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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF THE COMMISSIONER

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May 16, 2025

Her Excellency, Governor Kelly A. Ayotte  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, to enter into an educational tuition agreement and to pay said costs in an amount of \$990.00 as follows:

Institution:	Southern New Hampshire University 2500 North River Rd. Manchester, NH 03106
Course Title(s):	Healthcare Systems
Course Date(s):	Begin: 06/30/2025 End: 08/24/2025
Employee:	Amy Roy
Funding Source:	05-95-95-953010-56770000-066-500544
Total Cost of Course(s):	\$990.00
State Share:	\$990.00
Source of Funds:	Employee Training; 20% Federal, 80% General

**EXPLANATION**

This education will benefit the Department of Health and Human Services (DHHS) and Amy Roy by improving the overall efficiency of the employees' work with the Bureau of Family Assistance (BFA). It will provide knowledge of the systems BFA clients are navigating, strengthening Amy's ability to assist clients who rely on complex medical and financial support programs.

This course, *Healthcare Systems*, explores U.S. healthcare delivery, medical terminology, and the role of human services in an array of care settings. It directly supports the mission of DHHS to promote the health, safety, and independence of New Hampshire residents, as it will help Amy to align eligibility support with the overall health and human service needs of BFA clients. Amy will be better prepared to communicate with clients, stakeholders, and subject matter specialists to ensure that clients receive timely and effective support. Furthermore, this will help Amy to contribute meaningfully to BFA's person-centered approach and commitment to improving client outcomes. Completing this course is part of Amy's pursuit of a Bachelor's Degree in Human Services.

Amy has been employed with DHHS for one and a half (1.5) years, in the position of 43-4060 ELIG INTERVIEWERS-1 (Family Services Associate) with BFA. In this role, Amy works closely with individuals navigating public benefits along with serious health conditions. Amy assists clients with the eligibility process for public assistance programs, ensuring that applications are complete and accurately prepared; conducting pre-screening for interviews; collecting and uploading documentation to cases; and providing guidance to healthcare organizations on what is needed to obtain or maintain benefits. Amy regularly helps clients understand their current eligibility status and refers them to internal or community resources based on their needs.

The Department of Health and Human Services encourages and supports employees who wish to further their professional growth through continuing education in disciplines that are mutually advantageous. Successful completion of the courses will add to the overall strength of the Department to perform its mission for the residents of New Hampshire.

This course will not be taken on State time.

Attached is a fully executed Tuition Agreement for your review.

Respectfully submitted,

  
Lori A. Weaver  
Commissioner



THE STATE OF NEW HAMPSHIRE  
EDUCATIONAL TUITION AGREEMENT

Agreement dated this 29 day of April 2025 by and through the Department of Health and Human Services (hereinafter referred to as the "State") and Amy Roy (hereinafter referred to as the "Recipient"). The State and the Recipient do hereby mutually agree as follows:

- The State shall pay to the named institution the sum of 990.00, which monies shall be used for the purpose of enrolling the Recipient in: HSE 210 Healthcare Systems (course name), which course is being offered by: Southern NH University and which course shall commence on June 30, 2025 and terminate on August 20, 2025.
- The Recipient shall complete and achieve a passing grade in each course named in paragraph 1.
- Should the Recipient fail to complete or achieve a passing grade in each course named in paragraph 1, the Recipient shall pay to the State the sum set forth in paragraph 1, provided, however, that if more than one course is named in paragraph 1, the amount which shall be paid to the State shall be calculated on a pro rata basis.
- Upon the satisfactory completion of the courses named in paragraph 1, the Recipient shall continue in the employ of the State in his/her current position (or in such other position, at equal or greater compensation, to which he/she may be assigned) for a period of six (6) months.
- The Recipient shall work in any area of the State to which he/she may be assigned, provided that such assignment will not constitute a severe hardship to said Recipient.
- Should the Recipient breach any of the conditions set forth in paragraphs 4 and 5, the Recipient shall pay to the State a sum equal to all monies previously paid by the State for the Recipient pursuant to the Agreement, provided, however, that the Recipient shall receive a credit for each month in which he/she is employed by the State subsequent to the date upon which the named course(s) are satisfactorily completed, the value of said credit to be calculated on a pro rata basis.
- The Recipient shall not raise any setoff or counterclaim against the State in any action brought by the State to collect any amount due under this agreement.
- Should any amount be found to be due the State in any action brought against the Recipient pursuant to this Agreement, the State shall, in addition to said amount, be entitled to an award of costs and a reasonable amount in "attorney" fees.

IN WITNESS WHEREOF the representatives of the State, in his/her official capacity only, and without personal liability, and the Recipient, have hereunto set their hands on the date first above written.

RECIPIENT  
(signature) [Signature] (printed name) Amy Roy

NOTARY State of New Hampshire, County of \_\_\_\_\_  
On this the 29 day of April, 2025, before me, Jennifer Shapiro the undersigned officer, personally appeared, Amy Roy (recipient) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes herein contained.

In witness whereof I hereunto set my hand and official seal.

[Signature]  
Notary Public/Justice of the Peace Signature

THE STATE OF NEW HAMPSHIRE  
DHHS Commissioner or Designee Signature [Signature]  
(printed name, title) Ann H. Landay, Assoc. Commissioner  
(date) 5/16/25

JENNIFER L. SHAPIRO - Notary Public  
State of New Hampshire  
My Commission Expires May 17, 2028