilize. Many clients had a vast array of goals they needed to meet in order to regain custody. Every case requires adaptability and flexibility to meet these goals.

2006-2007-Whitefield High School/Special Educator Paraprofessional

Supported an adolescent who is non-verbal, diagnosed with having autism, and is a severe diabetic. Testing blood sugar, giving insulin, counting carbs, and given out his medications. Keeping the student safe, learning to make choices, to show preferences, living skills, developing and maintaining personal relationships, and participating in community experiences.

2004-2006 Easter Seals/Teachers Assistant & Residential Instructor

Worked with special needs children ages to nine-twenty-one with ADHD, ODD, and Autism, abuse & neglect, sexual offenders, physically challenged, and learning disabled, and supervising youth in all settings. Testing blood sugar, given insulin, counting carbs, and given out medications. Assisting with physical restraints, keeping safety of the children, assisting in unsafe behavior protocol. Given leadership opportunities to support other staff members when in crisis or emergency situations.

2004-Lancaster Play and Learn Center

Worked with four- to seven-year-old children and at times one- to three-year-old children. Providing care and protection to meet the needs of all the children, interacting with the children, modeling behavior for the children, dealing with discipline issues, assisting the children with their needs, and communicating with the staff and the parents in regards to children.

2002-2005 Head start/Special Education Paraeducator Lunenburg School & Guildhall School/Special Education Para-Educator

Worked with groups of three- to five-year-old children as well as individually with a student on an IEP. Working independently in the classroom over the summer with a child who has recently been diagnosed with Autism. Working with a student who is four years old diagnosed with Autism and is non-verbal.

2001-Lynsey House Relief Worker

I have experience working at the Lynsey House. I completed intakes with residents, answer the telephone, intakes over the phone, and listen and provide support to the residents. Supervised 1-2 staff members weekly to oversee the needs of the residents. Supported both staff and residents to locate and obtain resources to help residents achieve their goals.

1998-2001- Cub scout Den Mother

Supervising cub scouts in both individual and group opportunities. Scheduling and organizing activities and trips for the group. Supporting children to reach potential while promoting character and leadership development.

1996-2000-Daisies/Girl scout Assistant Leader

Supervised girl scouts with planning activities, giving back to the Community, introducing girls to new experiences, guide and mentor, and help them develop skills and confidence. Attending numerous enrichment opportunities with scouts. Modeling appropriate social skills and communication within the group.

Professional Development

Death & Dying, Introduction to Psychology, Ethics & Diversity, Abnormal Psychology, Curriculum Development in Early Childhood, Introduction to Early Childhood, Introduction to Exceptional Population, Infant and Toddler Development, Nutrition, Child Abuse & Neglect, Introduction to Human Services, Observing, Recording, and Reporting, and Child Development. Moody Management & Self-Control

Strategies for Kids, Special Education Issues for the Paraprofessional, Supporting Students with Challenging Behaviors: A Para educator Curriculum, Nonviolent Crisis Intervention, Taming the Anger Monster, Behavior As A Means of Communication, A Model of Effective Parenting, Including Difficult Children, The Stages of Cognitive, Social and Emotional Development, Strategies for Dealing with Children Who Are Overwhelmed by Emotional Stress, Common Children's Medications, Training in advocacy and professional topics, and Conference for Paraeducators. Celebrating Similarities: Students with Disabilities, Summer Institute in Autism (6 hours)."Aiding Young Children with Autism Spectrum Disorders: (12 hours), Writing and Using Social Stories to Support Children with Autism Spectrum disorder, (6 hours), Ray Levy, Try and Make Me approach to challenging behavior 92 hours), Simply Good Ideas: five-day training session in Advanced Instructional/Behavioral strategies for students with Autism Spectrum Disorder (25 hours), Crisis Prevention (CPI), PECS-communication system, and Designing and Implementing Great Visual/Behavioral Supports a Plans for the Student with ASD (10 hours).Trauma in Early Childhood: Assessment, Intervention and Supporting Families(8.5 hours),Plan B: Collaborative Problem Solving with Behaviorally Challenging Kids (6 hours), Invest in Coos Kids (4 hours), DCYF/DJS Community Based In-Home Services AND Medicaid Rules Training (2 hours), The Watch Me Grow Project, The Adolescent Brain and High Risk Behaviors (3.5 hours), Professional Boundaries Reporting Abuse and Neglect ,Confidentiality, Handling Conflict with Staff, (4 hours), Strengthening Families Summit (6 hours), Substance Abuse During Pregnancy and Beyond (5 hours), "Science of Relationships: The Prevention Connection" A Strengthening Families Summit for Providers and Families (6 hours), Bringing the Protective Factors To Life Face To Face Training (7 hours), 22nd Annual DCYF Conference Tools for the Trade: Community, Prevention, Protection, and Security (5.5 hours), Bringing The Protective Factors To Life Face To Face Training (6 hours), Pyramid Model Training, Relationship: The Foundation of Success (3 hours). Standards of Quality for Family Strengthening & Support. Early Childhood and Family Mental Healths Credential (Intermediate), Working with the Worrier: Addressing Anxiety Concerns in Young Children (10.75), Complex Trauma and Attachment: Working with Children living outside their family of Origin, Substance Use Counseling Skills and Core Functions (5.5 hours), HIV Update for Substance Use Professionals (6 hours), Prime for Life (24 hours), Motivational Interviewing (1.75 hours), Ethics & Boundaries for Recovery Support Workers, New England School of Addiction and Prevention Studies: Human Trafficking, Opioid Addiction and Treatment: Understanding the Disorder, Treatment, and Protocol, Addressing the Opioid Crisis: Supporting Those on the Front Lines of an Epidemic, The Behavioral Addictions: Dynamics, Diagnosis and Treatment (19.25 hours).

LISA M. ROMPREY

QUALIFICATIONS/JOB SKILLS

- Valuable assessment, planning, linking, monitoring and advocacy skills
- Strong organization skills
- Highly motivated, enthusiastic, trustworthy, and responsible
- Dedicated team player with strong interpersonal and communication skills
- Engages in projects with confidence and assurance
- Extensive computer experience

PROFESSIONAL ACCOMPLISHMENTS

2022-Present **MANAGER** *for* **Behavioral Health & North Country Recovery Center, Weeks Medical Center**, all locations.

Responsible for managing behavioral health and substance use programs clinical and non-clinical support staff, daily operations, budget, hiring, as well as duties listed below as case manager and recovery coach.

2019-2022 **CASE MANAGER, RECOVERY COACH** *for* **North Country Recovery Center & Doorway Programs, Weeks Medical Center**, Littleton, NH location.

Responsibilities include patient advocacy in obtaining needed resources, patient counseling and support for those with substance use disorders.

2003-2019 **MANAGER** *for* **McIntyre School Apartments**, Whitefield, NH and **HOUSING AND URBAN DEVELOPMENT (HUD) PROGRAM COORDINATOR** *for* **Crotched Mountain Residential Services.**

Responsible for supervision of HUD staff at five locations in NH, ME, and NH. HUD budget oversight for all properties. Assist with tenant and applicant compliant resolutions. Duties listed below under Manager as well.

2001-2003 **MANAGER** *for* **McIntyre School Apartments**, Whitefield, NH and **TEAM COORDINATOR** *for* **Crotched Mountain Community Care,** and Littleton District Office.

Initiated private CFI Case Management program, secured staff, collaborated with DHHS Littleton DO in transition of services. Coordinated home based service referrals and monitored/updated care plans. Manager's duties same as listed below.

1996-2001 **MANAGER and SERVICE COORDINATOR** *for* **McIntyre School Apartments**, Whitefield, NH *Sponsored by* **Crotched Mountain Foundation,** Greenfield, N.H.

Management of 24-unit HUD subsidized property. Supervision of Maintenance personnel and contracted service providers, provision of Service Coordination for tenants. Establishment of in-house programs for tenants, marketing, and activities.

1994-1996 **COMMUNITY SUPPORT SERVICES TEAM LEADER, White Mountain Mental Health and Developmental Services,** Littleton, NH

Supervision and coordination for four community-based support service programs: Case Management, Housing, Benefits, and Family Support. Provided direct staff supervision, education related state regulatory changes and agency policy updates.

Weeks Medical Center

ADMINISTRATIVE ASSISTANT

First Name	SUSAN
Middle Name	N/A
Last Name	REYNOLDS
Position Name	ADMINISTRATIVE ASSISTANT
Department Name	ADMINISTRATION II
Facility Name	Weeks Medical Center
Manager Name	RONA J GLINES
Hire Date	8/23/2010 12:00:00 AM
Employee Number	11431
Status Change Date	2/4/2013 12:00:00 AM

Position Summary

The Physician Offices Administrative Assistant provides clerical support to the Physician Office. Primary duties shall include processing and typing of reports, policies, correspondence, schedules and related materials in coordination with the Senior Administrative Assistant. The Administrative Assistant is also responsible for payroll processing, maintaining stock supplies and interoffice mail processing.

Accountability

The Physician Offices Administrative Assistant is first accountable to the Director of Physician Services and works closely with Senior Administrative Assistant.

Interrelationships

Works closely with other Administrative staff, the Practice Manager, and the Director of Physician Services. The position must also interact with providers, clinical staff, and hospital personnel.

Qualifications

- High school education
- Experience in Microsoft word, excel, and access
- Keyboarding skills greater than 50 words per minute
- Good spelling and grammar knowledge

Administrative Assistant Core Essential Functions

1. Assists all visitors and callers to the department in a professional and courteous manner. Handle a variety of inquiries, questions and issues within the scope and limits of own position responsibilities. Direct problems/issues to the appropriate staff member, manager or senior manager for resolution.
2. Sort, read and annotate incoming mail and documents and attach appropriate information to facilitate necessary action. Determine necessary routing, signatures and follow-up. When requested, compose correspondence and reports for department manager review and signature.
3. Responsible for the coordination and standardization of all accounting and payroll files. Must ensure that files are maintained in an orderly, efficient and neat manner for reference and follow-up. Maintain confidentiality of all files and correspondence.
4. Maintains databases, and performs routine analyses and calculations in the processing of data for financial, statistical and narrative reports as directed by the Chief Financial Officer.
5. Coordinate meeting arrangements for the department. May include agenda preparation, scheduling rooms, audio-visual equipment, dietary arrangements and other related functions. Prepare background information and handouts. Take meeting minutes, transcribe minutes with a high degree of accuracy and ensure distribution of minutes to meeting participants. Coordinate follow-up items from meeting minutes.
6. Provide administrative support to department manager and other department managers. Arrange and schedule appointments/meetings and maintain calendar for the department manager. Prioritizes work and asks for assistance in prioritization from department manager when needed.
7. Responsible for ensuring the Policy and Procedure Manuals are reviewed at least annually and updated as need. Under the direction of the department manager revise policy and procedures. Provide word processing support, manual copying and manual preparation as required to meet all regulating agency requirements.
8. Direct the volunteer aspect of the department. Coordinate volunteers assigned to the department. Answer questions and guide as needed.
9. Maintain a tickler file within the department capturing due dates for all reports, filings, information submission, etc.

Track the renewal/expiration dates for all.

10. Ensure the completion of department payroll and payroll updates in a timely manner
11. Responsible for the requisition of supplies, printing, maintenance and other services for fiscal services
12. Assist other Administrative Assistants and the Medical Staff & Board Coordinator, as necessary. Display cooperation, strong teamwork and support of all staff. Demonstrate poise and maturity in dealing with others.
13. Attend meetings, seminars and workshops applicable to this position to enhance own skills and job performance. Attendance requires prior approval from the department manager.
14. Protect the confidentiality of all information encountered in this position, both verbally and written. Prevent unauthorized release of information.
15. Demonstrate SERVICE EXCELLENCE by positive communication techniques with all customers, including patients, families, visitors, physicians and employees. Display courtesy, congeniality, cooperation, initiative, sensitivity and professionalism.
16. Promote the Weeks philosophy through projects in continuous quality improvement (CQI). Actively contribute and participate on CQI teams as requested.
17. Manages time effectively to ensure that deadlines are met and that personal priorities support organizational objectives.
18. Perform other duties as assigned by the department manager or other member of the Administrative team.

Age of Population Served and Age-Specific Technology

- None Specified

Physical Demands

- **Physical Activities**
  - Sitting - Continually (5.5 to 8 hrs/day)
  - Stationary Standing - Rarely (less than .5 hr/day)
  - Walking - Occasionally (.5 to 2.5 hr/day)
  - Ability to be mobile - Continually (5.5 to 8 hrs/day)
  - Crouching (bend at knee) - Occasionally (.5 to 2.5 hr/day)
  - Kneeling/Crawling - Rarely (less than .5 hr/day)
  - Stooping (bend at waist) - Occasionally (.5 to 2.5 hr/day)
  - Twisting (knees/waist/neck) - Occasionally (.5 to 2.5 hr/day)
  - Climbing - Rarely (less than .5 hr/day)
  - Balancing - Occasionally (.5 to 2.5 hr/day)
  - Reaching overhead - Occasionally (.5 to 2.5 hr/day)
  - Reaching extension - Occasionally (.5 to 2.5 hr/day)
  - Grasping - Frequently (2.5 to 5.5 hr/day)
  - Pinching - Occasionally (.5 to 2.5 hr/day)
  - Pushing/Pulling: - Occasionally (.5 to 2.5 hr/day)
  - Lifting/Carrying: - Occasionally (.5 to 2.5 hr/day)
- **Other Physical Activities**
  - **Sensory Activities**
    - Talking to person - Continually (5.5 to 8 hrs/day)
    - Talking on telephone - Continually (5.5 to 8 hrs/day)
    - Hearing in person - Continually (5.5 to 8 hrs/day)
    - Hearing on telephone - Continually (5.5 to 8 hrs/day)
    - Vision for close work - Frequently (2.5 to 5.5 hr/day)
  - **Other Sensory Requirements**
- **Environmental Conditions**

  position involves or may involve exposure to blood, body fluids or tissues.

Service Excellence Criteria

1. ***Make a positive first impression.*** First impressions define our personality to others and set the tone. By making a positive first impression, our patients, families and colleagues will feel welcome in our Medical Center environment.
2. ***Treat others as guests.*** Act as a host and greet others as you would welcome a good friend.
3. ***Be an effective communicator.*** See that patients, families and colleagues are appropriately informed. Talk with others promptly if you are having a problem with them – follow the "Commitment to My Co-Workers".
4. ***Practice service recovery skills.*** Turn negative service or a negative impression into a positive outcome for the patient, family or colleague.
5. ***Be professional in image and appearance.*** Represent the Medical Center as a professional in image and attitude. Act as a role model for the Medical Center's dress code policy. Also, act as a role model for the Medical Center's Code of Conduct.
6. ***Practice teamwork.*** Work with your team to develop a common vision and common goals. Support your team members to achieve these goals and to provide excellence in patient care and services.
7. ***Project a positive attitude.*** Demonstrate an attitude of striving to find and implement positive approaches. Be part of the solution, not part of the problem. Do not openly criticize your colleagues in front of others or to patients and families.
8. ***Strive for excellence in all endeavors.*** Always look for ways to work more effectively. Strive for higher quality in a cost effective environment.

Essential Functions of the Job

1. Required skills and competencies. Has competency checklist been completed with all competencies met (i.e. job skills / knowledge, equipment knowledge)?
2. Copy ER call schedule and distributes paper schedules as per distribution list.
3. Responsible for loading meetings into eCW for various meetings and Providers.
4. Prepares agendas and minutes for the LPO Safety Committee quarterly meetings, and other meetings as assigned. Please refer to the Recording Secretary Job Description for additional duties related to functions as Recording Secretary.
5. Responsible for answering telephone for Director of Physician Services when the Director is not available.
6. Enter the Provider Call Schedule on eCW and distribute notice to appropriate staff.
7. Responsible for maintaining weekly distribution of Provider/Clinical Staff Schedule.
8. Responsible for processing and distributing Clinical/Clerical Staff Vacation/CME requests.
9. Obtain and enter the monthly Orthopedic, GYN, Urology and Surgical call Schedules on eCW and distribute either by email, fax, or paper copy calendar to appropriate staff.
10. Coordinates the EMR Steering Committee every other month meeting as directed and is responsible for; reserving meeting rooms, sending out meeting notices and agendas, taking and distributing minutes, ordering and delivering of refreshments, and cleaning and returning equipment to Dietary.
11. Coordinates orientation schedule for all new Providers.
12. Responsible for orientation manuals and schedule for all new clerical/clinical staff.
13. Responsible for collection and accuracy of new clinical staff paperwork for Human Resources and shadow files kept in Lancaster Physician Office.
14. Responsible for maintaining current job descriptions in approved format as directed by appropriate managers.
15. Maintains Administration and Rural Health Clinic manuals for three physician offices.
16. Liaison for Weeks Medical Center with various colleges (Massachusetts College of Pharmacy and Health Sciences, NH Community Technical College, University of New England, etc. for student clerkships or shadowing with providers at our facility. Also involves coordination with Human Resources for orientation, Pat Rogers for immunization records, etc).
17. Maintain Clinical/Clerical Time Off Calendar.
18. Responsible for coordinating all meetings and appointments in eCW and on Outlook Calendar for Dr. Lars Nielson.
19. Manages all CME money requests and keeps track of the CME money Logs for all Mid-Levels.
20. Process all check requests that pertains to Littleton Regional Hospital, Indian Stream Physician Office, Dr. Keenan, and Dr. Donnelly.
21. Entering into eCW Dr. Schanlaber yearly Nursing Home visits.
22. Responsible for document management. This includes making sure all policies are placed on the Intranet and all older versions of the policies are removed from the Intranet.
23. Perform other duties as assigned by the Director of Physician Services or other members of the administrative team.

General Categories

1. **Attendance:** Does not exceed six unplanned absences in a 12-month period. Does not exceed six episodes of tardiness.
2. **General Safety:** Follows departmental and organizational policies and procedures. Safety conscious. Actively participates in departmental and facility-wide safety programs and demonstrates an understanding of safety issues and practices in all aspects of work.
3. **Organizational Policies and Procedures:** Follows organizational policies and procedures.
   - Employees' Guide to Personnel Policies and Procedures
   - Use of telephone system
   - Rules of Conduct
   - Code of Professional Conduct
   - Confidentiality Policy
4. **Participation:** Actively participates in departmental and organizational committees and activities.
5. **Judgment:** Makes sound decisions after evaluation of the situation. Is able to set priorities and manage time effectively.
6. **Self-development:** Maintains required certifications for job. Has gained additional formal qualifications beyond the minimum requirements of the job. Has learned additional job duties and skills. Has followed up on any personal development plan.

I understand that my electronic signature carries the same legal weight and authority as my written signature.

Name **SUSAN REYNOLDS** Date **02/07/2013**

Chris Raymond

OBJECTIVE:
To obtain a professional position utilizing my business knowledge as well as my computer, decision making, organizational and people skills.

WORK EXPERIENCE:

Patient Access Manager — **August 2020 – Present**
Weeks Medical Center — Lancaster, NH
Full time 40+ hours per week

- Manage +/- 45 direct reports throughout multiple locations in the hospital and physician practices.
- Responsible for overseeing all functions of the patient access services ensuring patient safety and satisfaction.
- Ensure the accuracy and completeness of daily registrations.
- Ensure a high level of quality service provided to patients.
- Responsible for adequate staffing and coverage in all Patient Access areas.
- Responsible for staff development, including training, reviews, and communication.
- Coordinate annual budgets for patient access department.
- Work with staff to achieve annual goals.
- Provide staff schedules and approve timecards and vacation requests.
- Work with staff in all levels of the organization.

Non-Clinical Team Leader/Administrative Assistant — **June 2012 – August 2020**
Weeks Medical Center — Lancaster, NH
Full time 40 hours per week

- Supervise +/- 24 direct reports throughout multiple Physician office locations.
- Responsible for all functions associated with direct reports including timecards, hiring processes, annual evaluations, disciplinary action, scheduling, staff meetings and training.
- Coordinate annual budgets for patient access department and team leaders throughout practice.
- Work with staff to achieve annual goals.
- Purchase items through Materials Management that are needed in patient access.
- Assist Director of Physician Practice with various duties as assigned.
- Trained to cover all staff positions that I manage including appointment scheduling, front desk, switchboard and registration, etc.
- Provide monthly schedule for staff along with approving and denying time off requests.
- Work with staff in multiple levels of the organization including Senior Staff, Providers, Administration, Nursing, Non-Clinical and Support Staff.

REALTOR June 2012 - Present
Lisa Hampton Real Estate, LLC Lancaster, NH
Part time

- Real estate agent assisting sellers and buyers, customers and clients.
- Present purchase offers to sellers for consideration.
- Act as an intermediary in negotiations between buyers and sellers.
- Advise clients on market conditions, prices, mortgages, legal requirements, and related matters.
- Prepare documents such as representation contracts, purchase agreements, and closing statements.
- Confer with escrow companies, lenders, home inspectors and ensure that terms and conditions of purchase agreements are met before closing dates.
- Coordinate property closings, overseeing signing of documents and disbursement of funds.
- Attend events to develop professional knowledge.

Office Administrator/Advertising Manager/REALTOR July 2008 – June 2012
Aurore M. Hood Real Estate, LLC Lancaster, NH
Full time 40 hours per week

- Answer Multi Line Telephone, Take Messages, Meet and Greet Clients and Other Guests.
- Create Advertisements including Newsprint, Internet, Customer Show Packets and Listing Brochures.
- Maintain Customer Files and Databases and Review Customer Listings for Accuracy.
- Schedule Appointments and Showings for Realtors and maintain the Office Calendar.
- Licensed Sales Agent to List and Sell Real Estate in NH and VT.
- Filing, Faxing, Copying, Creating Correspondence and Generating Reports along with other Clerical Duties.
- Process Incoming and Outbound Mail.
- Software Programs: (Microsoft Office- Word, Excel, PowerPoint, Publisher, Outlook Express, ACT, Innovia, Windows 7).

Accounting Assistant April 2008 – July 2008
Milan Lumber Company Milan, NH
Full time 45 hours per week

- Answer Telephone, Greet Vendors and Other Guests.
- Filing, Entering data, Generating Correspondence.
- Log and Lumber Accounts Payable & Receivable, Invoicing and Sales.
- Bank Reconciliation, Deposits including Checks and Cash.
- Picked up Mail and Processed.
- Process Weekly Payroll and Provide Various Reports to Management.
- Software Programs: (Microsoft XP Professional, Microsoft Office- Word, Excel, Outlook, QuickBooks 2008 Enterprise Solutions 8.0, SCI Log scaling for Windows).

Planning Coordinator June 2004 – December 2007
Production Control Clerk October 1998 – June 2004
Wausau Paper Groveton, NH
Full time 40 hours per week

- Provided Roll Wrap and Embosser personnel with efficient and effective equipment schedules.
- Maintained customer and stock orders, roll counts and manufacturing date.
- Reviewed manufacturing dates and adjusted ready to ship dates accordingly.
- Provided assistance to Customer Service and Internal Customers.
- Ordered packaging supplies for the Converting Operation. (Kraft Wrap, Pallets, Skids, Headers)
- Interacted with personnel at all levels in the organization.
- Provided vacation and back up coverage for Materials Planner, Converting Scheduler, Production Control Supervisor and Manufacturing Coordinator.
- Trimmed paper machine orders as well as schedule the paper machines.
- Reviewed stock needs for Groveton warehouse as well as three warehouses across the country.
- Prepared monthly closing reports.
- Maintained accurate roll inventories.
- Prepared Paper Machine forecasts.
- Maintained accurate production in Excel spreadsheets.
- Prepared and distributed Paper Machine schedules.
- Proofread Customer orders.
- Used software programs (AS400, Word, Excel, JD Edwards, Showcase, E3 Stock Estimation)

Office Manager April 1997 – October 1998
Cashier/Stock Clerk May 1994 – April 1997
LaPerle's IGA Colebrook, NH
Full time 40 hours per week

- Maintained various store reports.
- Entered customer charges, Mailed customer bills.
- Made deposits, balanced cashier drawers.
- Collected time cards, checked hours for accuracy and filled out employee time record reports.
- Maintained employees Matthew Thornton Health Care plan.
- Responsible for filing accident reports and workers comp claims.
- Dealt with accounts receivable and accounts payable.
- Managed customer service booth and cash registers when needed.
- Store supervisor on alternating weekends.

EDUCATION:

NH Real Estate Licensing Course — October '09 – November '09
Caron's Gateway School of Real Estate — Groveton, NH

Associate Degree in Accounting — September 1994 – May 1996
NH Technical College — Berlin, NH

- Inducted into Phi Theta Kappa National Honor Society.
- Graduated with President's Honors.
- Worked in the Accounting Department at Wausau Paper for internship.

Public School — September 1982 – June 1994
Stratford Public School — North Stratford, NH

- President of the Student Council.
- Vice President of the National Honor Society.
- Involved in numerous community and school activities.

Appendix E

Program Staff List

New Hampshire Department of Health and Human Services

COMPLETE ONE PROGRAM STAFF LIST FOR EACH STATE FISCAL YEAR

Proposal Agency Name: Weeks Medical Center
Program: Primary Care Services
Budget Period: July 1, 2024 - June 30, 2025

A	B	C	D	E	F	G	H
Position Title	Current Individual in Position	Projected Hrly Rate as of 1st Day of Budget Period	Hours per Week dedicated to this program	Amnt Funded by this program for Budget Period	Total Salary for Budget Period	% of Salary Funded by this program	Site*
Example:							
Program Coordinator	Sandra Smith	$21.00	40	$13,680	$43,680	31%	
Administrative Salaries							
Co-Medical Director	Jayne Tarkleson, DO	$ 126.69	4	$10,260	$263,515	4%	Whitefield
V.P. Provider Practices	Karen Woods	$ 76.50	5	$7,744	$159,120	5%	Lancaster
Director of Practice Operations	Monique Hand	$ 53.83	10	$10,899	$111,966	10%	Lancaster
Specialty Practice Manager BH/SUD	Lisa Romprey	$ 47.20	2	$1,911	$98,176	2%	Lancaster
Practice Manager of Colebrook, West Stewartstown & Groveton	Cindy Corliss	$ 43.70	10	$8,847.79	$90,896	10%	Colebk/Grovet/No. Strat
Grant Administrator & Quality Coordinator	Lori Morann	$ 44.48	10	$9,006	$92,518	10%	Lancaster
Patient Access Manager	Christopher Raymond	$ 37.55	10	$7,603	$78,104	10%	Lancaster
Administrative Assistant	Susan Reynolds	$ 27.05	2	$1,095	$56,264	2%	Lancaster
Technical Operations Manager	Nathaniel Pelchat	$ 37.15	10	$7,522	$77,272	10%	Lancaster
Total Admin. Salaries				$64,888	$1,027,832		
Direct Service Salaries							
Clinical Practice Manager of Whitefield & Littleton	Sarah Morse, RN	$ 39.33	30	$23,889	$81,806	29%	Whitefield/Littleton
Clinical Practice Manager of Lancaster	Sarah Sterling, RN	$ 47.20	25	$23,132	$98,176	24%	Lancaster
Clinical Team Leader Colebrook & West Stewartstown	Emily Foote, RN	$ 41.50	25	$21,006	$86,320	24%	Colebrook
Clinical Team Leader Groveton	Wendy Bennett, RN	$ 39.77	25	$20,130	$82,722	24%	Groveton
Clinical Team Leader Lancaster	Mary Byrn, RN	$ 39.77	25	$20,130	$82,722	24%	Lancaster
Clinical Team Leader Whitefield & Littleton	VACANT						Whitefield/Littleton
Manger ACO/Care Coordination	Karen Coy, RN	$ 48.93	10	$9,907	$101,774	10%	All Sites
Care Coordinator	Katelyn Martin, RN	$ 49.28	25	$24,944	$102,502	24%	Lancaster
Care Coordinator	Ashley Clauss, RN	$ 47.52	25	$24,053	$98,842	24%	Lancaster
Care Coordinator Colebrook	Ruth Priolo, RN	$ 51.04	25	$25,835	$106,163	24%	Colebrook
Case Manager for Office Practice	Dawn Gooden, BSW	$ 29.49	25	$14,927	$61,339	24%	Lancaster
Financial Counselor	Haley Allen	$ 17.85	2	$723	$37,128	2%	Whitefield
Total Direct Salaries				$208,675	$939,494.40	22%	
Total Salaries by Program				$273,563	$1,967,326.40		

Please note, any forms downloaded from the DHHS website will NOT calculate. Forms will be sent electronically via e-mail to all programs submitting a Letter of Intent by the due date.

*Please list which site(s) each staff member works at, if your agency has multiple sites.

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

May 25, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into contracts with the Contractors listed below in an amount not to exceed $8,158,520 to increase access to integrated prevention and primary health care services for Women, Infants, Children and Adolescents, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through June 30, 2024. 10% Federal Funds. 90% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Amoskeag Health	157274-B001	Manchester	$1,529,850
Concord Hospital, Inc.	177653-B011	Concord	$658,569
Coos County Family Health Services, Inc.	155327-B001	Berlin	$731,721
Greater Seacoast Community Health	166629-B001	Somersworth	$1,232,685
HealthFirst Family Care Center, Inc.	158221-B001	Franklin	$597,648
Lamprey Health Care, Inc.	177677-R001	Newmarket	$1,112,527
Manchester Health Department	177433-B009	Manchester	$412,006
Mid-State Health Center	158055-B001	Plymouth	$640,823
Weeks Medical Center	177171-R001	Lancaster	$617,806
White Mountain Community Health Center	174170-R001	Conway	$624,885
		Total:	**$8,158,520**

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, and are anticipated to be available in State Fiscal Year 2024, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Department to increase access to integrated prevention and primary health care for the Maternal and Child Health (MCH) target population of women, infants, children and adolescents, and to address the maternal and youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

Approximately 194,940 individuals will be served from June 1, 2022 to June 30, 2024.

The Contractors will provide increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, and pregnant women and women of childbearing age, and must not exclude individuals who are uninsured; underinsured; and/or considered low-income. Integrated prevention and primary health care services are provided to individuals who may experience barriers to accessing health care due to issues such as lack of insurance, inability to pay, limited language proficiency and geographic isolation. The Contractors will integrate and coordinate access to medical, behavioral and social services by reducing barriers to care through an array of services such as care coordination, translation services, outreach, eligibility assistance, transportation, and health education.

The Department will monitor services through the following performance measures:

- Percent of infants who were ever breastfed.
- Percent of adolescents 12 to 21 years of age who had at least one (1) comprehensive well-care visit/comprehensive physical exam during the measurement year.
- Percent of postpartum women screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive screen, a follow-up plan is documented on the date of the positive screen.

The Department selected the Contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from January 14, 2022 through February 25, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Executive Council not authorize this request, the Department may be unable to ensure increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, pregnant women and women of childbearing age, and individuals who are uninsured; underinsured; considered low-income.

Source of Federal Funds: CFDA #93.994, FAIN B04MC45230

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

Respectfully submitted,

DocuSigned by:
Ann H. Landry
24BAB37ED8EB488...

Lori A. Shibinette
Commissioner

Maternal and Child Health in the Integrated Primary Care Setting
RFP-2022-DPHS-19-PRIMA
Fiscal Detail Sheet

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH

1. Amoskeag Health, Vendor # 157274-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$161,194
SFY 2023	102-500731	Contracts for Program Services	90080112	$684,328
SFY 2024	102-500731	Contracts for Program Services	90080112	$684,328
			Subtotal:	*$1,529,850*

2. Concord Hospital, Inc., Vendor # 177653-B011 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$26,343
SFY 2023	102-500731	Contracts for Program Services	90080112	$316,113
SFY 2024	102-500731	Contracts for Program Services	90080112	$316,113
			Subtotal:	*$658,569*

3. Coos County Family Health Services, Inc., Vendor # 155327-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$29,269
SFY 2023	102-500731	Contracts for Program Services	90080112	$351,226
SFY 2024	102-500731	Contracts for Program Services	90080112	$351,226
			Subtotal:	*$731,721*

4. Greater Seacoast Community Health, Vendor # 166629-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$49,307
SFY 2023	102-500731	Contracts for Program Services	90080112	$591,689
SFY 2024	102-500731	Contracts for Program Services	90080112	$591,689
			Subtotal:	*$1,232,685*

5. Health First Family Care Center, Vendor # 158221-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$23,906
SFY 2023	102-500731	Contracts for Program Services	90080112	$286,871
SFY 2024	102-500731	Contracts for Program Services	90080112	$286,871
			Subtotal:	*$597,648*

6. Lamprey Health Care, Inc., Vendor # 177677-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$44,501
SFY 2023	102-500731	Contracts for Program Services	90080112	$534,013
SFY 2024	102-500731	Contracts for Program Services	90080112	$534,013
			Subtotal:	*$1,112,527*

7. Manchester Health Dept. Vendor #177433-B009 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$16,480
SFY 2023	102-500731	Contracts for Program Services	90080112	$197,763
SFY 2024	102-500731	Contracts for Program Services	90080112	$197,763
			Subtotal:	*$412,006*

8. Mid-State Health Center, Vendor # 158055-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$25,633
SFY 2023	102-500731	Contracts for Program Services	90080112	$307,595
SFY 2024	102-500731	Contracts for Program Services	90080112	$307,595
			Subtotal:	*$640,823*

9. Weeks Medical Center, Vendor # 177171-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,712
SFY 2023	102-500731	Contracts for Program Services	90080112	$296,547
SFY 2024	102-500731	Contracts for Program Services	90080112	$296,547
			Subtotal:	*$617,806*

10. White Mountain Community Health Center, Vendor # 174170-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,995
SFY 2023	102-500731	Contracts for Program Services	90080112	$299,945
SFY 2024	102-500731	Contracts for Program Services	90080112	$299,945
			Subtotal:	*$624,885*
			TOTAL:	**$8,158,520**

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFP-2022-DPHS-19-PRIMA

Project Title Maternal and Child Health Care in the Integrated Primary Care Setting

	Maximum Points Available	Amoskeag Health	City of Manchester Health Department	Concord Hospital Family Health Center	Coos County Family Health Services	Greater Seacoast Community Health	HealthFirst Family Care Center Inc	Lamprey Healthcare	Mid-State Health	Weeks Medical Center	White Mountain Community Health Center
Technical											
Primary Care Services (Q1)	30	28	24	25	23	29	25	25	28	25	28
Social Determinants of Health (Q2)	20	20	18	13	18	20	18	15	18	15	18
Enabling Service Initiatives (Q3)	20	20	18	14	18	19	18	13	19	18	16
Quality Improvement Projects (Q4)	20	20	20	12	17	18	18	17	15	18	16
Staffing (Q5)	5	3	3	3	3	5	4	2	4	3	3
and Training Plan (Q6)	5	4	3	3	3	5	4	5	4	4	2
Technical Score*	100	95	86	70	82	96	87	77	88	83	83
TOTAL SCORE	100	95	86	70	82	96	87	77	88	83	83

**Minimum Passing Technical Score = 70 of 100 possible points.*

	Reviewer Name	Title
1	Rhonda Siegel	Administrator
2	Shari Campbell	Program Specialist III
3	Erica Tenney	Program Coordinator
4	Lisa Storez	Public Health Nurse Consultant
5	Ellen Stickney	Public Health Nurse Coordinator

FORM NUMBER P-37 (version 12/11/2019)

Subject: Maternal and Child Health Care in the Integrated Primary Care Setting (RFP-2022-DPHS-19-PRIMA-09)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Weeks Medical Center		1.4 Contractor Address 173 Middle St. Lancaster, NH 03584	
1.5 Contractor Phone Number (603) 788-4911	1.6 Account Number 05-95-90-90210-5190	1.7 Completion Date June 30, 2024	1.8 Price Limitation $617,806
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Michael Lee Date: 5/18/2022		1.12 Name and Title of Contractor Signatory Michael Lee President& CEO	
1.13 State Agency Signature DocuSigned by: Iain Watt Date: 5/26/2022		1.14 Name and Title of State Agency Signatory Iain Watt Deputy Director - DPHS	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Tahhmina Rahhmatova		On: 6/1/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials DS ML
Date 5/18/2022

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials DS ML

Date 5/18/2022

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

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

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

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

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

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

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

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of the

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Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION:

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation")*.

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

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New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

   1.1. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

   3.3. The parties may extend the Agreement for up four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

   1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

   12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall increase access to integrated healthcare for the Maternal and Child Health (MCH) target population of Women, Infants, Children and Adolescents from birth to 21 years of age, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

1.2. The Contractor shall provide and increase access to healthcare for New Hampshire Infants, Children and Adolescents from birth to 21 years of age, and Pregnant Women and Women of Childbearing age, and must not exclude individuals who are:

1.2.1. Uninsured.

1.2.2. Underinsured.

1.2.3. Considered low-income defined as less than 185% of the U.S. Department of Health and Human Services (US DHHS) Poverty Guidelines.

1.2.4. Lacking housing, including individuals whose primary residence during the night is a supervised public or private facility, such as a shelter, that provides temporary living accommodations.

1.2.5. Residing in transitional housing.

1.2.6. Unable to maintain their housing situation.

1.2.7. Forced to stay with a series of friends and/or extended family members, hence are considered homeless.

1.2.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

1.3. The Contractor shall provide integrated preventative and primary health care services to the populations in Subsection 1.2 above, which must include:

1.3.1. Behavioral health care;

1.3.2. Prenatal care either on site or by referral;

1.3.3. Care management; and

1.3.4. Enabling services.

1.4. The Contractor shall provide eligibility determination services that include, but are not limited to:

1.4.1. Notifying the Department in writing if/when access to primary care services for new patients is limited or closed for more than thirty (30)

consecutive business days or any sixty (60) non-consecutive business days.

1.4.2. Assisting individuals with completing a Medicaid/Expanded Medicaid and/or other health insurance applications.

1.4.3. Maximizing billing to private and commercial insurances for all reimbursable services rendered.

1.4.4. Posting a public notice in a conspicuous location specifying that no individual will be denied services due to inability to pay.

1.4.5. Developing and implementing a sliding fee scale for services in accordance with the Federal Poverty Guidelines and providing the sliding fee scale to the Department upon request.

1.5. The Contractor shall ensure primary care services are provided by a New Hampshire licensed:

1.5.1. Medical Doctor (MD);

1.5.2. Doctor of Osteopathic Medicine (DO);

1.5.3. Advanced Practice Registered Nurse (APRN); and/or

1.5.4. Physician Assistant (PA) to eligible individuals in the service area.

1.6. The Contractor shall provide services in an office-based setting which may include, but is not limited to:

1.6.1. Federally Qualified Health Centers (FQHCs) and/or Rural Health Clinics.

1.6.2. School Based Health Clinics.

1.6.3. Mobile Care Delivery Services.

1.7. The Contractor shall ensure services include, but are not limited to:

1.7.1. Reproductive health services.

1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral.

1.7.3. Preventive primary care services for women, infants, children and adolescents, including screenings and health education in accordance with established, documented state or national guidelines and evidence based practices.

1.7.4. Integrated behavioral health services.

1.7.5. Assessment of need and follow-up/referral as indicated for:

1.7.5.1. Tobacco cessation, including referral to programs such as QuitWorks-NH (http://www.QuitWorksNH.org);

1.7.5.2. Social services that address Social Determinants of Health (SDOH);

1.7.5.3. Chronic Disease management, including disease specific referral and self-management education such as referral to Diabetes Self-Management Education (DSME) as recommended by American Diabetes Association (ADA);

1.7.5.4. Nutrition services, including Women, Infants and Children (WIC) Food and Nutrition Service, as appropriate;

1.7.5.5. Screening, Brief Intervention and Referral to Treatment (SBIRT) services; and

1.7.5.6. Referrals to any specialists as needed that are not offered on site, including home visiting services and oral health.

1.8. The Contractor shall provide and facilitate enabling services to all individuals served with special emphasis given to the MCH population of women and infants, children and adolescents from birth to 21 years of age. Enabling services must include at a minimum:

1.8.1. Case management;

1.8.2. Benefit counseling and/or eligibility assistance;

1.8.3. Health education and supportive counseling; and

1.8.4. Language interpretation, outreach, transportation and education of patients and the community regarding the availability and appropriate use of health services.

1.9. The Contractor shall ensure management services for individuals enrolled for primary care services include, but are not limited to:

1.9.1. Integrated and coordinated services that ensure patients receive necessary care, including behavioral health and oral care when and where it is needed and wanted, and in a culturally and linguistically appropriate manner; and

1.9.2. Direct access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, by referral or subcontract.

1.10. The Contractor shall develop, define, facilitate and implement a minimum of two (2) enabling services initiatives and enabling services initiative work plans that focus on the Title V MCH Block Grant population of women, infants, children and adolescents, as follows:

1.10.1. Initiative One (1) – Screening and Referrals for SDOH, in accordance with Attachment #1; and

1.10.2. Initiative Two (2) – Increase Behavioral Health Integration for Women and Children, in accordance with Attachment #2.

1.11. The Contractor shall monitor, update and implement each enabling services initiative work plan in accordance with Attachment #3 – Reporting Requirements Calendar.

1.12. The Contractor shall develop, define, facilitate and implement a minimum of two (2) quality improvement (QI) projects, which must consist of systematic and continuous actions that lead to measurable improvements in health care services and the health status of all individuals served, including:

1.12.1. QI Project One (1): Adolescent Well Visits for SFYs 2022-2024, in accordance with Attachment #4; and

1.12.2. QI Project Two (2): Obesity for Children & Adolescents ages 3 to 17 for SFYs 2022-2024, in accordance with Attachment #5.

1.13. The Contractor shall monitor, update and implement the work plans for each QI project in accordance with Attachment #3 – Reporting Requirements Calendar.

1.14. The Contractor shall attend in-person and/or virtual meetings and trainings facilitated by the Department, which include, but are not limited to:

1.14.1. MCH Agency Directors' Meetings scheduled by the Department on an as-needed basis.

1.14.2. MCH Primary Care Coordinators' Meetings up to two (2) times per year, which may require attendance by selected Vendor(s) quality improvement and clinical staff.

1.15. The Contractor shall ensure all services in this Exhibit B, Scope of Services, are provided by qualified health and allied health professionals.

1.16. The Contractor shall provide supporting documentation to the Department that verifies staff hours funded under the Agreement that may include, but is not limited to, timecards.

1.17. The Contractor shall ensure all health and allied health professionals possess and maintain the appropriate and current New Hampshire licenses whether directly employed, contracted or subcontracted.

1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator or staff person essential to providing services. The Contractor shall ensure notification:

1.18.1. Is provided to the Department no later than thirty business (30) days from the date of hire; and

1.18.2. Includes a copy of the newly hired individual's resume.

1.19. The Contractor shall notify the Department in writing when:

1.19.1. Any critical position is vacant for more than thirty (30) business days;

1.19.2. There is not adequate staffing to perform all required services for any period lasting more than thirty (30) consecutive business days or any sixty (60) non-consecutive business days.

1.20. The Contractor shall ensure that all employees and subcontractors providing direct services to clients under this Agreement have undergone a criminal background check and have no convictions for crimes that represent evidence of behavior that could endanger clients served under this Agreement.

1.21. The Contractor shall permit an individual, or team or individuals, authorized by the Department to schedule and conduct periodic virtual and/or on-site reviews of documentation related to contracted services, including:

1.21.1. Administration;

1.21.2. Data collection and submission;

1.21.3. Clinical and financial management; and

1.21.4. Delivery of education services.

1.22. The Contractor shall ensure the information needed by the Department to conduct virtual and/or on-site reviews is available, which may include, but is not limited to:

1.22.1. Client records.

1.22.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

1.23. The Contractor shall adhere to any corrective action plans issued by the Department should virtual and/or on-site reviews yield results that services provided are not in compliance with the Agreement. Any corrective action plans shall not prevent the Department from taking action under paragraph 8, Event of Default/Remedies and paragraph 9, Termination, of the General Provisions, Form P-37, of the Agreement.

1.24. The Contractor shall actively and regularly collaborate with the Department to enhance contract management and improve results.

1.25. The Contractor may be required to collect and share other key data and metrics with the Department, including client-level demographic, performance, and service data, in a format specified by the Department.

1.26. Reporting

1.26.1. The Contractor shall collect and submit the data and reports as specified in Attachment #3 – Reporting Requirements Calendar to the Department. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include but is not limited to:

1.26.1.1. Uniform Data System (UDS) outcomes.

1.26.1.2. Performance Measure outcomes.

1.26.1.3. Work plan for each Enabling Service Initiative.

1.26.1.4. Work Plan for each QI Project.

1.27. Performance Measures

1.27.1. The Contractor shall report data on the Performance Measures in Appendix F at regular intervals as specified in Appendix G – Reporting Requirements Calendar, utilizing Appendix K – DTT-PC2022 Template.

1.27.2. The Contractor shall meet or exceed their proposed goals and objectives for the required Performance Measures in Attachment #6. Should the Contractor not meet or exceed their goals, the Contractor shall submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment #7 – Performance Measure Outcome Report Template, at reporting intervals as specified in Appendix G – Reporting Requirements Calendar.

1.27.3. The Department may identify other performance measures in the resulting Agreement.

2. Exhibits Incorporated

2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

3.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

3.4. Operation of Facilities: Compliance with Laws and Regulations

3.4.1. In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental

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license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

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

4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate, provided

however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 10% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration, CFDA #93.994, FAIN B04MC45230.
   1.2. 90% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget through Exhibit C-3, Budget.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
   4.3. Identifies and requests payment for allowable costs incurred in the previous month.
   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *Weeks Medical Center*

Budget Request for: *Primary Care Services*

Budget Period *G&C approval to 06/30/2022*

Indirect Cost Rate (if applicable) 0.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$24,712
2. Fringe Benefits	$0
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$24,712
Total Indirect Costs	$0
TOTAL	**$24,712**

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Date 5/18/2022

New Hampshire Department of Health and Human Services *Complete one budget form for each budget period.* **Contractor Name:** *Weeks Medical Center* **Budget Request for:** *Primary Care Services* **Budget Period** *07/01/2022 to 06/30/2023* **Indirect Cost Rate (if applicable)** 0.00%	
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$296,547
2. Fringe Benefits	$0
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$296,547
Total Indirect Costs	$0
TOTAL	**$296,547**

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Contractor Initials ML
Date 5/18/2022

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *Weeks Medical Center*

Budget Request for: *Primary Care Services*

Budget Period *07/01/2023 to 06/30/2024*

Indirect Cost Rate (if applicable) 0.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$296,547
2. Fringe Benefits	$0
3. Consultants	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$296,547
Total Indirect Costs	$0
TOTAL	**$296,547**

DS
ML
Contractor Initials

5/18/2022
Date

New Hampshire Department of Health and Human Services
Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
   - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
   - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
     - 1.2.1. The dangers of drug abuse in the workplace;
     - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
     - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
     - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
   - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
     - 1.4.1. Abide by the terms of the statement; and
     - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
   - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

Vendor Initials ML (DS)
Date 5/18/2022

has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Vendor Name:

DocuSigned by:
Michael Lee

5/18/2022
Date

Name: Michael Lee
Title: President& CEO

New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Vendor Name:

5/18/2022
Date

DocuSigned by:
Michael Lee
Name: Michael Lee
Title: President& CEO

DS
ML
Vendor Initials
5/18/2022
Date

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

Contractor Initials ML
Date 5/18/2022

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

DocuSigned by:
Michael Lee

5/18/2022
Date

Name: Michael Lee
Title: President& CEO

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

DS
ML

Contractor Initials _____

Date 5/18/2022

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

DocuSigned by:
Michael Lee

5/18/2022
Date

Name: Michael Lee
Title: President& CEO

New Hampshire Department of Health and Human Services
Exhibit H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

5/18/2022
Date

DocuSigned by:
Michael Lee
Name: Michael Lee
Title: President& CEO

New Hampshire Department of Health and Human Services

Exhibit I

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

Contractor Initials ML

Date 5/18/2022

l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:
   I. For the proper management and administration of the Business Associate;
   II. As required by law, pursuant to the terms set forth in paragraph d. below; or
   III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person used the protected health information or to whom the disclosure was made;
- Whether the protected health information was actually acquired or viewed
- The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.

d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

Contractor Initials ML

Date 5/18/2022

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

DS

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e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services	Weeks Medical Center
The State	Name of the Contractor
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Michael Lee
Name of Authorized Representative	Name of Authorized Representative
Deputy Director - DPHS	President& CEO
Title of Authorized Representative	Title of Authorized Representative
5/26/2022	5/18/2022
Date	Date

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

DocuSigned by:
Michael Lee

5/18/2022
Date

Name: Michael Lee
Title: President& CEO

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 073968752

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   X NO _____ YES

   If the answer to #2 above is NO, stop here

   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____ YES

   If the answer to #3 above is YES, stop here

   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Initials DS ML

Date 5/18/2022

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

   Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to, Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.

2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.

3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

Attachment #1 - Screening and Referrals for SDOH

Enabling Services Work Plan Agency Name: Weeks Medical Center Name and Role of Person(s) Completing Work Plan: Patricia A. Cotter, Grant Administrator			
Enabling Services Focus Area: Screening and Referrals for Social Determinants of Health (SDOH)			
Project Goal: Identify and Refer Patients with SDOH Concerns			
Project Objective: Obtain SDOH Information during every Wellness Visit for infants, children, adolescents, and women and identified SDOH needs referred to Case Management.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Meditech SDOH Release	• IT Department • EMR Consultant • Head of Services • Meditech (EMR)	Review in Meditech Test Mode	July 19, 2022
Meditech System Form Development and System Build	• EMR Consultant • Manager of Case Management • Director of Practice Operations • Head of Services • Meditech (EMR)	Review in Meditech Test Mode	September 1, 2022
Develop process for reporting outcomes	• Office Redesign Committee (Leadership) • IT Department • Analyzer • Meditech (EMR) • Excel	System Tracking	September 1, 2022
Front Desk Training on SDOH Responsibilities	• Patient Access Manager • Front Desk Staff • Other non-clinical staff	Staff meeting attendance and acknowledgement of training	September 1, 2022

DS
Contractor Initials ML
Date 5/18/2022

Attachment #1 - Screening and Referrals for SDOH

	• Meditech (EMR)		
Medical Assistant Training on SDOH Responsibilities	• Director of Practice Operations • Medical Assistants & other clinical staff • Meditech (EMR)	Staff meeting attendance and acknowledgement of training	September 1, 2022
Case Management notification of SDOH referrals	• Manager of Case Management • Case Management Staff • Meditech (EMR)	Staff meeting attendance and acknowledgement of notification	September 1, 2022
SDOH form implementation in Groveton Physicians' Office for PDSA	• Director of Practice Operations • Manager of Case Management • Practice Manager for Groveton	Plan-do-study-act (PDSA) will be used to identify problems and make improvements.	October 15, 2022
PDSA process improvements	• Director of Practice Operations • Manager of Case Management	Identify issues with process and implement improvements	October 25, 2022
Review of PDSA	• Office Redesign Committee (Leadership)	Results of PDSA	October 26, 2022
Implement process to remaining Physicians' Offices (Colebrook, Lancaster, Littleton, North Stratford, Whitefield)	• Practice Manager for Colebrook & North Stratford Office • Practice Manager for Groveton • Practice Manager for Lancaster	Provider and Staff Feedback	November 1, 2022 & on-going

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Contractor Initials ML

Date 5/18/2022

Attachment #1 - Screening and Referrals for SDOH

	• Practice Manager for Littleton & Whitefield		
Performance Measure Outcome results will be generated quarterly	• Meditech Reporting System • Grant Administrator to generate report	**Numerator:** Referrals to Case Management **Denominator:** Identified SDOH needs **Numerator/Denominator =Results (%)**	November 1, 2022 for October 2022, quarterly, biannually, annually through June 30, 2024.
Leadership Staff Review of Results & implement processes for improvements as needed	• Office Redesign Committee • Grant Administrator	Recommendations as needed	November 30, 2022

Attachment #1 - Screening and Referrals for SDOH

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2022 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** _____Yes ____No	
January 2023 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** _____Yes ____No	

DS

Contractor Initials _____

Date 5/18/2022

Attachment #1 - Screening and Referrals for SDOH

July 2023 Project Update **SFY23 Outcome** (insert your organization's data/outcome results here for 7/1/22-6/30/23).	
Did you meet your Target/Objective?	____Yes ____No
July 2023 Project Update **SFY23 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2023 Project Update **SFY23 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment #1 - Screening and Referrals for SDOH

January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit to the Department for review and/or approval.	
Work Plan Revisions submitted _____Yes ____No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update **SFY24 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	

Attachment #1 - Screening and Referrals for SDOH

July 2024 Project Update **SFY24 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment #2 - Increase Behavioral Health Integration for Women and Children

Enabling Services Work Plan Agency Name: Weeks Medical Center Name and Role of Person(s) Completing Work Plan: Patricia A. Cotter, Grant Administrator			
Enabling Services Focus Area: Increase Behavioral Health Integration for Women and Children			
Project Goal: Screen, Identify and Refer Patients to Behavioral Health Department			
Project Objective: Screen women and children utilizing PHQ2, PHQ9, M-Chat, PEARLS and if positive, refer patients to Weeks Medical Center's Behavioral Health Department.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Screen patients utilizing PHQ2, PHQ9, M-Chat, PEARLS, ASQ's	• All providers who serve women and children; and provider team • Meditech patient record • Structured Data Screening Tools		Currently being done and on-going
Referral to Weeks Medical Center's Behavioral Health Department for positive results	• All providers who serve women and children; and provider team • Meditech referral system • Care/Case Management Staff		Currently being done and on-going
Hire additional behavioral health providers who offer services for women and children.	• V.P. of Physician & Administrative Services • Manager of Specialty Services • Behavioral Health Provider Team • Human Resources Department • Credentialing Specialist	Interviews, selection, credentialling, verifications, licensures, etc.	May 30, 2022 and on-going
Orient new behavioral health providers	• Management team • Human Resources • Manger of Specialty Services • Preceptor	New Providers are successfully orienting per completion of competencies.	July 1, 2022

Contractor Initials MJ (DS)

Date 5/18/2022

Attachment #2 - Increase Behavioral Health Integration for Women and Children

Build new hire behavioral health providers' schedule	• Director of Practice Operations • Administrative Support • Meditech Scheduling System	Availability of providers' schedules	July 1, 2022
Schedule patients	• Schedulers • Behavioral Health Team Leader • Behavioral Health Case Manager • Front Desk • Meditech Scheduling System	Patients are being scheduled timely	July 1, 2022 & on-going
Develop EMR reporting system	• IT Department • Analyzer • Meditech Reporting System	Review in Meditech Test Mode	September 1, 2022
Performance Measure Outcome results, generated quarterly	• Grant Administrator to generate and submit reports • Meditech Reporting System • Excel	**Numerator**: Referrals to Weeks Medical Center's BH Department for treatment **Denominator**: Positive Screening **Numerator/Denominator = Results (%)**	October 1, 2022, quarterly, biannually, annually through June 30, 2024.
Leadership staff Review of Results & implement processes for improvements, as needed	• Office Redesign Committee • Grant Administrator	Recommendations as needed	October 2022
Continued Medical Education Opportunities-Weeks Funded	• All providers • Notification of Training Opportunities via o Email o Staff meeting o Mailings o Postings	Certificate of completion	Currently being done and on-going
In-service training opportunities	• All providers & staff • Healthstream-Learning Source	Certificate of completion	Currently being done and on-going

Contractor Initials DS ML

Date 5/18/2022

Attachment #2 - Increase Behavioral Health Integration for Women and Children

Enabling Service Work Plan Progress Report Template Enabling Service Initiative: Project Objective:	
July 2022 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** ____Yes ____No	

Contractor Initials DS ML

Date 5/18/2022

Attachment #2 - Increase Behavioral Health Integration for Women and Children

January 2023 Progress Report— • Are you on track with the Work Plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to the Work Plan, please revise and resubmit to the Department for review and/or approval. **Work Plan Revisions submitted:** _____Yes ____No	

July 2023 Project Update **SFY23 Outcome** (insert your organization's data/outcome results here for 7/1/22-6/30/23).	
Did you meet your Target/Objective?	____Yes ____No

Attachment #2 - Increase Behavioral Health Integration for Women and Children

July 2023 Project Update **SFY23 Narrative:** If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year. **Work Plan Revisions submitted:** _____Yes ____No	
July 2023 Project Update **SFY23 Patient Success Story:** Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to the activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting the objective. If revisions need to be made to your work plan, please revise and resubmit to the Department for review and/or approval.	

Attachment #2 - Increase Behavioral Health Integration for Women and Children

Work Plan Revisions submitted _____Yes ____No	
July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update **SFY24 Narrative**: If met--Explain what happened during the year that contributed to the success. If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year?	
July 2024 Project Update **SFY24 Patient Success Story**: Give an example of a patient or family who had a positive experience based on this enabling service/initiative being in place.	

Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 23 (July 1, 2022-June 30, 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
SFY 24 **(July 1, 2023 – June 30, 2024)**	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #4 - Adolescent Well Visits for SFY 2022-2024

Quality Improvement Work Plan Agency Name: Weeks Medical Center Name and Role of Person(s) Completing Work Plan: Patricia A. Cotter, Grant Administrator			
MCH Performance Measure: Adolescent Well Visits for SFY 2022-2024			
Project Objective: Schedule adolescent well visits following episodic or acute visits to attain a 65% result for Adolescents ages 12 through 21 Years of Age who are seen for a well visit.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Create a separate document type for Well visits In Meditech (EMR), which will automatically flow into HPI for each child. Staff will easily be able to identify when the adolescent had their last WCC/CPE.	• EMR Consultant • Director of Practice Operations • Head of Service • EMR Specialist • Meditech (EMR)	Review in Meditech Test Mode	June 8, 2022
Review at the Providers' Office Practice Committee Meeting	• Head of Service • EMR Consultant • Providers • Meditech Scheduling System	Providers' feedback	June 10, 2022
Train staff at clinical and non-clinical staff meetings on new well visit type and process for determining "last well visit"	• Director of Practice Operations • Practice Manager of Colebrook & North Stratford • Practice Manager of Groveton • Practice Manager of Lancaster • Practice Manager of Littleton & Whitefield • Front Desk Staff • Scheduling Staff • Nursing Staff • Meditech Scheduling System	Staff attendance at meeting and acknowledgement of training	July 1, 2022

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Attachment #4 - Adolescent Well Visits for SFY 2022-2024

Document last well visit in the nurses note section of patient's chart	• Clinical Support Staff • Meditech Nurses Note Section		July 1, 2022
Patient Portal reminders and/or reminder calls ages 18 to 21	• Meditech Patient Portal • Volunteer Department	Minimal missed appointments	July 1, 2022
Letters to patients who have not had a scheduled well visit appointment in over one year.	• Meditech Reporting System • IT Staff to create report and an excel export • Administrative Support Staff to generate report, do a mail merge, and mail letters.		September 30, 2022
Performance Measure Outcome results will be generated quarterly.	• Meditech Reporting System • IT Staff to create report and an excel export • Analyzer • Grant Administrator to generate report	**Numerator**: All patients ages 12 through 21 who have a Weeks PCP and had a WCC /CPE if last one was > 1 year. **Denominator**: All patients ages 12 through 21 who have a Weeks PCP. **Numerator/Denominator = Results (%)**	September 30, 2022
Leadership staff Review of Results & implement processes for improvements as needed	• Office Redesign Committee (Leadership) • Grant Administrator	Recommendations, as needed	October 2022

Attachment #4 - Adolescent Well Visits for SFY 2022-2024

QI Work Plan Progress Report Performance Measure: Project Objective:	
July 2022 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2023 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	

Attachment #4 - Adolescent Well Visits for SFY 2022-2024

July 2023 Project Update	

SFY23 Outcome (insert your agency's data/outcome results here for 7/1/22-6/30/23)	
Did you meet your Target/Objective?	____Yes ____No
July 2023 Project Update **SFY23 Narrative**: If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** _____Yes ____No	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work plan Revisions submitted:** _____Yes ____No	

Attachment #4 - Adolescent Well Visits for SFY 2022-2024

July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update	
SFY24 Narrative: If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year	

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Attachment #5 - Obesity for Children & Adolescents ages 3 to 17 for SFY 2022-2024

Quality Improvement Work Plan Agency Name: Weeks Medical Center Name and Role of Person(s) Completing Work Plan: Patricia A. Cotter, Grant Administrator			
MCH Performance Measure: Obesity for children & Adolescents ages 3 to 17 for SFY 2022-2024			
Project Objective: Obtain Child/Adolescent BMI at Well Visit and document that provider counseled on nutrition and physical exercise.			
Activities: (list as many activities as are planned to reach the Objective)	Staff/Resources Involved (list for each activity)	Evaluation Plans (list as needed for each activity)	Timeline for Activity (estimated timeline for the duration of each activity)
Providers' Office Practice Committee Meeting – discuss creating a structured data question indicating that nutrition and physical education was discussed with a child/adolescent/parent/guardian or caregiver at a well visit.	• Head of Services • EMR Consultant • Director of Practice Operations • V.P. Physician & Administrative Services	Feedback from Providers	March 2022
Create a structured data question that nutrition and physical education was discussed with a child/adolescent/parent/guardian or caregiver at well visit.	• Head of Services • EMR Consultant • Director of Practice Operations • Meditech (EMR)	Review in Meditech Test Mode	March 2022
Train clinical staff to pull in structured data template	• Director of Practice Operations • Practice Manager of Colebrook & North Stratford • Practice Manager of Groveton • Practice Manager of Lancaster • Practice Manager of Littleton & Whitefield • Nursing Staff • Meditech Scheduling System	Staff attendance at meeting and acknowledgement of training	March 2022
Performance Measure Outcome results will be generated quarterly.	• Meditech Reporting System	Numerator: All patients ages 3 through 17 seen for	October 1, 2022

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Attachment #5 - Obesity for Children & Adolescents ages 3 to 17 for SFY 2022-2024

	• IT Staff to create report and an excel export • Analyzer • Grant Administrator to generate report	a WCC visit, discussion occurred regarding nutrition and physical education. **Denominator**: All patients ages 3 through 17 who have a Weeks PCP and who were seen for wellness visit in the measurement period. **Numerator/Denominator = Result (%)**	
Leadership staff Review of Results & implement processes for improvements as needed	• Office Redesign Committee (Leadership) • Grant Administrator	Recommendations, as needed	October 2022

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Attachment #5 - Obesity for Children & Adolescents ages 3 to 17 for SFY 2022-2024

QI Work Plan Progress Report Performance Measure: Project Objective:	
July 2022 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** _____Yes ____No	
January 2023 Progress Report— • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work Plan Revisions submitted:** ____Yes ____No	

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Attachment #5 - Obesity for Children & Adolescents ages 3 to 17 for SFY 2022-2024

July 2023 Project Update	

SFY23 Outcome (insert your agency's data/outcome results here for 7/1/22-6/30/23)	
Did you meet your Target/Objective?	____Yes ____No
July 2023 Project Update **SFY23 Narrative:** If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, AND what will be done differently to meet the target over the next year **Work Plan Revisions submitted:** _____Yes ____No	
January 2024 Progress Report: • Are you on track with the work plan as submitted? • Do any adjustments need to be made to your activities, evaluation plans or timeline? • Please give a brief update on your progress in meeting your objective. If revisions need to be made to your work plan, please revise and resubmit. **Work plan Revisions submitted:** _____Yes ____No	

Attachment #5 - Obesity for Children & Adolescents ages 3 to 17 for SFY 2022-2024

July 2024 Project Update **SFY24 Outcome** (insert your agency's data/outcome results here for 7/1/23-6/30/24)	
Did you meet your Target/Objective?	____Yes ____No
July 2024 Project Update	
SFY24 Narrative: If met--Explain what happened during the year that contributed to the success If NOT met—what barriers were experienced, what will be done differently to meet the target over the next year	

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Attachment #6 – Performance Measures

1. Definitions

1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. Percent of infants who are ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Testing

This measure will be broken down in to two age based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months (NH MCHS).

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Attachment #6 – Performance Measures

2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

2.2.1.2. Denominator: All children who turned twenty-four months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months (NH MCHS).

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents, twelve (12) through twenty-one (21) years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients ages twelve (12) and older screened for clinical depression using an age appropriate standardized depression screening tool on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

Attachment #6 – Performance Measures

2.4.1.3. Denominator: All patients twelve (12) years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose

and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Adult Measure

2.5.1. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period **AND** if the most recent BMI is outside of normal parameters, a follow-up plan is documented (NQF 0421, UDS).

2.5.1.1. Normal parameters: BMI ≥ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the measurement year or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

Child/Adolescent Measure

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting

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Attachment #6 – Performance Measures

year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year **AND** who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: Number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco at least one within the past twelve (12) months AND received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least two (2) medical visit during the measurement year, OR 1 preventative visit.

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

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Attachment #6 – Performance Measures

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) –Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adult Measure

2.7.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

Adolescent Measure

2.7.2. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: All patients aged 12-17 years during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.7.2.4. Definitions:

2.7.2.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.2.4.2. Brief Intervention: Includes guidance or counseling.

2.7.2.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

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Attachment #6 – Performance Measures

2.7.3. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.3.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services

2.7.3.2. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.3.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8 Developmental Screening Measure

Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months (NH MCHS)

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and who had at least (1) medical visit during the measurement year

Attachment #7 – Performance Measure Outcome Report Template

Instructions for completing this Performance Measure Outcome Report (PMOR):
The Performance Measure Outcome Report (PMOR) is to be completed by your agency and emailed to shari.campbell@dhhs.nh.gov at the intervals specified on the Reporting Calendar.

Please complete the Narrative and Plan for Improvement sections for any of the following measures where your agency did not meet your agency target for the reporting period (July 1, 20XX – June 30, 20XX).

Performance measures:

- Breastfeeding
- Lead Screening for 1 Year Olds
- Lead Screening for 2 Year Olds
- Adolescent well care visit
- Depression screening and follow up plan if positive screening, 12 years and older
- Maternal Depression Screening
- Adults with documented BMI and follow-up plan if BMI outside of normal range
- Children 3-17 with documented BMI, nutrition counseling and physical activity counseling
- Adult tobacco screening and cessation counseling intervention for smokers
- Prenatal Tobacco screening each trimester and cessation counseling intervention for smokers
- SBIRT, Adults
- SBIRT, Adolescents
- SBIRT, Pregnant Women
- Developmental Screening-M-CHAT

* Note: Not met performance measures that have been addressed by your agency SFYXX Work Plan are excluded from this report. For example, the PMOR will omit Adolescent Visit measure for Primary Care Services

1. The Narrative section is to explain what happened during the year i.e. why measure was not met, what barriers/challenges your agency faced, describe any improvement activities that took place during the year to correct along the way, etc.

2. The Plan for Improvement section is to describe what steps your agency will take to achieve your agency target in SFYXX i.e. describe your strategy (PDSA), what will you plan to do differently etc.

3. Please email your completed PMOR **Shari Campbell at shari.campbell@dhhs.nh.gov by the dates indicated in the Reporting Calendar.** If you have any questions about completing this document, please contact Jannell Levine at Jannell.E.Levine@dhhs.nh.gov or 603-856-6449.

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Attachment #7 – Performance Measure Outcome Report Template

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Please copy above pages/sections as needed to complete for all not met measures.

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State of New Hampshire
Department of Health and Human Services
Amendment #1

This Amendment to the Maternal and Child Health Care in the Integrated Primary Care Setting contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and White Mountain Community Health Center ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 15, 2022 (Item #32), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2025

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $901,583

3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:

   Robert W. Moore, Director

4. Modify Exhibit B, Scope of Services, Section 1.3.2., to read:

   1.3.2. Prenatal care either on site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data related to prenatal performance measures.

5. Modify Exhibit B, Scope of Services, Section 1.7.2., to read:

   1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral. The referral agreement or subcontract must be provided to, and approved by DHHS, and must enable the Contractor to provide de-identifiable patient data relating to prenatal performance measures to the Department.

6. Modify Exhibit B, Scope of Services, Section 1.10.1. through Section 1.10.2., to read:

   1.10.1. Initiative One (1) – Screening and Referrals for SDOH; and

   1.10.2. Initiative Two (2) – Contractor's choice, which must focus on enabling services.

7. Modify Exhibit B, Scope of Services, Section 1.12.1. through Section 1.12.2., to read:

   1.12.1. QI Project One (1): Increasing Adolescent Well Visits; and

   1.12.2. QI Project Two (2): Increasing post-partum clinical depression screening of women within the first 12 weeks after delivering.

8. Modify Exhibit B, Scope of Services, Section 1.18., to read:

   1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator, or staff person essential to providing services and/or any personnel changes to these positions. The Contractor shall ensure notification:

   1.18.1. Is provided to the Department no later than thirty (30) business days from the date of hire or personnel change; and

   1.18.2. Includes a copy of the new staff individual's resume as well as an updated

staffing list.

9. Modify Exhibit B, Scope of Services, by adding Section 1.28., to read:

   1.28. The Contractor shall provide de-identifiable patient level data on the integrated and primary health care services provided, as specified in Subsection 1.3., and Section 1.26. Reporting.

10. Modify Exhibit C, Payment Terms, Section 1.1. through Section 1.2., to read:

    1.1. 14% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.994, FAIN B04MC45230, and as awarded on October 27, 2022, ALN 93.994, FAIN B04MC47432.

    1.2. 86% General funds.

11. Modify Exhibit C, Payment Terms, Section 3., to read:

    3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget Sheet through Exhibit C-4, Budget Sheet, Amendment #1.

12. Modify Exhibit C, Payment Terms, Section 4.3., to read:

    4.3. Identifies and requests payment for allowable costs incurred in the previous month. Allowable costs are costs incurred that specifically supports only New Hampshire Infants, Children and Adolescents from birth to 21 years of age, Pregnant Women, and Women of Childbearing age.

13. Modify Add Exhibit C, Payment Terms, by adding Section 4.7., to read:

    4.7. Includes budget line items that are used exclusively for serving the Maternal and Child Health population and invoicing must clearly state how the incurred expenses benefited this specific patient population.

14. Modify Attachment 3, Reporting Calendar, by replacing it in its entirety with Attachment 3, Amendment #1, Reporting Requirements Calendar, which is attached hereto and incorporated by reference herein.

15. Modify Attachment 6, Performance Measures, by replacing it in its entirety with Attachment 6, Amendment #1 – SFY 2025 Performance Measures, which is attached hereto and incorporated by reference herein.

16. Modify Attachment 7, Performance Measure Outcome Report (PMOR), by replacing it in its entirety with Attachment 7, Amendment #1, Performance Measure Outcome Report (PMOR), which is attached hereto and incorporated by reference herein.

17. Add Attachment 8, Amendment #1, DTT – MCH in the Integrated Primary Care Setting Template, which is attached hereto and incorporated by reference herein.

18. Add Exhibit C-4, Budget Sheet, Amendment #1, which is attached hereto and incorporated by reference herein.

DS KRP

Contractor Initials

Date 4/24/2024

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2024, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

5/1/2024
Date

DocuSigned by:
Iain Watt
D778BB62E0704C7...
Name: Iain Watt
Title: Interim Director - DPHS

White Mountain Community Health Center

4/24/2024
Date

DocuSigned by:
78E94B62E53342E...
Name: Kenneth Porter
Title: ED

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

OFFICE OF THE ATTORNEY GENERAL

5/22/2024
Date

DocuSigned by:
Robyn Guarino
74873484494146O...
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Exhibit C-4 Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	White Mountain CHC
Budget Request for:	MCH PC
Budget Period	July 1, 2024 - June 30, 2025
Indirect Cost Rate (if applicable)	#DIV/0!
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$191,896
2. Fringe Benefits	$26,235
3. Consultants	$18,327
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$500
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$1,680
5.(e) Supplies Office	$0
6. Travel	$250
7. Software	$5,500
8. (a) Other - Marketing/ Communications	$1,150
8. (b) Other - Education and Training	$1,500
8. (c) Other - Other (specify below)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$29,660
Total Direct Costs	$276,698
Total Indirect Costs	$0
TOTAL	$276,698

Contractor Initial: KRP (DS)

Date: 4/24/2024

Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets. • UDS Data
SFY 2024	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment 3, Amendment #1
Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2025	
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
September 1, 2024	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets
January 31, 2025	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year January 1; 2024 - December 31, 2024) • Complete January 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) Submit any revisions as needed to Work Plans/timelines
March 31, 2025	• Corrective Action Plan(s) (Performance Measures Outcome Report- PMOR) for measures not meeting targets • UDS Data
SFY 2026	
July 31, 2025	**SFY25 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement year July 1, 2024 - June 30, 2025) • Complete July 2025 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

1. Definitions

1.1. **Measurement Year** – Consists of 365 days and is defined as either:

1.1.1. A Calendar Year (January 1st through December 31st), or

1.1.2. A State Fiscal Year (July 1st through June 30th).

1.2. **Medical Visit** –Defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. The UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the expectation is that the Contractor will adhere to the most up to date UDS guidance.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. Percent of infants who were ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for approximately six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Testing

This measure will be broken down into two (2) age-based measures, based on current NH Legislation RSA 130-A:5-a, which requires children be tested for lead at one (1) year of age, and at two (2) years of age.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between 12 and 23 months of age (NH MCHS).

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2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between 12 and 23 months of age.

2.2.1.2. Denominator: All children who turned 24 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between 24 and 36 months of age (NH MCHS).

2.2.2.1. Numerator: All children who received at least one (1) capillary or venous blood lead test between 24 and 36 months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients 12 through 21 years of age screened for clinical depression using an age-appropriate standardized depression screening tool on the date of the encounter or within 14 days prior to the date of the encounter **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients 12 through 21 years of age who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 through 21 years of age by the end of the measurement year who had at least one (1) medical visit during the measurement year.

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2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first 12 weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit in the first 12 weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.5. **Preventive Health: Obesity Screening**

Child/Adolescent Measure

2.5.1. Percent of patients three (3) through 17 years of age who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.1.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.1.2. Denominator: Number of patients who were one (1) year after their second (2nd) birthday (i.e., three (3) years of age) through adolescents who were up to one (1) year past their 16th birthday (i.e., 17 years of age) at some point during the measurement year, who had at least one (1) medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.1.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers **PLUS** queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) – Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adolescent Measure

2.7.1. SBIRT – Percent of patients 12 through 17 years of age who were screened for substance use using a formal valid screening tool during

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any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use using a formal valid screening tool during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients 12 through 17 years of age during the measurement year with at least one (1) medical visit during the measurement year and with at least two (2) medical visits ever.

2.7.1.4. Definitions:

2.7.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.1.4.2. Brief Intervention: Includes guidance or counseling.

2.7.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.7.2. Percent of pregnant women who were screened using a formal valid screening tool for substance use during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of women in the denominator who were screened for substance use using a formal and valid screening tool during each trimester they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative **PLUS** screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8. **Developmental Screening Measure**

Percent of children who reached 30 months of age by the end of the reporting period, and were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age (NH MCHS).

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Attachment #6, Amendment #1 – SFY 2025 Performance Measures

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT or M-CHAT-R/F at least once between 16 and 30 months of age.

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and had at least one (1) medical visit during the measurement year.

Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1

SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1

SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 7 – Amendment 1
SFY 2025 MCH in the Integrated Primary Care Setting
PERFORMANCE MEASURE OUTCOME REPORT (PMOR)

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Action Step	Who	When	Method	Metric
Indicate what steps or tasks need to be completed	Indicate the individuals accountable for task	Determine deadlines or due dates for task	What methods or resources will be required to complete the action step	What metrics will monitor this action step from start to finish

___ Workplan attached (Please check if new workplan has been added)

Please copy above pages/sections as needed to complete for all not met measures.

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Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

Organization Name

		7/1/21-6/30/22	1/1/22-12/31/22	7/1/22-6/30/23	1/1/23-12/31/23	7/1/23-6/30/24	1/1/24-12/31/24	7/1/24-6/30/25
1. Breastfeeding Measure: Percent of infants who are ever breastfed.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2A. Lead Testing-1 year olds Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
2B. Lead Testing--2 year olds Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
3. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
4A. Percentage of patients ages 12 through 21 years-old screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

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Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

4B. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5A. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
5B. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6A. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
6B Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled AND who received tobacco cessation counseling intervention if identified as a tobacco user.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7A. Percent of patients aged 18 years and older who were screened for	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

DS KQP

4/24/2024

Attachment 8, Amendment #1, DTT-MCH in the Integrated Primary Care Setting Template

(For Reference Only)

substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7B Percent of patients aged 12-17 years of age who were screened for substance use, using a formal valid screening tool during any medical visit AND if positive, who received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
7C Percent of pregnant women who were screened for substance use, using a formal valid screening tool during every trimester they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							
8. Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT at least once between the ages of 16-30 months.	Agency Outcome	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Numerator							
	Denominator							
	Agency Target							
	Agencies' Rate							
	Agencies' Range							

DS KQP

4/24/2024

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 WHITE MOUNTAIN COMMUNITY HEALTH CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 01, 1981. 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: **62590**

Certificate Number: **0006668314**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 15th day of April A.D. 2024.

David M. Scanlan

Secretary of State

CERTIFICATE OF AUTHORITY

I, Angela M. Zakon, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of White Mountain Community Health Center.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on June 27, 2019, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Executive Director Kenneth Porter (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of White Mountain Community Health Center to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

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

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

Dated: 04/15/2024

Signature of Elected Officer

Name: Angela M. Zakon

Title: Treasurer

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/15/2024

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	CONTACT NAME: Julia Noyes	
Noyes Hall & Allen Insurance 170 Ocean St. South Portland ME 04106	PHONE (A/C, No, Ext): (207) 799-5541	FAX (A/C, No):
	E-MAIL ADDRESS: certificates@nha-ins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Medical Mutual Insurance	32522
INSURED	INSURER B :	
White Mountain Community Health Center 298 White Mountain Highway Conway NH 03818	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	
A	COMMERCIAL GENERAL LIABILITY [X] CLAIMS-MADE [ ] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [X] OTHER: Each Event			NH HCP004254	01/01/2024	01/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [X] CLAIMS-MADE [ ] DED [ ] RETENTION $ 10000			NH UMB004256	01/01/2024	01/01/2025	EACH OCCURRENCE AGGREGATE Retro-Date 12/05/1989	$ 1,000,000 $ 1,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A	Medical Professional Liability Claims Made			NH HCP004254	01/01/2024	01/01/2025	Each Loss Aggregate Retro-Date 12/05/1989	1,000,000 3,000,000

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

CERTIFICATE HOLDER

State of New Hampshire
Depart of Health & Human Services
129 Pleasant Street
Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

DocuSign Envelope ID: F206000A-9F78-46B7-9E2E-AA22BA1B084C

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/16/2024

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 Chalmers Insurance Group - North Conway PO Box 2480 North Conway NH 03860	CONTACT NAME: Heather Clement, CIC PHONE (A/C, No, Ext): (603) 356-6926 FAX (A/C, No): (603) 356-6934 E-MAIL ADDRESS: HClement@chalmersInsuranceGroup.com
INSURED White Mountain Community Health Center 298 White Mountain Hwy Conway NH 03818	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A: Travelers Indemnity Company of Connecticut 25682 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 24/25 WC 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 ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB9H902615	01/01/2024	01/01/2025	☒ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

RE: DHHS-Contract Unit

Operatoins: Primary Care

CERTIFICATE HOLDER

Department of Health & Human Services
Contracts & Procurement
129 Pleasant Street
Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

White Mountain Community Health Center

Mission, Vision, and Values

Mission

White Mountain Community Health Center provides the community with affordable access to high-quality, compassionate, individualized healthcare and support services needed to achieve wellness.

Vision

We envision a community where everyone gets the care and support they need to be healthy regardless of financial situation.

Values

AFFORDABLE CARE

We want to ensure that anyone in the community can access the best healthcare, no matter who they are and what resources they have. We welcome all regardless of ability to pay, strive for cost transparency, and look for other ways to help patients overcome barriers to care.

RESPECT

We respect each person we work with as a fellow human being. We take the time necessary to build good relationships with patients. Patients' opinions matter to us and we listen to them and shape their care accordingly. We expect patients to treat us with respect and integrity in return. Staff take the time to build good relationships with each other as well to create a supportive and respectful work culture.

COMPREHENSIVE, INTEGRATED CARE

We provide care for the whole person. Providers work as a team to provide integrated care for patients and connect them with resources to address all factors affecting their ability to achieve health.

PROFESSIONAL EXCELLENCE

We recruit highly skilled staff and provide support and continuing education to ensure our patients get the highest level of care. We evaluate our performance regularly and use data to determine areas of improvement.

DEDICATION

We work hard for our patients and go the extra mile to ensure we are following through. Our patients can depend on us.

COLLABORATION

Our staff collaborate and learn from each other to take full advantage of each staff member's strengths. We work closely with other organizations to address our community's health needs and underlying social determinants of health.

INNOVATION

We lead the way in community healthcare, finding creative ways to provide cutting-edge care with the available resources.

BerryDunn

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Whole Person. Whole Family. Whole Valley.

FINANCIAL STATEMENTS

June 30, 2023 and 2022

With Independent Auditor's Report

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
White Mountain Community Health Center

Opinion

We have audited the accompanying financial statements of White Mountain Community Health Center (the Center), which comprise the balance sheets as of June 30, 2023 and 2022, and the related statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Center as of June 30, 2023 and 2022, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's 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 U.S. generally accepted 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 U.S. generally accepted auditing standards, we:

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

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

Berry Dunn McNeil & Parker, LLC

Portland, Maine
October 30, 2023

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Balance Sheets

June 30, 2023 and 2022

ASSETS

	2023	2022
Current assets		
Cash and cash equivalents	$ 344,802	$ 717,141
Patient accounts receivable	139,371	84,225
Grants receivable	92,430	82,671
Prepaid expenses	27,564	22,497
Total current assets	604,167	906,534
Investments	1,106,864	910,690
Assets limited as to use	28,684	87,711
Property and equipment, net	137,299	108,265
Total assets	$ 1,877,014	$ 2,013,200

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 27,582	$ 12,089
Accrued payroll and related amounts	111,833	93,877
Deferred revenue	40,973	50,703
Total current liabilities and total liabilities	180,388	156,669
Net assets		
Without donor restrictions	1,637,942	1,768,820
With donor restrictions	58,684	87,711
Total net assets	1,696,626	1,856,531
Total liabilities and net assets	$ 1,877,014	$ 2,013,200

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

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Statements of Operations

Years Ended June 30, 2023 and 2022

	2023	2022
Operating revenue		
Net patient service revenue	$ 1,104,779	$ 937,306
Grants and other support	771,547	1,733,490
Contribution of non-financial assets	59,004	59,004
Paycheck Protection Program	-	234,000
Other operating revenue	9,828	2,589
Net assets released from restriction for operations	62,027	40,457
Total operating revenue	2,007,185	3,006,846
Operating expenses		
Salaries and wages	1,434,120	1,164,537
Employee benefits	256,375	166,525
Contract services	90,930	109,429
Program supplies	55,889	84,162
Occupancy	77,229	81,034
Other operating expenses	241,105	193,700
Depreciation	29,183	24,740
Total operating expenses	2,184,831	1,824,127
Operating (loss) income	(177,646)	1,182,719
Other revenue and gains		
Change in fair value of investments	46,768	(120,441)
(Deficiency) excess of revenue over expenses	(130,878)	1,062,278
Grants for capital acquisition	-	6,865
Net assets released from restriction for capital acquisition	-	26,047
(Decrease) increase in net assets without donor restrictions	$ (130,878)	$ 1,095,190

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

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Statements of Changes in Net Assets

Years Ended June 30, 2023 and 2022

	2023	2022
Net assets without donor restrictions		
(Deficiency) excess of revenue over expenses	$ (130,878)	$ 1,062,278
Grants for capital acquisition	-	6,865
Net assets released from restriction for capital acquisition	-	26,047
(Decrease) increase in net assets without donor restrictions	(130,878)	1,095,190
Net assets with donor restrictions		
Contributions	33,000	29,594
Net assets released from restriction for operations	(62,027)	(40,457)
Net assets released from restriction for capital acquisition	-	(26,047)
Decrease in net assets with donor restrictions	(29,027)	(36,910)
Change in net assets	(159,905)	1,058,280
Net assets, beginning of year	1,856,531	798,251
Net assets, end of year	$ 1,696,626	$ 1,856,531

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

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Statements of Cash Flows

Years Ended June 30, 2023 and 2022

	2023	2022
Cash flows from operating activities		
Change in net assets	$ (159,905)	$ 1,058,280
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities		
Depreciation	29,183	24,740
Change in fair value of investments	(46,768)	120,441
Grants and contributions for long-term purposes	(30,000)	(6,865)
(Increase) decrease in		
Patient accounts receivable	(55,146)	2,368
Grants receivable	(9,759)	(198)
Prepaid expenses	(5,067)	6,893
Increase (decrease) in		
Accounts payable and accrued expenses	15,493	3,375
Accrued payroll and related expenses	17,956	1,369
Deferred revenue	(9,730)	5,016
Paycheck Protection Program refundable advance	-	(234,000)
COVID-19 Emergency Healthcare System Relief Fund loan	-	(312,020)
Net cash (used) provided by operating activities	(253,743)	669,399
Cash flows from investing activities		
Proceeds from sale of investments	64,549	46,757
Purchase of investments	(213,955)	(725,529)
Capital expenditures	(58,217)	(74,556)
Net cash used by investing activities	(207,623)	(753,328)
Cash flows from financing activities		
Grants and contributions for long-term purposes	30,000	6,865
Net decrease in cash and cash equivalents and restricted cash	(431,366)	(77,064)
Cash and cash equivalents and restricted cash, beginning of year	804,852	881,916
Cash and cash equivalents and restricted cash, end of year	$ 373,486	$ 804,852
Composition of cash and cash equivalents and restricted cash, end of year		
Cash and cash equivalents	$ 344,802	$ 717,141
Assets limited as to use	28,684	87,711
	$ 373,486	$ 804,852

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

Organization

White Mountain Community Health Center (the Center) is a non-profit corporation organized in New Hampshire. The Center's primary purpose is to provide comprehensive primary and preventative healthcare services to the residents in the town of Conway, New Hampshire, and surrounding communities.

The Center is a Federally Qualified Health Center (FQHC) Look-Alike. While FQHC Look-Alikes do not receive Health Center Program grant funds provided to FQHCs, they are eligible to receive enhanced reimbursement under FQHC Medicare and Medicaid payment methodologies. FQHC Look-Alikes are also eligible to purchase discounted drugs through the 340B Federal Drug Pricing Program.

1. Summary of Significant Accounting Policies

Basis of Presentation

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

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

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. The donor restrictions are temporary in nature and the restrictions are to be met by actions of the Center or by the passage of time.

Income Taxes

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

Use of Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less.

The Center has cash deposits in major financial institutions which exceed federal depository insurance limits. The Center has not experienced losses in such accounts and management believes the credit risk related to these deposits is minimal.

Revenue Recognition and Patient Accounts Receivable

Net patient service revenue is reported at the amount that reflects the consideration to which the Center expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including commercial insurers and governmental programs). Generally, the Center bills the patients and third-party payers several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Center. The Center measures the performance obligations for medical, behavioral health, dental and ancillary services from the commencement of an in-person or virtual encounter with a patient to the completion of the encounter. Ancillary services provided the same day are considered to be part of the performance obligation and are not deemed to be separate performance obligations. The Center's performance obligations are satisfied at a point in time.

The Center determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payers, discounts provided to uninsured patients in accordance with the Center's sliding fee discount program and implicit price concessions provided to uninsured patients. The Center determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies and historical experience by payer.

The Center has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payer. In assessing collectability, the Center has elected the portfolio approach. The portfolio approach is being used as the Center has a large volume of similar contracts with similar classes of customers (patients). The Center reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payer or group of payers will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. Payer concentrations are disclosed in Note 6.

A summary of payment arrangements follows:

Medicare

The Center is primarily reimbursed for medical, behavioral health and ancillary services provided to patients based on the lesser of actual charges or prospectively set rates for all FQHC services furnished to a Medicare beneficiary on the same day when an FQHC furnishes a face-to-face or virtual visit. Certain other services provided to patients are reimbursed based on predetermined payment rates for each Current Procedural Terminology (CPT) code, which may be less than the Center's public fee schedule.

Medicaid

The Center is primarily reimbursed for medical, behavioral health and ancillary services provided to patients based on prospectively set rates for all FQHC services furnished to a Medicaid beneficiary on the same day when an FQHC furnishes a face-to-face or virtual visit. Certain other services, including dental services, provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Center's public fee schedule.

Other Payers

The Center has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. Under these arrangements, the Center is reimbursed for services based on contractually obligated payment rates for each CPT code, which may be less than the Center's public fee schedule.

Patients

The Center provides care to patients who meet certain criteria under its sliding fee discount program. The Center estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Center sliding fee discount policy amounted to $73,658 and $43,397 for the years ended June 30, 2023 and 2022, respectively.

For uninsured patients who do not qualify under the Center's sliding fee discount program, the Center bills the patient based on the Center's standard rates for services provided. Patient balances are typically due within 30 days of billing; however, the Center does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management believes that the Center is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances.

The Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The accounts receivable from patients and third-party payers, net of contractual allowances, were as follows:

	2023	2022
Governmental plans		
Medicare	18 %	8 %
Medicaid	43 %	35 %
Commercial payers	14 %	23 %
Patient	25 %	34 %
Total	100 %	100 %

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

A portion of the Center's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Center has met the performance requirements or incurred expenditures in compliance with specific contract or grant provisions, as applicable. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue.

Investments

The Center reports investments at fair value. Investments include assets held for long-term purposes. Accordingly, investments have been classified as non-current assets in the accompanying balance sheet regardless of maturity or liquidity. The Center has established policies governing long-term investments.

Investment income and the change in fair value are included in the (deficiency) excess of revenue over expenses, unless otherwise stipulated by the donor or State Law.

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Assets Limited As To Use

Assets limited as to use are comprised of donor-restricted cash contributions.

Property and Equipment

Property and equipment are carried at cost, less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the estimated useful lives of the related assets. The Center's capitalization policy is applicable for acquisitions greater than $5,000.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets 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 statements of operations and changes in net assets as net assets released from restriction. Contributions whose restrictions are met in the same period as the support was received are recognized as net assets without donor restrictions.

The Center reports gifts of property and equipment as support without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Center reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

(Deficiency) Excess of Revenue Over Expenses

The statements of operations reflect the (deficiency) excess of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the (deficiency) excess of revenue over expenses include contributions of long-lived assets (including assets acquired using grants and contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and net assets released from restriction for capital acquisition.

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through October 30, 2023, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Center regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Center has various sources of liquidity at its disposal, including cash and cash equivalents and investments.

Financial assets available for general expenditure within one year were as follows at June 30:

	2023	2022
Cash	$ 344,802	$ 717,141
Patient accounts receivable	139,371	84,225
Grants receivable	92,430	82,671
Investments	1,106,864	910,690
Total	$ 1,683,467	$ 1,794,727

The Center had average days (based on normal expenditures) cash on hand of 58 and 145 at June 30, 2023 and 2022, respectively.

3. Investments and Fair Value Measurement

U.S. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The fair value hierarchy distinguishes three levels of inputs that may be utilized when measuring fair value:

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Center's investments at fair value measured on a recurring basis:

	Investments at Fair Value at June 30, 2023			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 161	$ -	$ -	$ 161
Exchange traded funds,	27,813	-	-	27,813
Mutual funds	929,186	-	-	929,186
Certificates of deposit	149,704	-	-	149,704
Total investments	$ 1,106,864	$ -	$ -	$ 1,106,864

	Investments at Fair Value at June 30, 2022			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 27	$ -	$ -	$ 27
Exchange traded funds	33,212	-	-	33,212
Mutual funds	877,451	-	-	877,451
Total investments	$ 910,690	$ -	$ -	$ 910,690

4. Property and Equipment

A summary of property and equipment is as follows at June 30:

	2023	2022
Building improvements	$ 48,498	$ 48,498
Furniture	4,218	4,218
Equipment	488,144	472,708
Total cost	540,860	525,424
Less accumulated depreciation	446,341	417,159
	94,519	108,265
Equipment not in service	42,780	-
Property and equipment, net	$ 137,299	$ 108,265

5. Net Assets with Donor Restrictions

Net assets with donor restrictions are temporary in nature and are available for the following purposes at June 30:

	2023	2022
Equipment, not purchased	$ 15,122	$ 16,745
Equipment, purchased but not in service	30,000	-
Staff recruitment, retention and training	10,614	64,687
Program activities	2,948	6,279
Total	$ 58,684	$ 87,711

Net assets released from net assets with donor restrictions were as follows at June 30:

	2023	2022
Satisfaction of purpose:		
Staff recruitment, retention and training	$ 54,072	$ 32,410
Program activities	6,331	4,476
Purchase of equipment	1,624	29,618
Total	$ 62,027	$ 66,504

6. Patient Service Revenue

Patient service revenue is as follows for the years ended June 30:

	2023	2022
Medicaid	$ 592,207	$ 490,258
Medicare	60,925	67,600
Third-party insurance	270,829	245,875
Patient pay	180,818	133,573
Net patient service revenue	$ 1,104,779	$ 937,306

7. Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function; therefore, these expenses require allocation on a reasonable basis that is consistently applied. As the Center is a service organization, such expenses, which include employee benefits, occupancy, depreciation, interest and other operating expenses, are allocated between healthcare services and administrative support based on the percentage of direct care wages to total wages.

Expenses related to providing these services are as follows for the years ended June 30:

	Healthcare Services	Administrative Support	Total
2023:			
Salaries and wages	**$ 1,292,117**	**$ 142,003**	**$ 1,434,120**
Employee benefits	**230,989**	**25,386**	**256,375**
Contract services	**48,739**	**42,191**	**90,930**
Program supplies	**55,889**	**-**	**55,889**
Occupancy	**69,582**	**7,647**	**77,229**
Other operating expenses	**186,443**	**54,662**	**241,105**
Depreciation	**26,293**	**2,890**	**29,183**
Total operating expenses	**$ 1,910,052**	**$ 274,779**	**$ 2,184,831**
2022:			
Salaries and wages	$ 1,036,366	$ 128,171	$ 1,164,537
Employee benefits	148,197	18,328	166,525
Contract services	49,452	59,977	109,429
Program supplies	84,162	-	84,162
Occupancy	72,115	8,919	81,034
Other operating expenses	154,976	38,724	193,700
Depreciation	22,017	2,723	24,740
Total	$ 1,567,285	$ 256,842	$ 1,824,127

8. Malpractice Claims

The Center insures its medical malpractice risks on a claims-made basis. There were no known malpractice claims outstanding at June 30, 2023 which, in the opinion of management, will be settled for amounts in excess of insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Center intends to renew coverage on a claims-made basis and anticipates that such coverage will be available.

9. Retirement Plan

The Center has a 403(b) retirement plan covering substantially all employees. Contributions by the Center to the plan amounted to $27,383 and $23,440 for the years ended June 30, 2023 and 2022, respectively.

10. Contribution of Non-financial Assets

The Memorial Hospital (TMH) provides the Center with office and clinic space located in Conway, New Hampshire at no cost. In-kind contributions and related expense from TMH to the Center amounted to $59,004 for the years ended June 30, 2023 and 2022.

11. Litigation

From time-to-time, certain complaints are filed against the Center in the ordinary course of business. Management vigorously defends the Center's actions in those cases and utilizes insurance to cover costs in excess of stated deductibles. In the opinion of management, there are no matters that will materially affect the Center's financial statements.

12. Paycheck Protection Program Loans

The Center received Paycheck Protection Program Loans in the amount of $238,000 and $234,000 which were forgiven by the Small Business Association and lender in November 2020 and August 2021, respectively. The loans can be audited by the Small Business Association for up to six years from the date of forgiveness. Any difference between amounts previously recognized and amounts subsequently determined to be recoverable or payable are adjusted in future periods as adjustments become known.

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Whole Person. Whole Family. Whole Valley.

Board Roster April 2024

Name, Office	Profession, Place of Work	Town
Caitlin Behr, RN President		
Christy Mackie Vice President		
Angela Zakon Treasurer		
Ellen Blanchard Secretary		
Richard L. Faucher		
Chad Laflamme		
Sandi Poor		
Stephanie Stepanauskas		

Deborah Cross, RN, MSN

EDUCATION

University of California, San Francisco
Master of Science in Nursing, Family Nurse Practitioner Specialty. June 2009.

Louisiana State University Medical Center, New Orleans
Associate of Science in Nursing, May 1996.

Rutgers University, New Brunswick, NJ.
Bachelor of Arts, Psychology major, May 1994.

FAMILY NURSE PRACTITIONER CLINICAL RESIDENCIES

Family Health Center, San Francisco General Hospital, 11/08 – 5/ 09.
Silver Avenue Health Center, San Francisco, 4/09 – 6/09.

- Provided primary care services to culturally diverse, low-income populations.
- Managed complex patients with multiple problems, i.e. uncontrolled diabetes & hypertension, depression, anxiety, chronic pain, and substance abuse.

Roseland Children's Health Center, Santa Rosa, 4/08 - 6/08.
Clinica de La Raza, Oakland, 4/09 – 6/09.

- Conducted newborn, infant, child & adolescent assessment and well child examinations.
- Diagnosed and prescribed treatment for common acute complaints, i.e. otitis media, strep throat.
- Managed common chronic conditions, i.e. asthma, atopic dermatitis.
- Predominantly Spanish speaking, low-income populations.

Young Women's Program, University of California, San Francisco, 1/09 – 4/09.

- Provided Ob/Gyn services to high risk teens & young adults.
- Received training in Mirena insertion.

Bolinas Community Health Center, Bolinas, 9/08 – 12/08.

- Provided primary care services to a rural coastal community.

Breast Center, University of California, San Francisco, 9/08 – 12/08.

- Assessed patients with abnormal mammograms or breast exams.
- Assessed patients with increased breast cancer risk due to family history.
- Assessed patients status post breast cancer treatment.

Kaiser Permanente Medical Group Women's Health Center, San Francisco, 1/09 – 4/09

- Provided routine obstetric (prenatal and postpartum care) and gynecologic care for various women's health issues.

Spine Center, University of California, San Francisco, 1/08 – 4/08.

- Performed neurological examinations & recorded patient histories.
- Performed trigger point and bursal injections.
- Assessed patients coping with chronic pain and physical disability.

RN EXPERIENCE

St. Luke's Hospital, San Francisco, 6/03 – 6/09.
Emergency Department, staff nurse.

- Worked with primarily Spanish speaking low-income patients who did not have access to primary care

Common Ground Clinic, New Orleans, 4/06 – 6/06.

- RN volunteer
- Triaged patients presenting with acute and chronic health problems after Hurricane Katrina
- Provided diabetic education, healthy lifestyle instruction, and grief counseling

Women's Choice Clinic, Oakland, Ca. 9/06 – 5/08.

- RN volunteer
- Provided abortion education & counseling
- Taught phlebotomy skills to other volunteers

Veteran's Administration Medical Center, San Francisco, 9/02 – 6/03.
Transitional Care Unit, staff nurse – travel assignment.

- Provided care to acutely ill adults transitioning from ICU to med/surg.
- ICU & ER float.

St. Mary's Medical Center, Reno 6/99 – 8/02.
ICU & Emergency Department, staff nurse.

Primary Children's Hospital, Salt Lake City, 5/98 – 5/99.
Medical/Surgical, staff nurse.

- Cared for acutely ill infants, children, & adolescents.

University Hospital, Salt Lake City, 1/97 – 5/99.
Telemetry, staff nurse.

- Member of the end of life committee.

CERTIFICATIONS

- Basic Life Support
- Advanced Cardiovascular Life Support
- Pediatric Advanced Life Support

LANGUAGE SKILLS

- Intermediate Spanish

Julie Everett Hill, R.N.
[redacted]

Profile

I am a Registered Nurse with a current New Hampshire license, and the director of operations at a rural community health center. I enjoy the dynamic nature of community health nursing, and the opportunity it provides to view the family as a whole when planning and providing care. My interests include asthma education, mental health and nutrition.

Experience

White Mountain Community Health Center, Conway, NH

December 2014-Present: Director of Operations

Coordinate provision of all programs (Family Planning, STD/HIV, BCCSP, Prenatal, Pediatrics, Primary Care, and Teen Clinic). Supervise all clinical, medical records, and front office staff. Coordinate and ensure adequate staffing schedules for clinical staff. Assist in budget preparation as needed. Represent the health center publically at forums and events. Responsible for the implementation of electronic health record and the ongoing customization of the program to ensure appropriate documentation of patient care, meet program reporting needs and facilitate efficient staff workflow across the agency.

2011 to 2014: Director of Clinical Services

Coordinate provision of all programs (Family Planning, STD/HIV, BCCSP, Prenatal, Pediatrics, Primary Care, and Teen Clinic). Supervise all clinical staff. Coordinate and ensure adequate staffing schedules for clinical staff. Perform annual clinical staff evaluations. Assist in budget preparation as needed. Assist Medical Director when seeing patients.

2009-2011: Registered Nurse

Primary care and family planning focus, with patient population newborn through geriatric. Strong focus on patient education, including asthma education and diabetic teaching. Other roles include triage and prioritization of care and coordination of patient care with resources both within and outside of the clinic.

Memorial Hospital, North Conway, NH

June 2007-June 2010: Registered Nurse

Medical Surgical nursing care of a broad range of patients from pediatric to geriatric. Roles included assessment of care of acutely ill patients with medical, surgical and/or orthopedic diagnoses. Patient education, care planning, complete patient assessment and accurate documentation in EMR were integral parts of this position.

May 2006-June 2007: Licensed Practical Nurse

Medical Surgical and some post-partum and newborn nursing care under the supervision of a Registered Nurse.

February 2001-May 2006: LNA/Unit Secretary

Unit Secretary/LNA in fast-paced medical surgical unit. Duties included transcribing doctor's orders, managing patient records, answering and directing phone calls, assisting nurses with order entry and facilitating communication between departments.

Education

Saint Anselm College; Advanced Nursing Leadership Program: 2013
NHCTC, Berlin, NH: Associates Degree in Science, Nursing; May 17, 2007, Phi Theta Kappa Honor Society
Southern Maine Technical College, Portland, ME: Nursing Assistant Certificate 1994
University of Southern Maine: 1992-1993
Certifications and relevant continuing education include:

- North Country Health Consortium Public Health Training Center: Community Health Assessment and Improvement Modules 1-4, 2013
- Yellow Belt- LEAN Systems Training for Quality Improvement: September 2013
- Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) consultant training certificate; June 2013
- Current BLS
- Asthma Educators Institute 2010
- Diabetes Nurse Champion, September 2008
- WIC Breastfeeding Peer Counselor Certification, November 2000

Personal/Community

Mount Washington Valley Toastmasters #3596556: President, Charter member
Swift River CrossFit: CFL1 Trainer

Betty-Jo Heney, MSN.

[redacted]

Professional Summary

Compassionate registered nurse with fourteen years of experience in various healthcare settings. Skilled in providing exceptional care to culturally diverse patient populations. Team player with extensive experience collaborating with healthcare professionals as part of an interdisciplinary approach to meet patient care needs. Efficient computer literacy skills and electronic health record data entry. Demonstrates strong use of critical thinking skills and problem-solving abilities in day-to-day activities.

Professional Experience

CLINICAL SUPERVISOR/REGISTERED NURSE | SURGICAL SERVICES/PACU/CIRCULATOR/SCRUB TECHNICIAN| MEMORIAL HOSPITAL NORTH CONWAY, NH| SEPTEMBER 2019 – CURRENT

Principal role in a multidisciplinary team unit acting as a liaison between providers, nurses, and key members of the surgical unit. Assist in facilitating the progression of care for all patients on the unit and acts as a resource to the team. Participates in guiding staff members on more complicated assessments, promoting staff and patient safety, assisting during procedures, and educating staff on policies and guidelines. Collaborates with the Clinical Manager and Nursing Coordinators to ensure appropriate staffing and management of admissions and discharges. Participates in coaching staff to enhance their professional development and promote evidence-based practices on the unit.

Coordinates total nursing care for patients ranging in age from children to the elderly. Participates in patient and family teaching and provides leadership by working cooperatively with ancillary nursing and other members of the health care team in maintaining standards for professional nursing practice. Works closely with surgeons of all specialties, anesthetists and surgical techs in a fast-paced environment. The variety of cases ensures constant learning and maintenance of critical nursing skills.

CASE MANAGER RN | VISITING NURSE HOME CARE & HOSPICE OF CARROLL COUNTY NORTH CONWAY | JANUARY 2017 – SEPTEMBER 2019

Provide direct patient care; manage, observe, and evaluate patient needs, develop individual care plans, work as an interdisciplinary team member with other health professionals to assist patients in the community. Employ critical thinking skills to enhance individual patient needs.

REGISTERED NURSE | GENESIS HEALTHCARE OF NORTH CONWAY, NH| JUNE 2016 – JANUARY 2017

Responsible for providing a full range of nursing care such as: assessment, care planning, implementing care, managing patient care and needs, quality improvement, problem solving, bedside nursing, medication administration, and providing appropriate treatments as ordered.

LICENSED PRACTICAL NURSE | SPECTRUM HEALTH SYSTEMS, INC WORCESTER, MA | SEPTEMBER 2010 | JUNE 2014

Assist in the delivery of general nursing care duties in an outpatient substance abuse treatment program. Complete medical evaluations, medical monitoring, medication dispensing and perform comprehensive clinical assessments in a compassionate and professional manner. Collaborate with other health care professionals to provide continuity of care for patients. Provide culturally competent care in a holistically supportive environment.

Education

- Master of Science - Nursing Health Care Leadership: Granite State College, Concord, NH
- Bachelor of Science – Nursing: Granite State College, Concord, NH
- Associate Degree - Nursing: White Mountains Community College, Berlin, NH
- Licensed Practical Nursing Certificate: Baypath Technical Regional Vocational School, Charlton, MA

Licensure/Certification

State of New Hampshire RN license, expires 09/2024
State of Massachusetts RN license, expires 09/2024
Basic Life Support (BLS) – American Heart Association, expires 04/2024
Advanced Cardiac Life Support (ACLS) – American Heart Association, expires 03/2024
Pediatric Advanced Life Support (PALS) – American Heart Association, expires 11/2024

Lichen Jennings Rancourt
[redacted]

PROFILE

In the course of a long career in public libraries, I find the organization of non-profit finances the most enjoyable and rewarding part of the job. I would like to apply the bookkeeping and budgeting skills I have learned more directly in a new industry.

EDUCATION

Syracuse University, School of Information Studies, Syracuse, NY — Master of Library and Information Science with an advanced certificate in Digital Libraries, 2006
University of NH, Durham, NH — BA-English, 2000
High Mowing School, Wilton, NH — Valedictorian, 1995

EXPERIENCE

Library Director, Jackson Public Library; Jackson, NH — 2014-Current 8 yrs
Oversee all aspects of running a small, rural public library. Recommend annual budget and track spending daily to operate within its parameters. Obtain funding through grant writing and other income sources. Pay all bills and assign expenses to their budgetary categories. Interpret, correct, and analyze financial reports.

Darcie's Bookkeeping Service; Manchester, NH — Bookkeeper
Work with Quickbooks and other office and financial tools to organize client data, reconcile bank statements with records, apply appropriate categories and budgets. Create reports for accountants and businesses.

Board Treasurer (volunteer), Lilliputian Montessori School, North Conway, NH — 2014-2016
Kept books on all finances. Initiated a budgeting process. Recommended structural and operational changes in pursuit of budgeting goals and organization solvency. Issued tuition invoices and collected payments.

Head of Information & Technology, Manchester City Library; Manchester, NH — 2010-2011 1 yr
Supervised ten information department staff. Set department service priorities. Conducted staff training. Maintained all equipment and services including income generated at the information service desk via printing services. Supervised ten information department employees.

Head of Technology, Manchester City Library; Manchester, NH — 2007-2010 3 yrs
Responsible for all technology including evaluating and implementing new equipment, website maintenance, training on current and new technologies, maintenance of city and library network, collection development, programming, outreach, and supervision of staff.

Information Technologist II, University of NH Library; Durham, NH — 2004-2007 3 yrs
Responsible for Library web presence, including approximately 1500 pages of content of varying complexity from 11 organizational units. Identified user needs to generate appropriate content. Collaborated with library faculty and staff on departmental sites and auxiliary projects.

COMMUNITY SERVICE

References furnished upon request.

Alicia F. Mudgett, MS RDN LD

Address: [redacted]

E-mail:

EXPERIENCE

03/2021 – present — Cranmore Health Partners, North Conway, NH
Consulting Dietitian
- Assessed the nutritional needs of patients with a variety of medical challenges

06/2020 – present — Fresenius Kidney Care, Conway, NH
Dietitian
- Addressed patients' nutritional challenges through the use of medical nutrition therapy, medication management and/or dialysate in compliance with Federal/State regulations
- Exclusively managed 40 incenter/home therapy hemodialysis/peritoneal dialysis patients on bone and mineral metabolism
- Worked with nephrologist to find the best phosphorus binders for patients

04/2011 – 06/2020 — Memorial Hospital, North Conway, NH
Dietitian
- Assessed in-patients, out-patients and residents of Merriman House for nutrition risk.
- Provided nutrition counseling to cardiopulmonary rehab patients.
- Performed mock inspections of the kitchen based on SERVSAFE standards.

06/2010 – Present — Coös County Nursing Home, Berlin, NH
Consultant Dietitian
- Evaluated residents for nutrition risk in compliance with Federal MDS regulations.
- Preceptor for a Certified Dietary Manager student.

04/2012 – 11/2017 — NH Restaurant & Lodging Association, Concord, NH
Consultant SERVSAFE Instructor & Proctor

11/2011 – 10/2014 — Mountain View Nursing Home, Ossipee, NH
Consultant Dietitian
- Evaluated residents for nutrition risk in compliance with Federal MDS regulations.

EDUCATION

August 2004 – May 2007 — University of Maine, Orono, ME
M.S., Food Science and Human Nutrition

August 1999 – May 2003 — University of Vermont, Burlington, VT
B.S., Food Science and Dietetics

PROFESSIONAL LICENSES/CERTIFICATIONS

- Registered with the Commission of Dietetic Registration
- Licensed with the State of New Hampshire Board of Dietetic Practice

MEMBERSHIP

- Member of the Academy of Nutrition and Dietetics
- Phi Tau Sigma Honorary Society

Sarah Wright

[redacted]

Qualifications: Experience in Social Work with children, adults, and families; administrative and organizational experience in the field; educated, positive and dynamic.

Objective: Opportunity to use my experiences in a challenging position.

Education: Shippensburg University of Pennsylvania
Bachelor of Arts in Social Work, 1990

Experience:

Feb 12,2001-
Current: White Mountain Community Health Center
Prenatal Social Worker, Conway and Wolfeboro, NH
Perform initial assessment to determine risk, discuss plan for prenatal, labor delivery and postpartum. Make appropriate referrals to area Social Service Agencies.

October 1996-
Feb 9, 2001: Family Health Centre, Conway and Wolfeboro, NH
Prenatal Social Worker
Perform initial assessment to determine risk, discuss plan for prenatal, labor delivery and postpartum. Make appropriate referrals to area Social Service Agencies.

September 1994-
July 1996: Manito, Inc., Gettysburg, PA
Family Preservation Specialist
Established this State-funded program, designed for Juvenile Probation Office and Children and Youth Agency clients; trained employees, conducted family, marriage and youth counseling sessions: duties also included mediation, crisis intervention and drug and alcohol assessment.

September, 1990-
September 1994: Adams County Children and Youth Services, Gettysburg, PA
Caseworker 3
Experience in intensive and family support units. Responsibilities included placement, assessment, counseling, abuse and neglect investigations, parenting education, advocacy and court presentations. Caseworker 3 duties included training and supervision of caseworkers. Caseworker representative—liason between director and direct service staff.

Professional involvement, experience and advancement:

*Northeastern Family Preservation Association
*Pennsylvania Family Preservation Committee
*Adams County Professional Board
Advisory Board on Social Service Policies and Procedures
Committee on Adolescent Male Services
*Internships and field experiences with adolescents, preschool, elementary children, sexual abuse perpetrators and victims, drug and alcohol treatment programs and domestic violence victims.

Marcelo Augusto Maiorano, BSN, RN

[redacted]

OBJECTIVE

- Family Nurse Practitioner candidate (graduating May 11, 2023), seeking the opportunity to incorporate my multicultural perspective into a role where I can deliver compassionate, effective, holistic, and high-quality advanced practice nursing care to patients across the lifespan.

SUMMARY

- Husband father of three girls with several years of experience working with youth and adults, in the US and in Brazil. Multilingual – Brazilian Portuguese fluent, Spanish intermediate, Italian advanced.
- Currently licensed RN in Massachusetts and New Hampshire.
- Nexplanon Clinical Training Program 2022.
- Sigma Theta Tau Nursing Honor Society.

EDUCATION

MGH Institute of Health Professions — Boston, MA
Direct Entry Nursing Program, MSN — September 2020 – May 2023

- Family Nurse Practitioner track
- Currently third-year student, completing Advanced Practice coursework (3.817 cumulative GPA)
- **Advanced Practice Clinical experience:**
  - Saco River Medical Group Walk-in Clinic – Conway, NH — Feb. 2023 – April 2023
    - Under preceptorship of PA, assess, manage, and plan acute problems ranging from infections to musculoskeletal concerns in walk-in setting in rural Northern New Hampshire, serving pediatric through older adult patients.
  - Cambridge Health Alliance Union Square Family Health – Somerville, MA — Sept. – Dec. 2022
    - Under preceptorship of Family MD and Family PA, assessed, planned, and managed acute and chronic conditions for patients from newborns to older adults, including musculoskeletal, dermatologic, GI, and mental health concerns and conditions
    - Utilized Portuguese language skills in practice on a daily basis
  - Mt. Washington Valley Rural Health Primary Care – North Conway, NH — May – August 2022
    - Under preceptorship of Family MD, support and collaborate on care planning, management, and education for patients, most of whom are in late adulthood and experiencing chronic conditions such as hypertension, hyperlipidemia, and Type 2 diabetes mellitus

Loyola University Chicago — Chicago, IL
Bachelor of Arts — May 2009

- Major: International Studies, minor: Italian language

Harvard Extension School: Mind, Brain, Health, and Education Course (4 graduate credits) — Spring 2013

HEALTHCARE EXPERIENCE

Spaulding Rehabilitation Hospital — December 2021 – present
Per-diem RN, Brain Injury Unit. (1,400+ hours experience) — Boston, MA

- Collaborate with nursing, medical, SLP, OT, and PT staff to provide effective, efficient, and compassionate care to patients with complex medical situations relating to traumatic and non-traumatic brain injuries in an inpatient rehabilitation setting.

Merriman House, MaineHealth — North Conway, NH
Licensed Nursing Assistant (per-diem) — March 2021 – October 2022

- Collaborated with nursing team members to provide safe, efficient, and compassionate care to residents of this long-term, hospital-based assisted living facility, many of whom are experiencing stages of dementia

Wayside Youth & Family Support Network — Framingham, MA
Youth & Family Support Worker — August 2011 – July 2013

- Provided community-based mental health services to children and families referred by the Department of Mental Health and Department of Children and Families.
- Worked one-on-one with youth to address mental health symptoms, develop healthy coping skills, and to facilitate community engagement; created treatment plans to support progress toward culturally-sensitive mental health goals.
- Worked with several Brazilian families in the MetroWest region of Greater Boston.

HEALTHCARE VOLUNTEER EXPERIENCE

Crimson Care Collaborative — Somerville, MA
Senior Clinician Volunteer, Cambridge Health Alliance Union Square Family Health — January 2022 – April 2023

- Building my competence and confidence in providing high-quality, compassionate, and supportive primary care services to patients of many cultures at this evening clinic, often utilizing Portuguese.

OTHER WORK EXPERIENCE

Maryknoll Lay Missioners — São Paulo, Brazil
Long-term missioner — September 2016 – July 2019

- Worked on multiple fronts to build relationships and do good works alongside Brazilians working for social justice.
- Visited the incarcerated in state prisons, including weekly visits to the São Paulo state Penitentiary System Hospital Center as well as co-facilitating a Restorative Justice course.
- Supported and led programming at the Arsenal da Esperança, a center for shelter, personal, and professional improvement for 1,200 men experiencing homelessness.
- Created and produced *Vozes da Migração* radio program series (in Portuguese) featuring interviews with immigrants and refugees, collaborating with community radio station Radio Cantareira on São Paulo's northern periphery.
- Held rotating administrative roles within the MKLM Brazil region including: Finance manager, Orientation coordinator, Advancement support

Northern Human Services — Center Conway, NH
Vocational Services Team Leader — August 2019 – January 2020

- Co-led program supporting adults with intellectual and developmental disabilities in pursuing, obtaining, and sustaining dignified volunteer and employment opportunities.

Adapt, Inc. — Conway, NH
Student Assistance Program — February 2015 – June 2016

- Provided in-school support in individual and group settings to middle and high school students to reduce and prevent student substance misuse and seek to improve school climate.

AWARE, Inc. (Aiding Women in Abuse and Rape Emergencies) — Juneau, AK
Community and Prevention Advocate — August 2009 – August 2010

- Co-Facilitated Juneau Batterer Accountability Program: a state certified batterer intervention program
  - Led weekly community and in-prison classes with 30 enrolled participants
  - Managed administrative duties, including correspondence and participant file maintenance; independently conducted intake assessment interviews and program orientations with new participants; attended and provided testimony at compliance hearings in district court
- Implemented new violence prevention programs
  - Collaborated to develop *Coaching Boys into Men* mentoring program, through outreach to prospective participating coaches and coordination of meetings
  - Facilitated high school course on healthy living, instructing and supporting 15 students
- Provided support through advocacy at AWARE, a women's and children's domestic violence shelter

VOLUNTEER EXPERIENCE

Jackson Fire Department — Jackson, NH
Volunteer Firefighter — 2013 –2016, October 2020 – present

- Work under supervision of department officers as part of a team on fire-grounds, at motor vehicle accident scenes, as well as at trainings. Attend twice-monthly meetings and community events.
- Certified Fire Fighter I (June 2014)

Jesuit Volunteer Corps Northwest (JVCNW) — Juneau, AK
AmeriCorps volunteer in Juneau Community — August 2009 – August 2010

- Worked for social justice through full time service position at AWARE and additional community service.

James R. Stoddard
[redacted]

EDUCATION

University of Southern Maine **09/2013**
Master of Counseling program
LCPC and LADC specialties
GPA 3.96

University of Southern Maine **05/ 2010**
Bachelor of Art in Psychology
Minor - Philosophy
Graduated Suma Cum Laude

MEMBERSHIPS AND AWARDS

Psi Chi, The National Honor Society in Psychology	**10/2007**
Golden Key International Honor Society	**03/2009**
Honor Society of Phi Kappa Phi	**04/2009**
Nation Honor Society for Counseling	
Chi Sigma Iota	**06/2010**
American Counseling Association	**09/2011**
Board Certified Counselor through National Board	
Of Certified Counselors	**5/2013**

WORK HISTORY

Sakura Counseling PLLC **09/2020- present**
Private practice providing exceptional mental health and substance misuse counseling in an outpatient setting to individuals and groups. Complete intake and assessment, diagnosis, treatment planning, and provide counseling and interventions. Complete substance abuse evaluations as required. Assist with referrals as appropriate.

Program Director, Carroll County Department of Corrections 08/2016- 09/2020 & 5/2021 - present
Provide all aspects of mental health services in a correctional environment including intake, assessment, individual therapy, group therapy, emergency assessment. Make recommendations to ensure the safety of suicidal and parasuicidal individuals. Supervise, train, and direct program staff including other licensed professionals and case management staff. Involved with the development and implementation of a co-occurring disorders program that provides 90-day intensive programming for moderate to high risk individuals using a trauma informed, gender specific, approach. Provide group psycho-education in the community as part of jail-to-community re-entry model aimed at reducing recidivism and providing smooth transitions for released inmates.

Groups Recover Together **09-2020 – 05/2021**
Provide substance abuse counseling to groups in recovery. Complete all required documentation including electronic records, medication counts, group notes, and individual contacts. Served as team leader for the Rochester office as part of interdisciplinary team that provides medication assisted treatment and therapy.

Instructor, NH Corrections Academy **08/2016- 09/2020**

Provide education to correctional cadets specific to working with inmates impacted by mental health disorders. Train staff in identifying mental health issues, communication with those experiencing mental health symptoms, and how to appropriately manage individuals with mental health challenges in a correctional environment. Train staff in the identification of suicide risk factors and how to address various levels of suicidality while keeping individuals safe.

Clinician, Northern Human Services **07/2013- 08/2016**
Provide outpatient therapy to adults and adolescents. Provide Emergency Services in crisis situations and make recommendations for Involuntary Emergency Admissions for two local hospital emergency rooms. Perform drug and alcohol evaluations in both outpatient and correctional settings. Make treatment recommendations. Provide mental health services for the Carroll County House of Corrections including risk assessments, mental health evaluations, individual and group therapy, and provide psycho-educational programming.

Intern, Northern Human Services **09/2012- 07/2013**
Developing knowledge of agency services and local resources. Internship responsibilities include training in agency policies and procedures, providing direct services to clients including individual counseling for adults and older adults. Provide referrals, participate in risk assessment and consultations, participate in staff meetings and agency trainings. Participate in weekly supervision to expand clinical skills in preparation for professional licensure.

Graduate / Teaching Assistant, University of Southern Maine **09/2010 – 05/2012**
Assisted with the development and implementation of education curriculum in the Teacher Education Program. Evaluated student assignments, and provided personal instruction as needed. Researched, developed and implemented on-line delivery of course content through Blackboard educational software.

Computer Lab Staff, University of Southern Maine **09/2006-05/2010**
Work study position responsible for supervision of the computer lab, and opening / closing classrooms. Provide assistance with printing and software issues. Communicate hardware issues. Provided software support to students and staff.

Part-time Sales Associate, Nike, North Conway, NH **05/2006- 08/2010(summer employment)**

Human Resources Coordinator, The Center of Hope, Conway, NH **1999-2006**
Responsible for guidance around agency policies for a staff of over 150. Developed and supervised Per Diem Direct Care staff. Maintained information and computer systems relating to the operation of the HR department, including training records, evaluations, and employee information. Developed and analyzed reporting mechanisms to manage payroll cost, mileage and other agency expenses. Supervised the payroll department and administrative staff. Performed all initial interviews. Negotiated all job offers. Managed Workers Compensation claims. Provided conflict resolution for agency staff. Served as Chair of the agency Safety Committee. Agency trainer of TACS (Techniques for Addressing Challenging Situations). Member of the Challenging Situations Response Team.

Footwear Manager, NIKE, North Conway, NH **1998-1999**
Managed all footwear traffic, as well as store operations and merchandising; supervised and trained a staff of forty. Responsible for addressing customer concerns. Maintained footwear inventory, analyzed sales trends. Involved with store openings across the country. Completed the NIKE Global Business Academy training program for managers.

Store Manager, Converse Inc., North Conway, NH **1996-1997**
Responsible for all aspects of store operations. Handled administrative reports and all cash procedures. Analyzed weekly sales and inventory needs. Managed all aspects of inventory, merchandising. Supervised all staff, including hiring and training. Implemented special programs, events and promotions.

Assistant Manager, Leather Loft Inc., Conway, NH **1995-1996**
Involved in all facets of store operation including supervision of staff, customer service, inventory maintenance, shipping and receiving. Organized sales and special events. Worked as the store merchandiser.

Sales Clerk, Reebok International, Conway, NH **1991-1995**

Sales Clerk, Specials Inc., North Conway, NH **1989-1991**

Floor Supervisor, Manhattan, North Conway, NH **1988-1989**

Julie Haggerty

Registered Nurse

[redacted]

1. 25 years, total, experience nursing
2. 7 years Case Management
3. 7 years ICU
4. 10 YEARS MED-SURG

Authorized to work in the US for any employer

Work Experience

Registered Nurse

RETIRED - Center Ossipee, NH
April 2021 to October 2021

Left my bedside position in ICU at Huggins Hospital, Wolfeboro, NH under FMLA to care for aging parents. I did renew my Nursing license this year and am going to sit for the ambulatory nurse accreditation to stay current, while I explore nursing opportunities away from the bedside, ie, remote opportunities.

Registered Nurse

Huggins Hospital - Wolfeboro, NH
February 2016 to April 2021

25 years bedside experience.
Looking for healthcare positions away from bedside.

Education

Associate's Degree in Nursing

NH Technical College - Concord - Concord, NH
August 1997 to May 1999

Nursing Licenses

RN
Expires: June 2023

State: NH

Skills

- Nursing (10+ years)

- Critical Care Experience (7 years)
- ICU Experience
- Hospital Experience
- Case management (7 years)
- Nursing (10+ years)
- Triage (7 years)
- Medication Administration
- Computer literacy (10+ years)
- EMR Systems (10+ years)
- Hospice Care (7 years)
- Nurse Management (5 years)
- Patient Care (10+ years)
- Laboratory Experience
- Vital Signs
- Phlebotomy
- Medical Records
- Employee Orientation
- Time management
- Microsoft Excel
- Data entry
- Experience Administering Injections
- Venipuncture
- Managed Care
- Management
- Home Care

Certifications and Licenses

RN
May 1999 to April 2021

Critical care
M/S
Float Pool,
Case Management
LTC
Telemetry
Light L & D

RN

BLS Certification
April 2019 to April 2021

ACLS Certification
April 2019 to April 2021

Additional Information

Healthcare Coach

Cheryl Frankowski

[redacted]

Compassionate social service professional and active listener dedicated to working with individuals to empower them; utilizing motivational interviewing and direction to facilitate positive change and growth, while supporting them with identifying and over coming barriers to their success.

Education

2013 Capella University, Minneapolis, MN. Masters of Science Psychology.
2009 Southern Maine University, Portland, ME. Bachelor of Arts in Psychology.
1991 Cazenivia College, Cazenovia, NY. Associates Applied Science in Fashion Design.

Employment History

- August 2017 - Present

Northern Human Services Supportive Employment Specialist Assess individuals with identifying interests skills to explore employment options, assist individuals with skill development, resume writing, accessing education/trade school, and developing interviewing skills, job development in the community. Certificate Career Advising Training Essentials, Certificate in Supported Employment,

- June 2016 a Present

Northern Human Services Case Manager Assess global needs of individual consumers. Draft monitor and adjust treatment plan to specific consumer needs and assessments. Advocate, collaborate, refer, connect and assist consumers with accessing community based resources to facilitate needs and interests. Member of a Assertive Community Action Team (ACT) exceeding state criteria at recent review. Current ANSA certification, IMR, supportive employment and addiction recovery training.

- August 2011 · May 2016

Private care Case Management - provide income case management for two individual consumers. One with a long history of mental illness and the other with brain injury resulting in limited physical impairment. Managing schedules, facilitating collaboration treatment discussions and implementations. Supervise and assist with daily living tasks. Formulated and implanted behavior modification with appropriate interventions; improving both physical and mental health as well as social interactions. Provide transportation for appointments weekly gym training, and various outings in the community.coordination of care with other providers as well as ongoing communication with family related to care and progress/concerns.

- June 2009 - July 2011

Saco River Medical Group - Medical secretary data entry, billing, coding, managed incoming out going calls with multiple line, scheduling for several providers involving a variety of specialties, balanced daily ledger and prepared bank deposits.

- July 2008 - June 2009

North Country Independent Living - Residential Advisor - Worked primarily with brain injured clients assisting with daily living tasks including; descending and documentation of medication, direction/cueing for daily living skills, intervention and redirection for inappropriate behavior when necessary as well as positive reinforcement, planned and implemented community outings, daily documentation of individual consumers activities and assessments.

Affiliations

American Psychological Associations (APA). Member of a local Asperger support group for transitioning young adults.

Krystal Brown

[redacted]

PROFESSIONAL SUMMARY

Experienced and responsible Registered Medical Assistant with excellent teamwork and communication skills demonstrated by 6 1/2 years of experience in healthcare.

EXPERIENCE

RMA, Primary Care at Memorial Hospital, North Conway, NH **2010-2016**

Assisted patients with multiple chronic diagnoses. Helped physicians examine and treat patients by assisting with instruments, injections and suture removal. Organized, updated and maintained patient charts. Recorded patients medical history, vital statistics and test results in medical records. Escorted patients to examination rooms and prepared them for physician exams. Trained nursing staff to provide top-quality patient care. Educated patients about their treatments. Performed lab tests and communicated results. Instructed patients and family members on proper discharge care. Acted as a patient advocate as part of the nursing team. Coordinated Quality Improvement Activities (QIA's) to identify performance areas for improvement. Initiated insurance prior authorization forms for continuation of medical treatment for the patient. Initiated phone calls and answering phone messages in regards to medical questions with patients, family members, other physicians and insurance companies. Conducted letters to patients. Skillfully developed departmental goals, objectives, standards of performance, policies and procedures.

Health Coach at Integrity Health Coaching Centers, North Conway, NH **2017-current**

One on one coaching sessions, aided members with nutrition and weight loss, muscle growth and overall health and mindful wellbeing.

Home care, private duty **2019-current**

Performed ADL's, maintained my clients home, prepped meals and ran errands. Communicated with the family and health care providers in regards to clients declining health. Acted as her advocate when she was unable to communicate clearly.

EDUCATION

Fryeburg Academy - Fryeburg, Maine
High school diploma 2006

SMCC - Portland, Maine
2006-2008
2019-current
General Studies, focus of Nursing

Kaplan University - South Portland, Maine
2008-2010
Medical Assistant Program Certification

WMCC - Berlin NH
2018 - currently taking classes
Health Science program - focus of nursing

CERTIFICATION

RMA - Registered Medical Assistant Program - 2014
BLS - Basic Life Support - Every 3 years

SKILLS

- Communication skills
- Analytical/Research skills
- Teamwork
- Interpersonal Abilities
- Adaptability/Managing multiple priorities
- Fast learner
- Computer literacy

Deborah Eastman

[redacted]

Work Experience

Receptionist
White Mountain Endodontics - North Conway, NH
June 2020 to December 2020

Answer phones - schedule patients - billing - insurance claims - no software used at this office.

Office Administrator/Receptionist
Dr. George Ryan DDS / Conway Village Dental - Conway, NH
January 1995 to March 2020

Open & close office - Schedule & confirm patients - greet & welcome patients - billing - file insurance claims - mail - process payments - maintain the waiting room - worked with office manager to coordinate monthly meetings - Software Open Dental & Dentrix

Loan Servicing Specialist
First NH Bank - North Conway, NH
June 1988 to September 1993

Responsible for proper and accurate processing of loans, verified credit histories, prepared and updated files.
Servicing duties included computer input, filing processing loan payments. Deposit functions - bookkeeping, reconciling checking accounts.
Career Highlights - worked on team to convert entire banking system from existing obsolete equipment to "State of the Art" technology. Directed and implemented training for entire lending region on all computer applications relating to ongoing Systematics computer conversion. Source of continuing knowledge in all aspects of operational banking functions including commercial and retail transactions.

Education

Bachelor's in Science
College for Lifelong Learning University of NH - Conway, NH
June 1992 to June 1999

Associate in Art Studies
College for Lifelong Learning University of NH - Conway, NH
December 1990 to June 1995

Independent Home Study in Professional Secretarial Training
The Hart School for Professional Secretaries - Pompano Beach, FL
February 1989

Independent Home Study in Bookkeeping and Accounting

No. American School of Bookkeeping and accounting - Scranton, PA
October 1986

Skills

- Dental Receptionist
- Insurance Verification
- Dentrix (8 years)
- Open Dental (3 years) Assessments Spreadsheets with Microsoft Excel -- Proficient January 2021 Knowledge of various Microsoft Excel features, functions, and formulas Full results: Proficient Administrative assistant/receptionist -- Highly Proficient January 2021 Using basic scheduling and organizational skills in an office setting Full results: Highly Proficient Indeed Assessments provides skills tests that are not indicative of a license or certification, or continued development in any professional field.
- Word
- Excel
- phone skills

Assessments

Scheduling — Highly Proficient

January 2021

Cross-referencing agendas and itineraries to avoid scheduling conflicts
Full results: Highly Proficient

Indeed Assessments provides skills tests that are not indicative of a license or certification, or continued development in any professional field.

Groups

Volunteer

1986 to 1993

Girl Scouts of the USA, Swift Water Council

Victoria DePasquale

[redacted]

Authorized to work in the US for any employer

Work Experience

Certified Clinical Medical Assistant
Concord hospital primary care - Meredith, NH
February 2022 to Present

Caregiver
TIMBERLAND HOME CARE - Conway, NH
December 2020 to Present

Childcare Provider
JJ's Playland
July 2019 to February 2021

Education

Completed 1 year of college currently working on associates degree in Human services
White Mountains Community College - North Conway, NH
August 2018 to Present

High school diploma or GED

Skills

- Cleaning, organizing, customer assistance, caregiving (4 years)
- Home Care
- Childcare
- Early Childhood Education
- Infant Care
- Senior Care
- Meal preparation
- EMR Systems
- Patient Care
- Laboratory Experience
- Experience Administering Injections

- Medical Records
- Medical Office Experience

Certifications and Licenses

CPR

First Aid Certification
February 2022 to January 2035

Certified Medical Assistant

CCMA Certification

BLS Certification

BethLynn Wilson
[redacted]

Work Experience

Jan. 08 – Sept. 10 **Medical Assistant/ Patient Service Coordinator**
Tamworth Family Medicine

As an MA/PSC I was cross trained to be responsible for clinical and non clinical duties. PSC responsibilities included answering the phone, triaging, scheduling and confirming patient appointments. Also, I was responsible for all check in and check out of patients, chart prep, and filing, faxing and coping charts. MA responsibilities included rooming patients, taking vitals, EKGS, Cultures and assisting with minor surgical procedures and Pap smears. Any needed Phlebotomy and Vaccination administration was also a responsibility. Prescription renewal, prior authorization, referrals, lab resulting and patient call backs were included in my duties. It was a busy two provider office, customer service was key and an area I excelled in.

June. 04-June 07 **Medical Assistant**
Prime Health Care

As Medical Assistant, I was responsible for meeting the patient's needs and assisting the doctors. Responsibilities included stocking and preparing the exam rooms, running EKGs, taking vitals, collecting urine, stool, hemoglobin and hematocrit blood samples, calling and writing prescription refills with doctors authorization, faxing and maintaining patient charts, assisting in skin lesion removals, stitching, pap smears, wound care and vaccinations. I also communicated with patients regarding their lab and test results, scheduled appointments with in the office as well as with specialty physicians. I was capable of multi tasking and flexible performing as needed in the area of receptionist and secretary.

Nov. 02-Jan. 04 **Medical Receptionist**
Howell Primary Care

As Medical Receptionist, I was solely responsible for all front desk duties. Responsibilities included answering the phone, scheduling patients, taking messages, phoning in prescription refills, documenting information, faxing and coping, submitting referrals through the envoy system, creating new patient charts, verifying insurance coverage, assisting in billing inquires, sending monthly reminders, filing charts, preparing the exam rooms, welcoming patients and taking vitals, running EKGs, drawing up vaccinations, and other lab tests, maintaining relations with sales representatives, scheduling doctors meetings and taking inventory of samples

May.02-Nov.02 **Optometric Assistant**
Optical World

As Optometric Assistant, I was medical secretary/ sales clerk. Responsibilities included scheduling patients, creating and maintaining charts, teaching proper contact INR and cleaning, eye glass repair, running eye exams, assisting the doctor as needed, assisting in the selection of various eye wear, pricing and displaying merchandise, handling medical insurance and billing, contacting insurance companies regarding claims, dealing with the collections department, submitting orders and tracking shipments, closing and opening the store.

Education

1998-2002 Plymouth State University, Plymouth, NH
Bachelor of Arts

1999 S.O.L.O Wilderness Medicine School, Conway, NH
Wilderness/National EMT-B

Sabrina Johns

EDUCATION

Southern New Hampshire University — Manchester, NH
Bachelor of Arts in Psychology — May 2021
Concentration: Mental Health | Minor: Behavioral Neuroscience
GPA: 3.86

University of New England — Biddeford, ME
Master of Public Health — Expected Spring 2023
Concentration: Epidemiology and biostatistics

Honors & Awards: President's List, SNHU Honors Program, Presidential Ambassador, Psychology Honors Society, National Society of Collegiate Scholars, Alpha Chi Honor Society

RESEARCH/DATA ANALYSIS EXPERIENCE

White Mountain Community Health Center- QI Data Analyst — December 2021 – Current

- Extract patient, visit, and center data from electronic medical records systems
- Organize data and present for semi-annual and annual reporting, as well as government grants and funding for non-profit health center
- Create visual representations for data tracking and create comprehensive strategies for quality improvement based on these data trends

CCPF (Children of China Pediatrics Foundation) Internship — January 2021 – June 2021

- Compile datasets and research to determine international best practice in medical and mental health standards
- Speak with physicians and outpatient treatment associates to gain knowledge on American practice for outpatient mental health treatment after life-altering procedures
- Create presentation on how to improve China's outpatient treatment regarding mental and emotional wellbeing practices
- Learn the financial and operational ins and outs of an international non-profit organization

Undergraduate Research Day — April 2019

- Collected data about adolescent caffeine consumption from over 100 participants across New England
- Presented self-collected data on findings, which included a strong correlation between caffeine consumption over time and anxiety in adolescents and college-aged students

College Tuition across Colleges in New England — January-May 2017

- Organized and compiled data from over 100 colleges in New England
- Ran regression analysis tests through Minitab on the data to identify which factors (including acceptance rate, setting, sports division, number of students, etc.) contribute most to the cost of attendance
- Developed a comprehensive presentation outlining results to faculty and peers

LEADERSHIP AND ENGAGEMENT

Southern New Hampshire University Manchester, NH
Statistics Tutor- SNHU Online August 2021- February 2022

- Use interpersonal and communication skills to support online students struggling emotionally and academically in statistics courses, or struggling to navigate general stressors within the online learning environment
- Maintain relationships with co-workers so that all staff can lean on one another and work as a committed team to ensure students using the tutoring services are being helped the most effectively

Resident Assistant - Office of Residential Life August 2019-March 2020

- Utilize interpersonal and communication skills to support 40 residents on a daily basis and up to 500 on duty nights
- Maintain relationships with campus safety and local police to ensure the safety and well-being of residents
- Apply problem-solving skills to manage conflict between residents, roommates, and community members
- Input notes and data into ERezlife system on a weekly basis to maintain accurate records

Employee, Crew Member - Deborah L. Coffin Women's Center January 2017-January 2020

- Planned and participated in community events to increase awareness about gender equality, empowerment, and monthly topics for sexual assault awareness month, international women's day, and domestic violence
- Recognized by supervisor and coworkers for planning, hosting, and successfully running the Happy Period Drive, where menstruation supplies were collected and donated to New Horizons shelter and the YWCA

Barretstown Summer Fun Camp Ballymore Eustace, Ireland
"Cara" or Camp Counselor August 2019

- One of four accepted to be a counselor at Barretstown Summer Camp, a selective camp in Ireland which provides a week of summer camp to children and teens with cancer and severe illness
- Supervised and managed a cabin of twelve girls between ages of 8 and 12 while assisting with mealtime, bedtime, and daily activities that vary from canoeing to horseback riding
- Served as a friend and mentor to children managing a wide range of chronic and terminal pediatric illnesses

Big Brothers, Big Sisters of NH Manchester, NH
Intern September 2018-December 2018

- Completed assessments concerning new community-member "Bigs" in order to organize interview information into one document to streamline processes and ensure efficiency
- Wrote match-closure letters to "Bigs" and parent/guardians of "Littles" as well as formally close out the match on the Big Brothers, Big Sisters data page to maintain accurate records
- Complete creative tasks such as researching activities for "Bigs" and "Littles" to attend together and provide a list of transportation options for match activities

Big Brothers, Big Sisters of Maine Westbrook, ME

Big Sister September 2013-June 2017

- Met with Little Brother weekly to discuss family life issues and school progress and followed protocol to report serious family issues to head of program for evaluation
- Sustained a solid and mutually beneficial relationship with Little Brother over the course of four years

ADDITIONAL WORK EXPERIENCE

McIntyre Ski Area Manchester, NH
Ski Instructor 2020

- Provided group and private lessons to people of all ages, from age four to age sixty
- Utilized interpersonal skills to work with large groups of kids, manage stressful situations, and assist students in a one-on-one setting when necessary
- Led afterschool programs for kids aged twelve to fourteen, working with groups of five to ten at once

Moe's Barbecue South Portland, ME
Lead front of house 2015-2020

- Provided excellent customer service to hundreds of customers every day
- Utilized interpersonal skills to work out conflicts within the staff as well as any issues that arose from customers to ensure that the best outcome possible was reached
- Assisted on professional event caterings, sometimes which had upwards of two hundred guests

ADDITIONAL SKILLS

Statistical Software: Minitab, SPSS, Excel, SAS
Office Programs: Microsoft Word, Excel, PowerPoint, Teams
Creative: iMovie, Keynote, Adobe Audition

Appendix E

Program Staff List

New Hampshire Department of Health and Human Services

COMPLETE ONE PROGRAM STAFF LIST FOR EACH STATE FISCAL YEAR

Proposal Agency Name: White Mountain CHC
Program: MCH PC
Budget Period: July 1, 2024 - June 30, 2025

A	B	C	D	E	F	G	H
Position Title	Current Individual In Position	Projected Hrly Rate as of 1st Day of Budget Period.	Hours per Week dedicated to this program	Amnt Funded by this program for Budget Period	Total Salary for Budget Period	% of Salary Funded by this program	Site*
Example:							
Program Coordinator	Sandra Smith	$21.00	40	$13,680	$43,680	31%	
Administrative Salaries							
Medical Director	Deborah Cross APRN	$ 65.00	8	$27,040	$108,160	25%	
Program Coordinator	Julie Hill, RN	$ 40.00	8	$16,640	$83,200	20%	
Clinical Coordinator	Betty-Jo Heney	$ 33.75	3	$5,265	$70,200	8%	
CFO	Laura (Lichen) Rancourt	$ 41.21	3	$6,429	$75,002	9%	
Total Admin. Salaries				$55,374	$336,562	16%	
Direct Service Salaries							
Registered Dietitian	Alicia Mudgett, RD	$ 60.00	4	$12,480	$12,480	100%	
MAT Social Worker	Sarah Wright	$ 25.00	14	$18,200	$18,200	100%	
APRN	Marcelo Maiorano	$ 45.00	5	$11,700	$84,240	14%	
Mental Health Counselor	Jim Stoddard, MLDAC	$ 55.00	5	$14,300	$68,640	21%	
RN Case Manager	Julie Haggarty	$ 29.00	20	$30,160	$42,224	71%	
Care Coordinator/CHW	Cheryl Frankowski	$ 28.00	10	$14,560	$43,680	33%	
Medical Assistant	Krystal Brown	$ 20.00	8	$8,320	$33,280	25%	
Referral Coordinator	Debbie Eastman	$ 22.50	10	$11,700	$46,800	25%	
Medical Assistant	Victoria DePasquale	$ 18.50	10	$9,620	$38,480	25%	
Medical Assistant	BethLynn Wilson	$ 20.00	4	$4,160	$21,840	19%	
QI Data Analyst	Sabrina Johns	$ 25.00	1	$1,300	$1,300	100%	
Total Direct Salaries				$136,522	$411,164	33%	
Total Salaries by Program				$191,896	$747,726	26%	

Please note, any forms downloaded from the DHHS website will NOT calculate. Forms will be sent electronically via e-mail to all programs submitting a Letter of Intent by the due date.
*Please list which site(s) each staff member works at, if your agency has multiple sites.

32 mac

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

May 25, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into contracts with the Contractors listed below in an amount not to exceed $8,158,520 to increase access to integrated prevention and primary health care services for Women, Infants, Children and Adolescents, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through June 30, 2024. 10% Federal Funds. 90% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Amoskeag Health	157274-B001	Manchester	$1,529,850
Concord Hospital, Inc.	177653-B011	Concord	$658,569
Coos County Family Health Services, Inc.	155327-B001	Berlin	$731,721
Greater Seacoast Community Health	166629-B001	Somersworth	$1,232,685
HealthFirst Family Care Center, Inc.	158221-B001	Franklin	$597,648
Lamprey Health Care, Inc.	177677-R001	Newmarket	$1,112,527
Manchester Health Department	177433-B009	Manchester	$412,006
Mid-State Health Center	158055-B001	Plymouth	$640,823
Weeks Medical Center	177171-R001	Lancaster	$617,806
White Mountain Community Health Center	174170-R001	Conway	$624,885
		Total:	**$8,158,520**

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, and are anticipated to be available in State Fiscal Year 2024, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Department to increase access to integrated prevention and primary health care for the Maternal and Child Health (MCH) target population of women, infants, children and adolescents, and to address the maternal and youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

Approximately 194,940 individuals will be served from June 1, 2022 to June 30, 2024.

The Contractors will provide increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, and pregnant women and women of childbearing age, and must not exclude individuals who are uninsured; underinsured; and/or considered low-income. Integrated prevention and primary health care services are provided to individuals who may experience barriers to accessing health care due to issues such as lack of insurance, inability to pay, limited language proficiency and geographic isolation. The Contractors will integrate and coordinate access to medical, behavioral and social services by reducing barriers to care through an array of services such as care coordination, translation services, outreach, eligibility assistance, transportation, and health education.

The Department will monitor services through the following performance measures:

- Percent of infants who were ever breastfed.
- Percent of adolescents 12 to 21 years of age who had at least one (1) comprehensive well-care visit/comprehensive physical exam during the measurement year.
- Percent of postpartum women screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive screen, a follow-up plan is documented on the date of the positive screen.

The Department selected the Contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from January 14, 2022 through February 25, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Executive Council not authorize this request, the Department may be unable to ensure increased access to healthcare for New Hampshire infants, children and adolescents from birth to 21 years of age, pregnant women and women of childbearing age, and individuals who are uninsured; underinsured; considered low-income.

Source of Federal Funds: CFDA #93.994, FAIN B04MC45230

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

Respectfully submitted,

DocuSigned by:
Ann H. Landry
24BAB37ED8E8488...

Lori A. Shibinette
Commissioner

Maternal and Child Health in the Integrated Primary Care Setting
RFP-2022-DPHS-19-PRIMA
Fiscal Detail Sheet

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH

1. Amoskeag Health, Vendor # 157274-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$161,194
SFY 2023	102-500731	Contracts for Program Services	90080112	$684,328
SFY 2024	102-500731	Contracts for Program Services	90080112	$684,328
			Subtotal:	*$1,529,850*

2. Concord Hospital, Inc., Vendor # 177653-B011 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$26,343
SFY 2023	102-500731	Contracts for Program Services	90080112	$316,113
SFY 2024	102-500731	Contracts for Program Services	90080112	$316,113
			Subtotal:	*$658,569*

3. Coos County Family Health Services, Inc., Vendor # 155327-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$29,269
SFY 2023	102-500731	Contracts for Program Services	90080112	$351,226
SFY 2024	102-500731	Contracts for Program Services	90080112	$351,226
			Subtotal:	*$731,721*

4. Greater Seacoast Community Health, Vendor # 166629-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$49,307
SFY 2023	102-500731	Contracts for Program Services	90080112	$591,689
SFY 2024	102-500731	Contracts for Program Services	90080112	$591,689
			Subtotal:	*$1,232,685*

5. Health First Family Care Center, Vendor # 158221-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$23,906
SFY 2023	102-500731	Contracts for Program Services	90080112	$286,871
SFY 2024	102-500731	Contracts for Program Services	90080112	$286,871
			Subtotal:	*$597,648*

6. Lamprey Health Care, Inc., Vendor # 177677-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$44,501
SFY 2023	102-500731	Contracts for Program Services	90080112	$534,013
SFY 2024	102-500731	Contracts for Program Services	90080112	$534,013
			Subtotal:	*$1,112,527*

Maternal and Child Health in the Integrated Primary Care Setting
RFP-2022-DPHS-19-PRIMA

7. Manchester Health Dept. Vendor #177433-B009 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$16,480
SFY 2023	102-500731	Contracts for Program Services	90080112	$197,763
SFY 2024	102-500731	Contracts for Program Services	90080112	$197,763
			Subtotal:	*$412,006*

8. Mid-State Health Center, Vendor # 158055-B001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$25,633
SFY 2023	102-500731	Contracts for Program Services	90080112	$307,595
SFY 2024	102-500731	Contracts for Program Services	90080112	$307,595
			Subtotal:	*$640,823*

9. Weeks Medical Center, Vendor # 177171-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,712
SFY 2023	102-500731	Contracts for Program Services	90080112	$296,547
SFY 2024	102-500731	Contracts for Program Services	90080112	$296,547
			Subtotal:	*$617,806*

10. White Mountain Community Health Center, Vendor # 174170-R001 (10% Federal Funds and 90% General Funds)

Fiscal Year	Class / Account	Class Title	Job Number	Budget Amount
SFY 2022	102-500731	Contracts for Program Services	90080112	$24,995
SFY 2023	102-500731	Contracts for Program Services	90080112	$299,945
SFY 2024	102-500731	Contracts for Program Services	90080112	$299,945
			Subtotal:	*$624,885*
			TOTAL:	**$8,158,520**

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFP-2022-DPHS-19-PRIMA
Project Title Maternal and Child Health Care in the Integrated Primary Care Setting

	Maximum Points Available	Amoskeag Health	City of Manchester Health Department	Concord Hospital Family Health Center	Coos County Family Health Services	Greater Seacoast Community Health	HealthFirst Family Care Center Inc	Lamprey Healthcare	Mid-State Health	Weeks Medical Center	White Mountain Community Health Center
Technical											
Primary Care Services (Q1)	30	28	24	25	23	29	25	25	28	25	28
Social Determinants of Health (Q2)	20	20	18	13	18	20	18	15	18	15	18
Enabling Service Initiatives (Q3)	20	20	18	14	18	19	18	13	19	18	16
Quality Improvement Projects (Q4)	20	20	20	12	17	18	18	17	15	18	16
Staffing (Q5)	5	3	3	3	3	5	4	2	4	3	3
and Training Plan (Q6)	5	4	3	3	3	5	4	5	4	4	2
Technical Score*	**100**	**95**	**86**	**70**	**82**	**96**	**87**	**77**	**88**	**83**	**83**
TOTAL SCORE	**100**	**95**	**86**	**70**	**82**	**96**	**87**	**77**	**88**	**83**	**83**

**Minimum Passing Technical Score = 70 of 100 possible points.*

	Reviewer Name	Title
1	Rhonda Siegel	Administrator
2	Shari Campbell	Program Specialist III
3	Erica Tenney	Program Coordinator
4	Lisa Storez	Public Health Nurse Consultant
5	Ellen Stickney	Public Health Nurse Coordinator

Subject: Maternal and Child Health Care in the Integrated Primary Care Setting (RFP-2022-DPHS-19-PRIMA-10)

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name White Mountain Community Health Center		1.4 Contractor Address 298 White Mountain Highway Conway, NH 03818	
1.5 Contractor Phone Number (603) 447-8900	1.6 Account Number 05-95-90-90210-5190	1.7 Completion Date June 30, 2024	1.8 Price Limitation $624,885
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: [signature] 76F94862F33342E... Date: 5/18/2022		1.12 Name and Title of Contractor Signatory Kenneth Porter ED	
1.13 State Agency Signature DocuSigned by: Iain Watt D778B863F970407... Date: 5/25/2022		1.14 Name and Title of State Agency Signatory Iain Watt Deputy Director - DPHS	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Takhmina Rakhmatova F0F52100250C4A0...		On: 5/31/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials KRP
Date 5/18/2022

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials KAP

Date 5/18/2022

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

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

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

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

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

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

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

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of the

Contractor Initials KAP

Date 5/18/2022

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation")*.

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

Contractor Initials DS KQP

Date 5/18/2022

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall increase access to integrated healthcare for the Maternal and Child Health (MCH) target population of Women, Infants, Children and Adolescents from birth to 21 years of age, and to address the Maternal, Children and Youth health priorities as identified in the State's Maternal and Child Health five (5) year Statewide Needs Assessment completed in 2020.

1.2. The Contractor shall provide and increase access to healthcare for New Hampshire Infants, Children and Adolescents from birth to 21 years of age, and Pregnant Women and Women of Childbearing age, and must not exclude individuals who are:

1.2.1. Uninsured.

1.2.2. Underinsured.

1.2.3. Considered low-income defined as less than 185% of the U.S. Department of Health and Human Services (US DHHS) Poverty Guidelines.

1.2.4. Lacking housing, including individuals whose primary residence during the night is a supervised public or private facility, such as a shelter, that provides temporary living accommodations.

1.2.5. Residing in transitional housing.

1.2.6. Unable to maintain their housing situation.

1.2.7. Forced to stay with a series of friends and/or extended family members, hence are considered homeless.

1.2.8. Recently released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

1.3. The Contractor shall provide integrated preventative and primary health care services to the populations in Subsection 1.2 above, which must include:

1.3.1. Behavioral health care;

1.3.2. Prenatal care either on site or by referral;

1.3.3. Care management; and

1.3.4. Enabling services.

1.4. The Contractor shall provide eligibility determination services that include, but are not limited to:

1.4.1. Notifying the Department in writing if/when access to primary care services for new patients is limited or closed for more than thirty (30)

consecutive business days or any sixty (60) non-consecutive business days.

1.4.2. Assisting individuals with completing a Medicaid/Expanded Medicaid and/or other health insurance applications.

1.4.3. Maximizing billing to private and commercial insurances for all reimbursable services rendered.

1.4.4. Posting a public notice in a conspicuous location specifying that no individual will be denied services due to inability to pay.

1.4.5. Developing and implementing a sliding fee scale for services in accordance with the Federal Poverty Guidelines and providing the sliding fee scale to the Department upon request.

1.5. The Contractor shall ensure primary care services are provided by a New Hampshire licensed:

1.5.1. Medical Doctor (MD);

1.5.2. Doctor of Osteopathic Medicine (DO);

1.5.3. Advanced Practice Registered Nurse (APRN); and/or

1.5.4. Physician Assistant (PA) to eligible individuals in the service area.

1.6. The Contractor shall provide services in an office-based setting which may include, but is not limited to:

1.6.1. Federally Qualified Health Centers (FQHCs) and/or Rural Health Clinics.

1.6.2. School Based Health Clinics.

1.6.3. Mobile Care Delivery Services.

1.7. The Contractor shall ensure services include, but are not limited to:

1.7.1. Reproductive health services.

1.7.2. Perinatal health services including, but not limited to, access to obstetrical services either on-site or by referral.

1.7.3. Preventive primary care services for women, infants, children and adolescents, including screenings and health education in accordance with established, documented state or national guidelines and evidence based practices.

1.7.4. Integrated behavioral health services.

1.7.5. Assessment of need and follow-up/referral as indicated for:

1.7.5.1. Tobacco cessation, including referral to programs such as QuitWorks-NH (http://www.QuitWorksNH.org);

1.7.5.2. Social services that address Social Determinants of Health (SDOH);

1.7.5.3. Chronic Disease management, including disease specific referral and self-management education such as referral to Diabetes Self-Management Education (DSME) as recommended by American Diabetes Association (ADA);

1.7.5.4. Nutrition services, including Women, Infants and Children (WIC) Food and Nutrition Service, as appropriate;

1.7.5.5. Screening, Brief Intervention and Referral to Treatment (SBIRT) services; and

1.7.5.6. Referrals to any specialists as needed that are not offered on site, including home visiting services and oral health.

1.8. The Contractor shall provide and facilitate enabling services to all individuals served with special emphasis given to the MCH population of women and infants, children and adolescents from birth to 21 years of age. Enabling services must include at a minimum:

1.8.1. Case management;

1.8.2. Benefit counseling and/or eligibility assistance;

1.8.3. Health education and supportive counseling; and

1.8.4. Language interpretation, outreach, transportation and education of patients and the community regarding the availability and appropriate use of health services.

1.9. The Contractor shall ensure management services for individuals enrolled for primary care services include, but are not limited to:

1.9.1. Integrated and coordinated services that ensure patients receive necessary care, including behavioral health and oral care when and where it is needed and wanted, and in a culturally and linguistically appropriate manner; and

1.9.2. Direct access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, by referral or subcontract.

1.10. The Contractor shall develop, define, facilitate and implement a minimum of two (2) enabling services initiatives and enabling services initiative work plans that focus on the Title V MCH Block Grant population of women, infants, children and adolescents, as follows:

1.10.1. Initiative One (1) – Screening and Referrals for SDOH, in accordance with Attachment #1; and

1.10.2. Initiative Two (2) – Home Visiting Referrals, in accordance with Attachment #2.

1.11. The Contractor shall monitor, update and implement each enabling services initiative work plan in accordance with Attachment #3 – Reporting Requirements Calendar.

1.12. The Contractor shall develop, define, facilitate and implement a minimum of two (2) quality improvement (QI) projects, which must consist of systematic and continuous actions that lead to measurable improvements in health care services and the health status of all individuals served, including:

1.12.1. QI Project One (1): Adolescent Well-Care Visits, in accordance with Attachment #4; and

1.12.2. QI Project Two (2): Depression Screening, in accordance with Attachment #5.

1.13. The Contractor shall monitor, update and implement the work plans for each QI project in accordance with Attachment #3 – Reporting Requirements Calendar.

1.14. The Contractor shall attend in-person and/or virtual meetings and trainings facilitated by the Department, which include, but are not limited to:

1.14.1. MCH Agency Directors' Meetings scheduled by the Department on an as-needed basis.

1.14.2. MCH Primary Care Coordinators' Meetings up to two (2) times per year, which may require attendance by selected Vendor(s) quality improvement and clinical staff.

1.15. The Contractor shall ensure all services in this Exhibit B, Scope of Services, are provided by qualified health and allied health professionals.

1.16. The Contractor shall provide supporting documentation to the Department that verifies staff hours funded under the Agreement that may include, but is not limited to, timecards.

1.17. The Contractor shall ensure all health and allied health professionals possess and maintain the appropriate and current New Hampshire licenses whether directly employed, contracted or subcontracted.

1.18. The Contractor shall notify the Department in writing of any newly hired administrator, clinical coordinator or staff person essential to providing services. The Contractor shall ensure notification:

1.18.1. Is provided to the Department no later than thirty business (30) days from the date of hire; and

1.18.2. Includes a copy of the newly hired individual's resume.

1.19. The Contractor shall notify the Department in writing when:

1.19.1. Any critical position is vacant for more than thirty (30) business days;

1.19.2. There is not adequate staffing to perform all required services for any period lasting more than thirty (30) consecutive business days or any sixty (60) non-consecutive business days.

1.20. The Contractor shall ensure that all employees and subcontractors providing direct services to clients under this Agreement have undergone a criminal background check and have no convictions for crimes that represent evidence of behavior that could endanger clients served under this Agreement.

1.21. The Contractor shall permit an individual, or team or individuals, authorized by the Department to schedule and conduct periodic virtual and/or on-site reviews of documentation related to contracted services, including:

1.21.1. Administration;

1.21.2. Data collection and submission;

1.21.3. Clinical and financial management; and

1.21.4. Delivery of education services.

1.22. The Contractor shall ensure the information needed by the Department to conduct virtual and/or on-site reviews is available, which may include, but is not limited to:

1.22.1. Client records.

1.22.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

1.23. The Contractor shall adhere to any corrective action plans issued by the Department should virtual and/or on-site reviews yield results that services provided are not in compliance with the Agreement. Any corrective action plans shall not prevent the Department from taking action under paragraph 8, Event of Default/Remedies and paragraph 9, Termination, of the General Provisions, Form P-37, of the Agreement.

1.24. The Contractor shall actively and regularly collaborate with the Department to enhance contract management and improve results.

1.25. The Contractor may be required to collect and share other key data and metrics with the Department, including client-level demographic, performance, and service data, in a format specified by the Department.

1.26. Reporting

1.26.1. The Contractor shall collect and submit the data and reports as specified in Attachment #3 – Reporting Requirements Calendar to the Department. Data must be de-identified and aggregated to prevent constructive identification of any individual, and must include but is not limited to:

1.26.1.1. Uniform Data System (UDS) outcomes.

1.26.1.2. Performance Measure outcomes.

1.26.1.3. Work plan for each Enabling Service Initiative.

1.26.1.4. Work Plan for each QI Project.

1.27. Performance Measures

1.27.1. The Contractor shall report data on the Performance Measures in Appendix F at regular intervals as specified in Appendix G – Reporting Requirements Calendar, utilizing Appendix K – DTT-PC2022 Template.

1.27.2. The Contractor shall meet or exceed their proposed goals and objectives for the required Performance Measures in Attachment #6. Should the Contractor not meet or exceed their goals, the Contractor shall submit a Performance Measure Improvement Plan for each unmet Performance Measure, utilizing Attachment #7 – Performance Measure Outcome Report Template, at reporting intervals as specified in Appendix G – Reporting Requirements Calendar.

1.27.3. The Department may identify other performance measures in the resulting Agreement.

2. Exhibits Incorporated

2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

3.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

3.4. Operation of Facilities: Compliance with Laws and Regulations

3.4.1. In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental

license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

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

4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate, provided

however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

New Hampshire Department of Health and Human Services
Maternal and Child Health Care in the Integrated Primary Care Setting

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 10% Federal funds from the Maternal and Child Health Services Block Grant to the States, as awarded on October 19, 2021, by the U.S. Department of Health and Human Services, Health Resources and Services Administration, CFDA #93.994, FAIN B04MC45230.
   1.2. 90% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget through Exhibit C-3, Budget.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
   4.3. Identifies and requests payment for allowable costs incurred in the previous month.
   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.govor mailed to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

8. Audits

   8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

      8.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

      8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

      8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

   8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

      8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

   8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

8.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *White Mountain CHC*

Budget Request for: *MCH PC*

Budget Period *date of G&C approval – 6/30/22*

Indirect Cost Rate (if applicable) 0.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$20,736
2. Fringe Benefits	$1,993
3. Consultants	$300
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	
5.(d) Supplies - Medical	
5.(e) Supplies Office	$0
6. Travel	
7. Software	
8. (a) Other - Marketing/Communications	
8. (b) Other - Education and Training	
8. (c) Other - Other (specify below)	
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$1,966
Total Direct Costs	$24,995
Total Indirect Costs	$0
TOTAL	$24,995

Contractor Initials DS KRP

Date 5/18/2022

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *White Mountain CHC*

Budget Request for: *MCH PC*

Budget Period *July1,2022-June 30, 2023*

Indirect Cost Rate (If applicable) 0.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$224,952
2. Fringe Benefits	$27,046
3. Consultants	$5,800
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$867
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$1,000
5.(e) Supplies Office	FY
6. Travel	$500
7. Software	$9,000
8. (a) Other - Marketing/Communications	$2,100
8. (b) Other - Education and Training	$3,000
8. (c) Other - Other (specify below)	
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$25,680
Total Direct Costs	$299,945
Total Indirect Costs	$0
TOTAL	**$299,945**

Contractor Initials DS KRP

Date 5/18/2022

New Hampshire Department of Health and Human Services *Complete one budget form for each budget period.* **Contractor Name:** *White Mountain CHC* **Budget Request for:** *MCH PC* **Budget Period** *July 1, 2023- June 30, 2024* **Indirect Cost Rate (if applicable)** 0.00%	
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$224,952
2. Fringe Benefits	$27,046
3. Consultants	$5,800
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0
5.(a) Supplies - Educational	$867
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$1,000
5.(e) Supplies Office	$0
6. Travel	$500
7. Software	$9,000
8. (a) Other - Marketing/Communications	$2,100
8. (b) Other - Education and Training	$3,000
8. (c) Other - Other (specify below)	
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$25,680
Total Direct Costs	$299,945
Total Indirect Costs	$0
TOTAL	**$299,945**

DS
Contractor Initials KSP
Date 5/18/2022

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
   1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
   1.2. Establishing an ongoing drug-free awareness program to inform employees about
      1.2.1. The dangers of drug abuse in the workplace;
      1.2.2. The grantee's policy of maintaining a drug-free workplace;
      1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
      1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
   1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
      1.4.1. Abide by the terms of the statement; and
      1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
   1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

Vendor Initials KRP
Date 5/18/2022

has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Vendor Name:

DocuSigned by:

5/18/2022
Date

Name: Kenneth Porter
Title: ED

CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Vendor Name:

DocuSigned by:

5/18/2022
Date

Name: Kenneth Porter
Title: ED

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

Contractor Initials KRP
Date 5/18/2022

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
    - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

DocuSigned by:

5/18/2022
Date

Name: Kenneth Porter
Title: ED

DS
KRP
Contractor Initials

5/18/2022
Date

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

DS KRP

Contractor Initials _____

Date 5/18/2022

New Hampshire Department of Health and Human Services
Exhibit G

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

DocuSigned by:

5/18/2022
Date

Name: Kenneth Porter
Title: ED

New Hampshire Department of Health and Human Services
Exhibit H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

DocuSigned by:

5/18/2022
Date

Name: Kenneth Porter
Title: ED

DS
Contractor Initials KRP
Date 5/18/2022

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

Contractor Initials KRP

Date 5/18/2022

l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH
Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:
   I. For the proper management and administration of the Business Associate;
   II. As required by law, pursuant to the terms set forth in paragraph d. below; or
   III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) **Obligations and Activities of Business Associate.**

a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person used the protected health information or to whom the disclosure was made;
- Whether the protected health information was actually acquired or viewed
- The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.

d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) **Obligations of Covered Entity**

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) **Termination for Cause**

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) **Miscellaneous**

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services	White Mountain Community Healt Center
The State	Name of the Contractor
Iain Watt	
Signature of Authorized Representative	Signature of Authorized Representative
Iain Watt	Kenneth Porter
Name of Authorized Representative	Name of Authorized Representative
Deputy Director - DPHS	ED
Title of Authorized Representative	Title of Authorized Representative
5/25/2022	5/18/2022
Date	Date

New Hampshire Department of Health and Human Services
Exhibit J

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.
In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.
The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:
The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

DocuSigned by:

5/18/2022
Date

Name: Kenneth Porter
Title: ED

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 5/18/2022

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   X NO _____ YES

   If the answer to #2 above is NO, stop here

   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____ YES

   If the answer to #3 above is YES, stop here

   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

   Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a

request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.

2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.

3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

Attachment #1 - Evaluation of Social Determinants of Health

Enabling Service Work Plan
White Mountain Community Health Center
Julie Hill, RN, Director of Operations

Enabling Service Focus Area: Evaluation of Social Determinants of Health

Project Goal: Screen patients for social determinants of health.
Project Objective: 60% of patients seen for a medical visit will be screened annually for social determinants of health during the reporting period.

Activities	Staff/resources involved	Evaluation plans	Timeline for activity
• CCSA (Comprehensive Core Standardized Assessment) of SDOH form by age group will be readily available in front office and in digital format on the patient portal. • CHW to review provider schedules and identify all patients who need to complete CCSA profile. • Front desk staff will distribute CCSA profile to patients at registration. • MAs collect CCSA profile for patient's provider to evaluate. • Socially vulnerable patients will be referred to Social Worker, RN Case Manager or CHW based on risk score.	• CCSA Profile • Reception staff • Pediatric provider • RN Case Manager • FNP provider • MAs • Social worker • CHWs • Clinical coordinator • Patient portal • EMR	Written procedure for referral to home visiting services will be established. Number of referrals will be tracked by referral coordinator. Number of outreach encounters by Social Workers and CHWs to be tracked.	By 8/10/2022 To begin by 9/1/2022 To begin by 9/1/2022

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Attachment #2 - Home Visiting Referrals

Enabling Service Work Plan
White Mountain Community Health Center
Julie Hill, RN, Director of Operations

Enabling Service Focus Area: Home visiting referrals

Project Goal: Increase referrals of qualifying children and families to home visiting services.
Project Objective: Establish a referral procedure to link qualifying families to home visiting services.

Activities	Staff/resources involved	Evaluation plans	Timeline for activity
• Identify qualifying children and families • Create referral procedure • Conduct outreach and education to qualifying families • Refer families to program.	• Pediatric provider • FNP provider • Pediatric MA • Social worker • CHW • Clinical coordinator • Transportation- taxi service and outreach worker travel allowance • Phone and mailing for patient communication and outreach • Referral coordinator • EMR	Written procedure for referral to home visiting services will be established. Number of referrals will be tracked by referral coordinator. Number of outreach encounters by Social Workers and CHWs to be tracked.	By 8/10/2022 To begin by 9/1/2022 To begin by 9/1/2022

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Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

Due Dates	Reporting Requirements
SFY 23 (July 1, 2022-June 30, 2023	
July 31, 2022	**SFY23 BASELINE REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2021-June 30, 2022) • Set Agency Targets for each measure based on your organization's baseline data. These targets will be effective with data reporting that is due in January 2023. • Complete July 2022 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service work plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
January 31, 2023	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2022-December 31, 2022) • Complete January 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2023	• Corrective Action Plan(s) (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
SFY 24 (July 1, 2023 – June 30, 2024)	
July 31, 2023	**SFY23 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2022-June 30, 2023) • Complete July 2023 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
September 1, 2023	• Corrective Action Plan(s) (Performance Measure Outcome Report) for measures not meeting targets
January 31, 2024	• Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period January 1, 2023-December 31, 2023) • Complete January 2024 section of each Work Plan progress report (must submit a minimum of 4 Work Plan progress reports, one for

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Attachment #3 - Reporting Requirements Calendar

Maternal Child Health in the Integrated Primary Care Setting

	each enabling service Work Plan objective, and one for each QI Work Plan) • Submit any revisions as needed to Work Plans/timelines
March 31, 2024	• Corrective Action Plan (Performance Measures Outcome Report-PMOR) for measures not meeting targets • UDS Data
July 31, 2024	**SFY24 END OF THE YEAR REPORTING** • Primary Care Services Performance Measure Data Trend Table (DTT) (measurement period July 1, 2023-June 30, 2024) • Complete July 2024 section of each Work Plan progress report (should submit a minimum of 4 Work Plan progress reports, one for each enabling service Work Plan objective, and one for each QI Work Plan)

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Attachment #4 - Adolescent Well-Care Visits

Quality Improvement Work Plan White Mountain Community Health Center Julie Hill, RN, Director of Operations			
MCH Performance Measure: Percentage of Adolescents 12-21, who had at least one comprehensive well-care visit with a PCP or an OBGYN practioner during the measurement year.			
Project Objective: To provide well care visits to 60% of adolescents age 12-21 who are due for an exam each quarter.			
Activities	**Staff/resources involved**	**Evaluation plans**	**Timeline for activity**
• QI Data Analyst will run adolescent well-care rule by the 10th of each month to identify overdue patients. ID dental-only patients on list and remove them. • Front desk staff and pediatric clinical team will assess status of most recent wellness exam when a patient presents for visits other than wellness and will schedule a visit if patient is identified as not being up to date. Community Health Worker or Front Desk staff to send reminder postcards to overdue patients	• APRNs/PA • CHW • QI Data analyst • Social worker • MAs/RNs • EMR • front desk staff • UpDox patient reminder platform • QI committee	• Adolescent well-care report will quantify results. • QI Data Analyst will collaborate with Clinical Coordinator, Director of Operations and/or Medical Director to evaluate need for change. • QI team may use PDSA cycles and/or root cause analysis to evaluate issues and establish course of action.	

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Attachment #5 - Depression Screening

Quality Improvement Work Plan White Mountain Community Health Center Julie Hill, RN, Director of Operations			
MCH Performance Measure: Depression Screening: Measure 4A MCH Primary Care measure and HRSA UDS measure.			
Project Objective: Increase depression screening and follow up of patients age 12 and older to >55% by 1/1/2023, and maintain screening at or above 55% thereafter.			
Activities	**Staff/resources involved**	**Evaluation plans**	**Timeline for activity**
AM huddle for all clinical teams to include assessing flow sheets of all patients who do not have a current dx of depression for depression screening done within one year. List of patients needing screening will be given to check in staff, who will distribute screening tool to patients.	• Reception staff • MA/Provider/RN team • AUDIT/DAST/CCS A screening tools • EMR	• DEPSCRN report Observation and reporting of screening lists presented to check in staff by front office manager.	

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Attachment #6 – Performance Measures

1. Definitions

1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1. The calendar year, (January 1st through December 31st); or

1.1.2. The state fiscal year (July 1st through June 30th).

1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.4. **NQF** – National Quality Forum

1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.6. **UDS** – Uniform Data System. UDS measures included below are intended to align with UDS criteria. In the event the criteria for these UDS based measures are revised during the contract period by UDS, the intention is that Contractors would accordingly go by the most up to date UDS guidance for these measures.

1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. NH MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. **Breastfeeding**

2.1.1. Percent of infants who are ever breastfed (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. **Preventive Health: Lead Testing**

This measure will be broken down in to two age based measures, based on current NH Legislation, RSA 130-A:5-a, which requires that children be tested for lead at age 1 as well as at age 2.

Age 1 Measure:

2.2.1. Percent of children 24 months of age who had a capillary or venous blood lead test between the ages of 12-23 months (NH MCHS).

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2.2.1.1. Numerator: All children who received at least one capillary or venous blood lead test between twelve (12) months through twenty three (23) months of age.

2.2.1.2. Denominator: All children who turned twenty-four months of age during the measurement year that had at least one (1) medical visit during the measurement year.

Age 2 Measure

2.2.2. Percent of children 36 months of age who had a capillary or venous blood lead test between the ages of 24-36 months (NH MCHS).

2.2.2.1. Numerator: All children who received at least one capillary or venous blood lead test between twenty-four (24) through thirty-six (36) months of age.

2.2.2.2. Denominator: All children who turned 36 months of age during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. Percent of adolescents, twelve (12) through twenty-one (21) years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year (HEDIS).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit/CPE during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. Percentage of patients ages twelve (12) and older screened for clinical depression using an age appropriate standardized depression screening tool on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients twelve (12) years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. Maternal Depression Screening

2.4.2.1. Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool **AND** if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative **PLUS** women who screened positive **AND** have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose

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and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

Adult Measure

2.5.1. Percentage of patients aged 18 years and older with a calculated BMI during the measurement period **AND** if the most recent BMI is outside of normal parameters, a follow-up plan is documented (NQF 0421, UDS).

2.5.1.1. Normal parameters: BMI ≥ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the measurement year or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

Child/Adolescent Measure

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting

Attachment #6 – Performance Measures

year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year **AND** who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: Number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco at least one within the past twelve (12) months AND received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least two (2) medical visit during the measurement year, OR 1 preventative visit

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. Percent of pregnant women who are screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester in which they were enrolled **AND** who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who were enrolled in the prenatal program and delivered a live birth in the measurement year.

Attachment #6 – Performance Measures

2.7. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) –Has been separated out in to two separate measures, one for adults and one for adolescents.**

Adult Measure

2.7.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

Adolescent Measure

2.7.2. SBIRT – Percent of patients aged 12-17 years who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.2.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during any medical visit **AND** if positive, who received a brief intervention and/or referral to services.

2.7.2.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.2.3. Denominator: All patients aged 12-17 years during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.7.2.4. Definitions:

2.7.2.4.1. Substance Use: Includes any type of alcohol or drug.

2.7.2.4.2. Brief Intervention: Includes guidance or counseling.

2.7.2.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

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Attachment #6 – Performance Measures

2.7.3. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services (NH MCHS).

2.7.3.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program **AND** if positive, received a brief intervention or referral to services

2.7.3.2. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.7.3.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.8 Developmental Screening Measure

Percent of children who reached 30 months of age by the end of the reporting period, and who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months (NH MCHS)

2.8.1. Numerator: Number of children who were screened for autism using the M-CHAT OR M-CHAT-R/F at least once between the ages of 16-30 months

2.8.2. Denominator: Children who turned 30 months of age during the reporting period and who had at least (1) medical visit during the measurement year

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Attachment #7 – Performance Measure Outcome Report Template

Instructions for completing this Performance Measure Outcome Report (PMOR):
The Performance Measure Outcome Report (PMOR) is to be completed by your agency and emailed to shari.campbell@dhhs.nh.gov at the intervals specified on the Reporting Calendar.

Please complete the Narrative and Plan for Improvement sections for any of the following measures where your agency did not meet your agency target for the reporting period (July 1, 20XX – June 30, 20XX).

Performance measures:

- Breastfeeding
- Lead Screening for 1 Year Olds
- Lead Screening for 2 Year Olds
- Adolescent well care visit
- Depression screening and follow up plan if positive screening, 12 years and older
- Maternal Depression Screening
- Adults with documented BMI and follow-up plan if BMI outside of normal range
- Children 3-17 with documented BMI, nutrition counseling and physical activity counseling
- Adult tobacco screening and cessation counseling intervention for smokers
- Prenatal Tobacco screening each trimester and cessation counseling intervention for smokers
- SBIRT, Adults
- SBIRT, Adolescents
- SBIRT, Pregnant Women
- Developmental Screening-M-CHAT

* Note: Not met performance measures that have been addressed by your agency SFYXX Work Plan are excluded from this report. For example, the PMOR will omit Adolescent Visit measure for Primary Care Services

1. The Narrative section is to explain what happened during the year i.e. why measure was not met, what barriers/challenges your agency faced, describe any improvement activities that took place during the year to correct along the way, etc.

2. The Plan for Improvement section is to describe what steps your agency will take to achieve your agency target in SFYXX i.e. describe your strategy (PDSA), what will you plan to do differently etc.

3. Please email your completed PMOR **Shari Campbell at shari.campbell@dhhs.nh.gov by the dates indicated in the Reporting Calendar.** If you have any questions about completing this document, please contact Jannell Levine at Jannell.E.Levine@dhhs.nh.gov or 603-856-6449.

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Attachment #7 – Performance Measure Outcome Report Template

Agency Name: _____ **Completed by:** _____

Performance Measure Name: _____ **Agency Outcome:** ___% **Agency Target:** ___%
Narrative for Not Meeting Target:
Plan for Improvement:

Performance Measure Name: _____ **Agency Outcome:** ___% **Agency Target:** ___%
Narrative for Not Meeting Target:
Plan for Improvement:

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Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

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Attachment #7 – Performance Measure Outcome Report Template

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Performance Measure Name: _____

Agency Outcome: ___%

Agency Target: ___%

Narrative for Not Meeting Target:

Plan for Improvement:

Please copy above pages/sections as needed to complete for all not met measures.

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