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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
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

June 6, 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, Division of Public Health Services, to enter into a **Sole Source** contract with Lamprey Health Care, Inc. (VC#177677), Newmarket, NH, in the amount of \$953,214 to provide sexual and reproductive health services with the option to renew for up to two (2) additional years, effective July 1, 2025, upon Governor and Council approval through June 30, 2027. 75% Federal Funds. 25% General Funds.

Funds are anticipated to be available in State Fiscal Years 2026 and 2027, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Sole Source** because the Contractor has a demonstrated track record of delivering the detailed scope of services in compliance with all relevant state and federal provisions. The Contractor is a current Title X family planning provider for the Department. Title X is a federal grant program dedicated to providing individuals with comprehensive reproductive, sexual, and preventive health services. The current agreement for these services was competitively procured, and the Department is entering into a new agreement to align with the updated Title X guidance and funding. The new agreement will enable the Department to leverage existing service delivery infrastructure provided by the Contractor, maintain continuity of care, and ensure compliance with all relevant regulations.

The purpose of this request is to provide sexual and reproductive health services, including health education, contraception, cancer screening, basic fertility services, and STI and HIV counseling and testing to low-income individuals in need of care. All services will adhere to the Title X Family Planning Program regulations.

The Department received an attestation from the Contractor that they do not perform abortion services at any clinic or facility operated by the organization.

Approximately 1,170 individuals will be served during State Fiscal Years 2026 and 2027.

Reproductive, sexual, and preventative healthcare services must be affordable and easily accessible within communities throughout the state. The Department partners with health centers

in rural and urban areas to ensure that access to affordable sexual and reproductive health care is available statewide. These services reduce the health and economic challenges associated with lack of access to high quality, affordable health care. Individuals with lower education and income levels, along with those who are uninsured and underinsured, are less likely to have access to comprehensive sexual and reproductive health services. High quality family planning services may improve educational and employment opportunities and save healthcare costs. Access to this care contributes to strong health outcomes for New Hampshire, such as the state's low teen pregnancy rate, which was about one-third of the national average in 2023.

The Contractor will provide sexual and reproductive health services to individuals in need, with a heightened focus on serving low-income populations. This includes but is not limited to: uninsured and underinsured individuals, those eligible or receiving Medicaid services, adolescents, individuals at or below 250 percent federal poverty level, and individuals at risk of unintended pregnancy due to substance misuse.

The effectiveness of the services delivered by the Contractor listed above will be measured in part, by monitoring:

- Family planning clients served who respectively were under 100% Federal Poverty Level (FPL), were under 250% FPL, and under 20 years of age.
- Family planning clients served that were Medicaid recipients at the time of their last visit.
- Family planning clients less than 18 years of age who received education that abstinence is a viable method of birth control.
- Family planning clients who received STI/HIV reduction education.
- Family planning clients under age 25 at risk of becoming pregnant who are screened for chlamydia infection.
- Family planning clients of reproductive age who received preconception counseling.
- Family planning clients 15 to 44 at risk of unintended pregnancy who were provided a most or moderately effective contraceptive method.

As referenced in Exhibit A of the attached agreements, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request, the state's reproductive and sexual health care system will be negatively impacted and health indicators including birth outcomes, unplanned pregnancy, breast and cervical cancer and STI screening rates will deteriorate.

Source of Federal Funds: Assistance Listing Number (ALN) #93.217, FAIN #FPHPA006511; and ALN #93.558, FAIN #2301NHTANF.

Respectfully submitted,



For:

Lori A. Weaver
Commissioner

FISCAL DETAILS

Reproductive and Sexual Health Services

SFY 2026 and 2027

05-95-90-902010-5530 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF FAMILY HEALTH AND NUTRITION, FAMILY PLANNING PROGRAM.

CFDA #93.217, FAIN # FHPA006511 100% FEDERAL FUNDS

Funder: US Department of Health & Human Services, Office of Assistant Secretary of Health

Lamprey Health Care, Inc. (Vendor #177677)

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amount
2026	074-500589	Grants for Pub Asst and Rel	90080206	\$ 263,449.00
2027	074-500589	Grants for Pub Asst and Rel	90080206	\$ 263,449.00
		<i>Subtotal</i>		\$ 526,898.00

05-95-90-902010-5530 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV., BUREAU OF FAMILY HEALTH AND NUTRITION, FAMILY PLANNING PROGRAM

100% GENERAL FUNDS

Lamprey Health Care, Inc. (Vendor #177677)

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amount
2026	102-500731	Contracts for Prog Serv.	90080207	\$ 119,408.00
2027	102-500731	Contracts for Prog Serv.	90080207	\$ 119,408.00
		<i>Subtotal</i>		\$ 238,816.00

05-95-45-450010-61460000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: DIV ECONOMIC STABILITY, BUREAU OF FAMILY ASSISTANCE, TEMP ASSISTNC TO NEEDY FAMILYS

CFDA # 93.558, FAIN# 2301NHTANF 100% FEDERAL FUNDS

Lamprey Health Care, Inc. (Vendor #177677)

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amount
2026	074-500589	Grants for Pub Asst and Rel	45030203	\$ 93,750.00
2027	074-500589	Grants for Pub Asst and Rel	45030203	\$ 93,750.00
		<i>Subtotal</i>		\$ 187,500.00

GRAND TOTAL: \$953,214.00

Subject: SS-2026-DPHS-07-REPRO-04 / Reproductive and Sexual Health Services

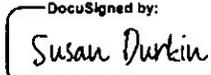
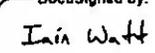
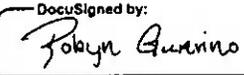
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

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 Main Street Newmarket, NH 03857	
1.5 Contractor Phone Number 603.659.2494	1.6 Account Unit and Class TBD	1.7 Completion Date June 30, 2027	1.8 Price Limitation \$953,214
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by:  Date: 6/5/2025		1.12 Name and Title of Contractor Signatory Susan Durkin CEO	
1.13 State Agency Signature DocuSigned by:  Date: 6/5/2025		1.14 Name and Title of State Agency Signatory Iain watt 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:  On: 6/5/2025			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

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, 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.

3.3 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. 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 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, 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 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. 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.

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 The State's liability under this Agreement shall be limited to monetary damages not to exceed the total fees paid. The Contractor agrees that it has an adequate remedy at law for any breach of this Agreement by the State and hereby waives any right to specific performance or other equitable remedies against the State.

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 and the Governor's order on Respect and Civility in the Workplace, Executive order 2020-01. 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 age, sex, sexual orientation, race, color, marital status, physical or mental disability, religious creed, national origin, gender identity, or gender expression, and will take affirmative action to prevent such discrimination, unless exempt by state or federal law. The Contractor shall ensure any subcontractors comply with these nondiscrimination requirements.

6.3 No payments or transfers of value by Contractor or its representatives in connection with this Agreement have or shall be made which have the purpose or effect of public or commercial bribery, or acceptance of or acquiescence in extortion, kickbacks, or other unlawful or improper means of obtaining business.

6.4. 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 this Agreement and all rules, regulations and orders pertaining to 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 The Contracting Officer specified in block 1.9, or any successor, shall be the State's point of contact pertaining to this Agreement.

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) calendar days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) calendar 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.

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) calendar 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) calendar 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. In addition, at the State's discretion, the Contractor shall, within fifteen (15) calendar days of notice of early termination, develop and submit to the State a transition plan for Services under the Agreement.

10. PROPERTY OWNERSHIP/DISCLOSURE.

10.1 As used in this Agreement, the word "Property" shall mean all data, 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 Disclosure of data, information and other records shall be governed by N.H. RSA chapter 91-A and/or other applicable law. Disclosure 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 Contractor shall provide the State written notice at least fifteen (15) calendar days before any proposed assignment, delegation, or other transfer of any interest in this Agreement. No such assignment, delegation, or other transfer shall be effective without the written consent of the State.

12.2 For purposes of paragraph 12, 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.

12.3 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State.

12.4 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. The Contractor shall indemnify, defend, and hold harmless the State, its officers, and employees from and against all actions, claims, damages, demands, judgments, fines, liabilities, losses, and other expenses, including, without limitation, reasonable attorneys' fees, arising out of or relating to this Agreement directly or indirectly arising from death, personal injury, property damage, intellectual property infringement, or other claims asserted against the State, its officers, or employees caused by the acts or omissions of negligence, reckless or willful misconduct, or fraud by the Contractor, its employees, agents, or subcontractors. 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 State's sovereign immunity, 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 any successor, a certificate(s) of insurance for all insurance required under this Agreement. At the request of the Contracting Officer, or any successor, the Contractor shall provide certificate(s) of insurance for all renewal(s) of insurance required under this Agreement. 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 any 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. WAIVER OF BREACH. A State's failure to enforce its rights with respect to any single or continuing breach of this Agreement shall not act as a waiver of the right of the State to later enforce any such rights or to enforce any other or any subsequent breach.

17. 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.

18. 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.

19. CHOICE OF LAW AND FORUM.

19.1 This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire except where the Federal supremacy clause requires otherwise. 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.

19.2 Any actions arising out of this Agreement, including the breach or alleged breach thereof, may not be submitted to binding arbitration, but must, instead, be brought and maintained in the Merrimack County Superior Court of New Hampshire which shall have exclusive jurisdiction thereof.

20. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and any other portion of this Agreement including any attachments thereto, the terms of the P-37 (as modified in EXHIBIT A) shall control.

21. THIRD PARTIES. This Agreement is being entered into for the sole benefit of the parties hereto, and nothing herein, express or implied, is intended to or will confer any legal or equitable right, benefit, or remedy of any nature upon any other person.

22. 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.

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

24. FURTHER ASSURANCES. The Contractor, along with its agents and affiliates, shall, at its own cost and expense, execute any additional documents and take such further actions as may be reasonably required to carry out the provisions of this Agreement and give effect to the transactions contemplated hereby.

25. 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.

26. 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.

**New Hampshire Department of Health and Human Services
Reproductive and Sexual Health Services**

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Subparagraph 3.1., Effective Date/Completion of Services, is amended as follows:

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, this Agreement, and all obligations of the parties hereunder, shall become effective on July 1, 2025 ("Effective Date").

1.2. Paragraph 3, Effective Date/Completion of Services, is amended by deleting subparagraph 3.3., in its entirety and replacing it as follows:

3.3. Contractor must complete all Services by the Completion Date specified in block 1.7. The parties may extend the Agreement for up to two (2) 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.

1.3. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.5., as follows:

12.5. 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
Reproductive and Sexual Health Services

EXHIBIT B

Scope of Services

1. Statement of Work

- 1.1. The Contractor must participate in meetings with the Department on an as needed basis, or as otherwise requested by the Department.
- 1.2. The Contractor must provide sexual and reproductive health services (SRH) to individuals in accordance with Title X Family Planning program requirements. All services must be non-coercive in accordance with 42 CFR § 59.5(a)(2) and Sections 1001 and 1007, PHS Act.
- 1.3. The Contractor must provide services without a durational residency or physician referral requirement ((42 CFR 59.5 (b)(5)) and have a heightened focus on serving low-income populations.
- 1.4. The Contractor must provide SRH services that include, but are not limited to:
 - 1.4.1. Clinical Services in accordance with National Recommendations for Providing Quality Family Planning Services¹ and the most recent version of Appendix B – Clinical Protocols and Standards of Care Policy and Procedure.
 - 1.4.2. Sexual and Reproductive Health (SRH) services, including:
 - 1.4.2.1. Contraceptive services for clients who want to prevent pregnancy and space births.
 - 1.4.2.2. Pregnancy testing and counseling.
 - 1.4.2.3. Assistance to achieve pregnancy.
 - 1.4.2.4. Basic infertility services.
 - 1.4.2.5. Preconception health (includes screening for obesity, smoking, and mental health).
 - 1.4.2.6. Sexually transmitted infection (STI) and HIV/AIDS services including STI and HIV testing and counseling.
 - 1.4.2.7. Voluntary sterilization services and/or referrals.
 - 1.4.2.8. Sexual health education materials including topics on sterilization, STI prevention, contraception, and abstinence.
 - 1.4.3. **Related preventive health services.** These include services and/or referrals that are beneficial to reproductive health, are closely linked to SRH services, and are appropriate to deliver in the context of a family planning visit but that do not contribute directly to achieving or preventing pregnancy (e.g., breast and cervical cancer screening).

¹ <https://opa.hhs.gov/reproductive-health/quality-family-planning>

**New Hampshire Department of Health and Human Services
Reproductive and Sexual Health Services**

EXHIBIT B

- 1.4.4. **Other preventive health services.** These include preventive health services and/or referrals not included above that have no direct link to SRH services but are important in the context of primary care and overall health (e.g., Screening for lipid disorders, skin cancer, colorectal cancer, or osteoporosis).
- 1.5. The Contractor must make reasonable efforts to collect charges from clients without jeopardizing client confidentiality in accordance with 42 U.S.C 9902(2) and Section 1006(c) (1), PHS Act; 42 CFR 59.5(a)(7) and 42 CFR 59.2.
- 1.6. The Contractor must make reasonable efforts to collect charges from clients without jeopardizing client confidentiality in accordance with Appendix A - Title X Sub-Recipient Fee Policy and Sliding Fee Scales.
- 1.7. The Contractor must update their sliding fee scales/discount of services in accordance with the release of Health Resources and Services Administration's (HRSA's) annual Federal Poverty Guidelines, as posted by the U.S. Department of Health & Human Services in January of each year. Updated sliding fee scales/discount of services must be submitted annually in accordance with Appendix I - Family Planning (FP) Reporting Calendar.
- 1.8. The Contractor must provide SRH clinical services in compliance with all applicable Federal and State regulations.
- 1.8.1. Per Title X of the Public Health Service Act, 42 U.S.C 300, SEC. 1008 1 [300a-6] Federal funds shall not be used for abortion as a method of family planning
- 1.9. The Contractor must follow and maintain established written internal protocols, policies, practices, and clinical family planning guidelines that comply with the department and Title X expectations, and will provide copies of said materials to the Department upon request.
- 1.10. The Contractor must ensure that all clinical staff (i.e., medical doctors, advanced practice registered nurses, physician assistants, nurses and/or any staff providing direct care and/or education to clients) review, understand and comply with the New Hampshire Family Planning Clinical Services Guidelines and sign the signatures page to attest to understanding and compliance with the guidelines within thirty (30) days of the contract Effective Date and on an annual basis by July 1. The Contractor must maintain and make available to the Department completed signature pages within thirty (30) days of the contract Effective Date and within thirty (30) days of the annual release of updated guidelines each year. Any staff subsequently added to provide Title X services must also review and sign the guidelines to attest to understanding and complying to clinical guidelines prior to providing direct care and/or education.

**New Hampshire Department of Health and Human Services
Reproductive and Sexual Health Services**

EXHIBIT B

- 1.11. The Contractor must ensure SRH medical services are performed under the direction of a clinical services provider, with services offered within their scope of practice and allowable under state law, and with specialized training or experience in family planning in accordance with 42 CFR §59.5 (b)(6).
- 1.12. The Contractor must provide a broad range of contraceptive methods, including but not limited to:
 - 1.12.1. Intrauterine devices (IUD), Contraceptive Implants;
 - 1.12.2. Contraceptive pills, Contraceptive injection, Condoms; and
 - 1.12.3. Fertility awareness-based methods.
- 1.13. The Contractor must have clinical provider(s) on staff at all service sites who are proficient in the insertion and removal of Long-Acting Reversible Contraception (LARC), IUD Implant; and provide documentation verifying proficiency to the Department on an annual basis no later than August 31 each year, or as directed by the Department.
- 1.14. **Sterilization Services:**
 - 1.14.1. The Contractor must provide counseling and referral services to individuals over the age of twenty-one (21) who seek sterilization services, according to the Office of Population Affairs, Title X program guidelines.
 - 1.14.2. The Contractor has the option to provide sterilization services in adherence with and in accordance with 42 CFR §50.200 et al all federal sterilization requirements in the Federal Program Guidelines.
- 1.15. **STI and HIV Counseling and Testing:**
 - 1.15.1. The Contractor must provide STI and HIV counseling and testing in compliance with the most up-to-date Centers for Disease Control and Prevention (CDC) STI Treatment Guidelines.
 - 1.15.2. The Contractor must ensure staff providing STI and HIV counseling are trained utilizing CDC models or tools.
- 1.16. **Health Education and Promotion Materials and Activities:**
 - 1.16.1. The Contractor must provide health education and information materials in accordance with the most up to date Information and Education (I and E) Materials Review and Approval Policy (See Appendix C - Information and Education Materials Review and Approval Process Policy).
 - 1.16.2. The Contractor must include acknowledgement of government and non-governmental funding used to develop publications funded through this contract.

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- 1.16.3. The Contractor must support program outreach and promotional activities utilizing Temporary Assistance for Needy Families (TANF) funds to educate and inform eligible TANF clients about SRH services and ensure access to family planning clinics per Appendix D - New Hampshire Family Planning Program TANF Policy.
- 1.16.4. The Contractor must submit an Outreach and Education Report in accordance with Appendix E – Community Partnership, Outreach and Education Report to the Department on an annual basis no later than January 31, or as specified by the Department.

1.17. Quality Assurance and Quality Improvement

- 1.17.1. The Contractor must develop and implement a quality improvement and quality assurance plan that involves collecting and using data to monitor the delivery of quality SRH services, inform oversight and decision-making regarding the provision of services, and assess patient satisfaction.
- 1.17.2. The Contractor must develop a Work Plan annually, and must submit the Work Plan to the Department for approval within thirty (30) days of the contract Effective Date.
- 1.17.3. The Contractor must:
 - 1.17.3.1. Track and report Reproductive and Sexual Health Services outcomes;
 - 1.17.3.2. Revise the quality improvement and quality assurance plan accordingly; and
 - 1.17.3.3. Submit an updated quality assurance and quality improvement plan to the Department on an annual basis for approval as directed by the Department.

1.18. Staffing

- 1.18.1. The Contractor must provide and maintain qualified staffing to perform and carry out all requirements, roles and duties in this Statement of Work. The Contractor must:
 - 1.18.1.1. Ensure staff unfamiliar with FPAR and the NH database system attend a required orientation/training Webinar conducted by the Department's database Contractor.
 - 1.18.1.2. Ensure staff are supervised by a Medical Director, with specialized training and experience in sexual and reproductive health, in accordance with Section 1.9., above.
 - 1.18.1.3. Ensure staff have received appropriate training and possess the proper education, experience, and orientation to fulfill

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the requirements in this RFP in accordance with Appendix F – Staff Training Policy and Procedure.

1.18.1.4. Maintain up-to-date records and documentation for staff requiring licenses and/or certifications and submit documentation to the Department annually on January 31 or upon request.

1.18.1.5. Notify the Department, by submitting the Appendix G – New Hampshire Family Planning Program Staff Update form, of any newly hired staff essential to carrying out contracted services, and include a copy of the individual's resume, within 30 days of hire.

1.18.1.5.1. Notify the Department in writing via a written letter, submitted on agency letterhead, when:

1.18.1.5.2. A critical position is vacant for more than 30 days;

1.18.1.5.3. There is not adequate staffing available to perform required services for more than 30 days; or

1.18.1.5.4. A clinic site is closed for more than 30 days and/or is permanently closed.

1.18.2. The Contractor must 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.

1.19. Meetings, Trainings and Site Visits

1.19.1. The Contractor must ensure their Director(s) of SRH Services attends in-person and/or web-based meetings and trainings facilitated by the NH SRH Program upon request. Meetings must include, but are not limited to, the Annual Family Planning Agency Directors Meetings.

1.19.2. The Contractor must ensure all new family planning staff complete the Title X Orientation requirements in accordance with Appendix F – Staff Training Policy and Procedures.

1.19.3. The Contractor must ensure all family planning staff complete yearly Title X training(s) in accordance with Appendix F – Staff Training Policy and Procedures, on topics including:

1.19.3.1. Mandatory Reporting for child: abuse, rape, incest, and human trafficking;

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- 1.19.3.2. Family Involvement;
- 1.19.3.3. Non-Discriminatory Services; and
- 1.19.3.4. Sexually Transmitted Infection.

1.19.4. The Contractor must keep and maintain staff training logs and training certificates, as appropriate, that must be made available to the Department upon request. The Contractor must complete Appendix H – New Hampshire Family Planning Program Staff Training Report and submit to the Department annually at a date to be determined, and upon request.

1.19.5. The Contractor must agree to Site Visits, virtual or in- person, as determined by the Department, conducted by the Department upon the request of the Department as needed, but not less than annually. Contractor will be required to:

- 1.19.5.1. Complete pre-site visit forms provided by the Department in advance of scheduled visits.
- 1.19.5.2. Pull medical charts for auditing purposes.
- 1.19.5.3. Pull agency policies and procedures related to the provision and oversight of the Title X project.
- 1.19.5.4. Pull financial documents for auditing purposes. Which includes time and effort reporting that can be used as supporting documentation for the separation of funds.
- 1.19.5.5. Submit a written response to site visit findings within sixty (60) days of the Site Visit Report being shared.

1.20. Performance Measures

1.20.1. The Contractor must provide key data in a format and at a frequency specified by the Department as indicated in Appendix I - FP Reporting Calendar.

1.20.2. The Contractor may be required to provide other key data and metrics to the Department in a format specified by the Department.

1.21. Background Checks

1.21.1. Prior to permitting any individual to provide services under this Agreement, the Contractor must ensure that said individual has undergone:

- 1.21.1.1. A criminal background check, at the Contractor's expense, and has no convictions for crimes that represent evidence of behavior that could endanger individuals served under this Agreement;

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1.21.1.2. A name search of the Department's Bureau of Adult and Aging Services (BAAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and

1.21.1.3. A name search of the Department's Division for Children, Youth and Families (DCYF) Central Registry pursuant to RSA 169-C:35, with results indicating no evidence of behavior that could endanger individuals served under this Agreement.

1.22. Confidential Data

1.22.1. The Contractor must meet all information security and privacy requirements as set by the Department and in accordance with the Department's Information Security Requirements Exhibit as referenced below.

1.22.2. The Contractor must ensure any individuals involved in delivering services through this Agreement contract sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's Information Security Requirements Exhibit. The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.

1.23. Privacy Impact Assessment

1.23.1. Upon request, the Contractor must allow and assist the Department in conducting a Privacy Impact Assessment (PIA) of its system(s)/application(s)/web portal(s)/website(s) or Department system(s)/application(s)/web portal(s)/website(s) hosted by the Contractor, if Personally Identifiable Information (PII) is collected, used, accessed, shared, or stored. To conduct the PIA the Contractor must provide the Department access to applicable systems and documentation sufficient to allow the Department to assess, at minimum, the following:

1.23.1.1. How PII is gathered and stored;

1.23.1.2. Who will have access to PII;

1.23.1.3. How PII will be used in the system;

1.23.1.4. How individual consent will be achieved and revoked; and

1.23.1.5. Privacy practices.

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1.23.2. The Department may conduct follow-up PIAs in the event there are either significant process changes or new technologies impacting the collection, processing or storage of PII.

1.24. Department Owned Devices, Systems and Network Usage

1.24.1. If Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, are authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfillment of this Agreement, each End User must:

1.24.1.1. Sign and abide by applicable Department and New Hampshire Department of Information Technology (NH DoIT) use agreements, policies, standards, procedures and guidelines, and complete applicable trainings as required;

1.24.1.2. Use the information that they have permission to access solely for conducting official Department business and agree that all other use or access is strictly forbidden including, but not limited, to personal or other private and non-Department use, and that at no time shall they access or attempt to access information without having the express authority of the Department to do so;

1.24.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;

1.24.1.4. Not copy, share, distribute, sub-license, modify, reverse engineer, rent, or sell software licensed, developed, or being evaluated by the Department, and at all times must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by the Department;

1.24.1.5. Only use equipment, software, or subscription(s) authorized by the Department's Information Security Office or designee;

1.24.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;

1.24.1.7. Agree that email and other electronic communication messages created, sent, and received on a Department-issued email system are the property of the Department of New Hampshire and to be used for business purposes only.

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Email is defined as "internal email systems" or "Department-funded email systems."

1.24.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and

1.24.1.9. Agree when utilizing the Department's email system:

1.24.1.9.1. To only use a Department email address assigned to them with a "@affiliate.DHHS.NH.Gov".

1.24.1.9.2. Include in the signature lines information identifying the End User as a non-Department workforce member; and

1.24.1.9.3. Ensure the following confidentiality notice is embedded underneath the signature line:

CONFIDENTIALITY NOTICE: "This message may contain information that is privileged and confidential and is intended only for the use of the individual(s) to whom it is addressed. If you receive this message in error, please notify the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation."

1.24.1.10. Contractor End Users with a Department issued email, access or potential access to Confidential Data, and/or a workspace in a Department building/facility, must:

1.24.1.10.1. Complete the Department's Annual Information Security and Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.

1.24.1.10.2. Sign the Department's Business Use and Confidentiality Agreement and Asset Use Agreement, and the NH DoIT Department wide Computer Use Agreement upon execution of the Agreement and annually thereafter.

1.24.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.

1.24.1.11. Contractor agrees, if any End User is found to be in violation of any of the above terms and conditions, said End User

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may face removal from the Agreement, and/or criminal and/or civil prosecution, if the act constitutes a violation of law.

1.24.1.12. Contractor agrees to notify the Department a minimum of three business days prior to any upcoming transfers or terminations of End Users who possess Department credentials and/or badges or who have system privileges. If End Users who possess Department credentials and/or badges or who have system privileges resign or are dismissed without advance notice, the Contractor agrees to notify the Department's Information Security Office or designee immediately.

1.25. Contract End-of-Life Transition Services

1.25.1. General Requirements

1.25.1.1. If applicable, upon early termination or expiration of the Agreement the parties agree to cooperate in good faith to effectuate a secure transition of the services ("Transition Services") from the Contractor to the Department and, if applicable, the new Contractor ("Recipient") engaged by the Department to assume the services. Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.

1.25.1.2. The Contractor must assist the Recipient, in connection with the transition from the performance of Services by the Contractor and its End Users to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of any such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with and assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.

1.25.1.3. If a system, database, hardware, software, and/or software licenses (Tools) was purchased or created to manage, track, and/or store Department Data in relationship to this

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contract said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of Department data is complete.

- 1.25.1.4. The internal planning of the Transition Services by the Contractor and its End Users shall be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services shall be deemed to be Services for purposes of this Agreement.
- 1.25.1.5. In the event the data Transition extend beyond the end of the Agreement, the Contractor agrees that the Information Security Requirements, and if applicable, the Department's Business Associate Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.
- 1.25.1.6. In the event the Contractor has comingled Department Data and the destruction or Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction, refer to the terms and conditions of the Department's DHHS Information Security Requirements Exhibit.

1.25.2. Completion of Transition Services

- 1.25.2.1. Each service or transition phase shall be deemed completed (and the transition process finalized) at the end of fifteen (15) business days after the product, resulting from the Service, is delivered to the Department and/or the Recipient in accordance with the mutually agreed upon Transition plan, unless within said fifteen (15) business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.
- 1.25.2.2. Once all parties agree the data has been migrated the Contractor will have thirty (30) days to destroy the data per the terms and conditions of the Department's Information Security Requirements Exhibit.

1.25.3. Disagreement over Transition Services Results

- 1.25.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department shall notify the Contractor, in writing, stating the reason for the lack of satisfaction within fifteen (15) business days of the final product or at any time during the data Transition process.

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The Parties shall discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department shall be entitled to initiate actions in accordance with the Agreement.

1.26. Website and Social Media

- 1.26.1. The Contractor must work with the Department's Communications Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all Department and NH Department of Information Technology (DoIT) website and social media requirements and policies.
- 1.26.2. The Contractor agrees Protected Health Information (PHI), Personally Identifiable Information (PII), or other Confidential Information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other Confidential Information is subject to the terms of the Department's Information Security Requirements Exhibit, the Business Associate Agreement signed by the parties, and all applicable Department and federal law, rules, and agreements. Unless specifically required by the Agreement and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation must not be tracked, disclosed or used for website or social media analytics or marketing.
- 1.26.3. State of New Hampshire's Website Copyright
 - 1.26.3.1. All right, title and interest in the State WWW site, including copyright to all data and information, shall remain with the State of New Hampshire. The State of New Hampshire shall also retain all right, title and interest in any user interfaces and computer instructions embedded within the WWW pages. All WWW pages and any other data or information shall, where applicable, display the State of New Hampshire's copyright.

2. Exhibits Incorporated

- 2.1. The Contractor must comply with all Exhibit D Federal Requirements, which are attached hereto and incorporated by reference herein.
- 2.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit E, DHHS Information Security Requirements.
- 2.3. The Contractor must use and disclose Protected Health Information in

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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 F, Business Associate Agreement, which has been executed by the parties.

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 must submit:

3.2.1.1. A detailed description of the language assistance services, within ten (10) days of the Effective Date of the Agreement, 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.

3.2.1.2. A written attestation, within forty-five (45) days of the Effective Date of the Agreement and annually thereafter, that all personnel involved the provision of services to individuals under this Agreement have completed, within the last twelve (12) months, the Contractor Required Training Video on Civil Rights-related Provisions in DHHS Procurement Processes, which is accessible on the Department's website (<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>); and

3.2.1.3. The Department's Federal Civil Rights Compliance Checklist within ten (10) days of the Effective Date of the Agreement. The Federal Civil Rights Compliance Checklist must have been completed within the last twelve (12) months and is accessible on the Department's website (<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>).

3.3. Credits and Copyright Ownership

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- 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 must 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 must have prior approval from the Department before printing, production, distribution or use.
- 3.3.3. The Department must retain copyright ownership for any and all original materials produced, including, but not limited to reports, protocols, guidelines, brochures, posters, and resource directories.
- 3.3.4. The Contractor must 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 must 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 must 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 must 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 must comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

3.5. Eligibility Determinations

- 3.5.1. The Contractor must make eligibility determinations in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
- 3.5.2. The Contractor must ensure all applicants are permitted to fill out an application form and must notify each applicant of their right to request

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EXHIBIT B

a fair hearing in accordance with New Hampshire RSA 126-A:5 and Department regulations.

4. Records

- 4.1. The Contractor must 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 must 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 must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts.
- 4.3. If, upon further review, the Department must disallow any expenses claimed by the Contractor as costs hereunder, the Department retains the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

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Payment Terms

1. This Agreement is funded by:
 - 1.1. 55% Federal funds from Title X of Pub Hlth Serv Act-Family Planning, as awarded on March 28, 2025, by the Department of Health and Human Services, OASH Grants & Apps, ALN #93.217, FAIN #FPHPA006511.
 - 1.2. 20% Federal funds from Transitional Asst and Temp Asst to Needy Families, as awarded on April 16, 2025, by the Department of Health and Human Services, Administration for Children and Families, ALN #93.558, FAIN #2301NHTANF.
 - 1.3. 25% General funds.
2. For the purposes of this Agreement the Department has identified:
 - 2.1. The Contractor as a Subrecipient, based on criteria specified in 2 CFR 200.331.
 - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
 - 2.3. The Indirect Cost Rate for this Agreement in the attached Budget Sheet(s).
3. Payment shall be on a cost reimbursement basis for actual allowable expenditures incurred under this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget through Exhibit C-2 Budget.
4. The Contractor shall submit an invoice 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 format as provided by or otherwise acceptable to the Department.
 - 4.3. Identifies and requests payment in accordance with Section 3, above.
 - 4.4. Includes supporting documentation with each invoice, including, but not limited to, proof of expenditures, itemized receipts for purchases, time sheets, and payroll records with position or staff detail, as applicable.
 - 4.5. Is completed, dated and returned to the Department to initiate payment.
 - 4.6. Is assigned an electronic signature and is emailed to DHHS.DPHS.Contract@dhhs.nh.gov or mailed to:

Financial Manager
Department of Health and Human Services

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129 Pleasant Street
Concord, NH 03301

5. The Department shall make payments to the Contractor within thirty (30) calendar days only upon receipt and approval of the submitted invoice and required supporting documentation.
6. The final invoice and any required supporting documentation shall be due to the Department no later than forty (40) calendar days after the contract completion date specified in Form P-37, General Provisions Block 1.7., Completion Date.
7. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting direct and indirect cost amounts within the price limitation between budget class lines, as well as adjusting encumbrances between State Fiscal Years 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 is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.
 - 8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.
 - 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.

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- 8.4. The Contractor, regardless of the funding source and/or whether Conditions A, B, or C exist, may be required to submit annual financial audits performed by an independent CPA upon request by the Department.
- 8.5. In addition to, and not in any way in limitation of obligations of the Agreement, 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 Agreement to which exception has been taken, or which have been disallowed because of such an exception, within sixty (60) days.
9. If applicable, the Contractor must request disposition instructions from the Department for any equipment, as defined in 2 CFR 200.313, purchased using funds provided under this Agreement, including information technology systems.
10. The Contractor shall allow the Department to conduct financial audits on an annual basis, or upon request by the Department, to ensure compliance with the funding requirements of this Agreement. The Contractor shall make available documentation and staff as necessary to conduct such audits, including but not limited to policy and procedure manuals, financial records and reports, and discussions with management and finance staff.

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Exhibit C-1 Budget

New Hampshire Department of Health and Human Services			
Contractor Name: <i>Lamprey Health Care, Inc.</i>			
Budget Request for: <i>Reproductive and Sexual Health Services</i>			
Budget Period: <i>SFY 2026 (7/1/2025 through 6/30/2026)</i>			
Indirect Cost Rate (if applicable) <i>0.00%</i>			
Line Item	General Funds Program Cost - Funded by DHHS	Title X [CDFA #93.217, FAIN #FPHPA006511] Program Cost - Funded by DHHS	TANF- [CDFA #93.558, FAIN #2301NHTANF] Program Cost - Funded by DHHS
1. Salary & Wages	\$103,833	\$201,724	\$81,522
2. Fringe Benefits	\$15,575	\$30,259	\$12,228
3. Consultants	\$0	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$21,364	\$0
5.(d) Supplies - Medical	\$0	\$1	\$0
5.(e) Supplies - Office	\$0	\$1	\$0
6. Travel	\$0	\$0	\$0
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$3,000	\$0
8. (b) Other - Education and Training	\$0	\$7,100	\$0
8. (c) Other - Other (specify below)	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
9. Subrecipient Contracts	\$0	\$0	\$0
Total Direct Costs	\$119,408	\$263,449	\$93,750
Total Indirect Costs	\$0	\$0	\$0
Subtotals	\$119,408	\$263,449	\$93,750
		TOTAL \$	476,607

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Contractor Initials:

Date: 6/5/2025

Exhibit C-2 Budget

New Hampshire Department of Health and Human Services			
Contractor Name: <i>Lamprey Health Care, Inc.</i>			
Budget Request for: <i>Reproductive and Sexual Health Services</i>			
Budget Period: <i>SFY 2027 (7/1/2026 through 6/30/2027)</i>			
Indirect Cost Rate (if applicable) 0.00%			
Line Item	General Funds, Program Cost - Funded by DHHS	Title X [CDFA #93.217, FAIN #FPHA006511] Program Cost - Funded by DHHS	TANF [CDFA #93.558, FAIN #2301NHTANF] Program Cost - Funded by DHHS
1. Salary & Wages	\$103,833	\$201,724	\$81,522
2. Fringe Benefits	\$15,575	\$30,259	\$12,228
3. Consultants	\$0	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$21,364	\$0
5.(d) Supplies - Medical	\$0	\$1	\$0
5.(e) Supplies - Office	\$0	\$1	\$0
6. Travel	\$0	\$0	\$0
7. Software	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$3,000	\$0
8. (b) Other - Education and Training	\$0	\$7,100	\$0
8. (c) Other - Other (specify below)	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0
9. Subrecipient Contracts	\$0	\$0	\$0
Total Direct Costs	\$119,408	\$263,449	\$93,750
Total Indirect Costs	\$0	\$0	\$0
Subtotals	\$119,408	\$263,449	\$93,750
		TOTAL \$	476,607

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Contractor Initials:

Date: 6/5/2025

New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

SECTION A: 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 CONTRACTORS 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 contractors (and by inference, sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a contractor (and by inference, 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 Agreement 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 Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, 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 Contractor 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 Contractor'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 Contractor'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 Agreement 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 Agreement, 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;

New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

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- 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 contract officer on whose contract 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 Agreement;
 - 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 Contractor may insert in the space provided below the site(s) for the performance of work done in connection with the specific Agreement.

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.

New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

SECTION B: CERTIFICATION REGARDING LOBBYING

The Contractor 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 Byrd Anti-Lobbying Amendment (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, loan, or cooperative agreement (and by specific mention 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, loan, or cooperative agreement (and by specific mention sub- contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, see <https://omb.report/icr/201009-0348-022/doc/20388401>
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, 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.

New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

SECTION C: 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 12689 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 Agreement, 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 Agreement 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 <https://www.govinfo.gov/app/details/CFR-2004-title45-vol1/CFR-2004-title45-vol1-part76/context>.
6. The prospective primary participant agrees by submitting this Agreement 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) <https://www.ecfr.gov/current/title-22/chapter-V/part-513>.

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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 (Agreement) 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 (Agreement), 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 (Agreement).
14. The prospective lower tier participant further agrees by submitting this proposal (Agreement) 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.

New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

SECTION D: CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS

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:

The Contractor will comply, and will require any subcontractors to comply, with any applicable federal requirements, which may include but are not limited to:

1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).
2. 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;
3. 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;
4. 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);
5. 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;
6. 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;
7. 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;
8. 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;
9. 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;
10. 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.
11. The Clean Air Act (42 U.S.C. 7401-7671q.) which seeks to protect human health and the environment from emissions that pollute ambient, or outdoor, air.

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Federal Requirements

Contractor's Initials DS
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New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

12. The Clean Water Act (33 U.S.C. 1251-1387) which establishes the basic structure for regulating discharges of pollutants into the waters of the United States and regulating quality standards for surface waters.
13. Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) (41 U.S.C. 1908) which establishes administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
14. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708) which establishes that all contracts awarded by the non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).
15. Rights to Inventions Made Under a Contract or Agreement 37 CFR § 401.2 (a) which establishes the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, 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 Agreement, the Contractor agrees to comply with the provisions indicated above.

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New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

SECTION E: 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 Agreement, 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.

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New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

SECTION F: 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 sub award 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; 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.

New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

FORM A

As the Grantee 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 entity is: F7LUA7LXRNP6A
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?

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: _____

Contractor Name: Lamprey Health Care, Inc.

6/5/2025

Date: _____

DocuSigned by:

 Name: Susan Durkin
 Title: CEO

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Exhibit D
Federal Requirements

Contractor's Initials 
 Date 6/5/2025

New Hampshire Department of Health and Human Services

Exhibit E

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

Contractor Initials



New Hampshire Department of Health and Human Services

Exhibit E

DHHS Information Security Requirements

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.

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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.

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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, antihacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.

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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

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DHHS Information Security Requirements

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/doiit/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.

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- 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;

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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



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BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement (Form P-37) ("Agreement"), and any of its agents who receive use or have access to protected health information (PHI), as defined herein, shall be referred to as the "Business Associate." The State of New Hampshire, Department of Health and Human Services, "Department" shall be referred to as the "Covered Entity." The Contractor and the Department are collectively referred to as "the parties."

The parties agree, to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191, the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162, and 164 (HIPAA), provisions of the HITECH Act, Title XIII, Subtitle D, Parts 1&2 of the American Recovery and Reinvestment Act of 2009, 42 USC 17934, et sec., applicable to business associates, and as applicable, to be bound by the provisions of the Confidentiality of Substance Use Disorder Patient Records, 42 USC s. 290 dd-2, 42 CFR Part 2, (Part 2), as any of these laws and regulations may be amended from time to time.

(1) Definitions

- a. The following terms shall have the same meaning as defined in HIPAA, the HITECH Act, and Part 2, as they may be amended from time to time:
 - "Breach," "Designated Record Set," "Data Aggregation," Designated Record Set," "Health Care Operations," "HITECH Act," "Individual," "Privacy Rule," "Required by law," "Security Rule," and "Secretary."
- b. Business Associate Agreement, (BAA) means the Business Associate Agreement that includes privacy and confidentiality requirements of the Business Associate working with PHI and as applicable, Part 2 record(s) on behalf of the Covered Entity under the Agreement.
- c. "Constructively Identifiable," means there is a reasonable basis to believe that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information.
- d. "Protected Health Information" ("PHI") as used in the Agreement and the BAA, means protected health information defined in HIPAA 45 CFR 160.103, limited to the information created, received, or used by Business Associate from or on behalf of Covered Entity, and includes any Part 2 records, if applicable, as defined below.
- e. "Part 2 record" means any patient "Record," relating to a "Patient," and "Patient Identifying Information," as defined in 42 CFR Part 2.11.
- f. "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.

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

- a. Business Associate shall not use, disclose, maintain, store, or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under the Agreement. Further, Business Associate, including ~~but not~~

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Business Associate Agreement
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limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPAA and 42 CFR Part 2, and not use, disclose, maintain, store, or transmit PHI in any manner that would constitute a violation of HIPAA or 42 CFR Part 2.

- b. Business Associate may use or disclose PHI, as applicable:
I. For the proper management and administration of the Business Associate;
II. As required by law, according to the terms set forth in paragraph c. and d. below;
III. According to the HIPAA minimum necessary standard;
IV. For data aggregation purposes for the health care operations of the Covered Entity; and
V. Data that is de-identified or aggregated and remains constructively identifiable may not be used for any purpose outside the performance of the Agreement.
c. To the extent Business Associate is permitted under the BAA or the Agreement to disclose PHI to any third party or subcontractor prior to making any disclosure, the Business Associate must obtain, a business associate agreement or other agreement with the third party or subcontractor, that complies with HIPAA and ensures that all requirements and restrictions placed on the Business Associate as part of this BAA with the Covered Entity, are included in those business associate agreements with the third party or subcontractor.
d. The Business Associate shall not, disclose any PHI in response to a request or demand for disclosure, such as by a subpoena or court order, on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity can determine how to best protect the PHI. If Covered Entity objects to the disclosure, the Business Associate agrees to refrain from disclosing the PHI and shall cooperate with the Covered Entity in any effort the Covered Entity undertakes to contest the request for disclosure, subpoena, or other legal process. If applicable relating to Part 2 records, the Business Associate shall resist any efforts to access part 2 records in any judicial proceeding.

(3) Obligations and Activities of Business Associate

- a. Business Associate shall implement appropriate safeguards to prevent unauthorized use or disclosure of all PHI in accordance with HIPAA Privacy Rule and Security Rule with regard to electronic PHI, and Part 2, as applicable.
b. The Business Associate shall immediately notify the Covered Entity's Privacy Officer at the following email address, DHHSPrivacyOfficer@dhhs.nh.gov after the Business Associate has determined that any use or disclosure not provided for by its contract, including any known or suspected privacy or security incident or breach has occurred potentially exposing or compromising the PHI. This includes inadvertent or accidental uses or disclosures or breaches of unsecured protected health information.
c. In the event of a breach, the Business Associate shall comply with the terms of this Business Associate Agreement, all applicable state and federal laws and regulations and any additional requirements of the Agreement.
d. The Business Associate shall perform a risk assessment, based on the information available at the time it becomes aware of any known or suspected privacy or

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- security breach as described above and communicate the risk assessment to the Covered Entity. The risk assessment shall include, but not be limited to:
 - I. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - II. The unauthorized person who accessed, used, disclosed, or received the protected health information;
 - III. Whether the protected health information was actually acquired or viewed; and
 - IV. How the risk of loss of confidentiality to the protected health information has been mitigated.
- e. The Business Associate shall complete a risk assessment report at the conclusion of its incident or breach investigation and provide the findings in a written report to the Covered Entity as soon as practicable after the conclusion of the Business Associate's investigation.
- f. 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 US Secretary of Health and Human Services for purposes of determining the Business Associate's and the Covered Entity's compliance with HIPAA and the Privacy and Security Rule, and Part 2, if applicable.
- g. Business Associate shall require all of its business associates that receive, use or have access to PHI under the BAA to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein.
- h. Within ten (10) 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 BAA and the Agreement.
- i. 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.
- j. 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.
- k. Business Associate shall document any disclosures of PHI and information related to any 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.
- l. 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

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accordance with 45 CFR Section 164.528.

- m. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within five (5) 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.
- n. Within thirty (30) 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-ups of such PHI in any form or platform.
- VI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, or if retention is governed by state or federal law, 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 as long as the 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 post a current version of the Notice of the Privacy Practices on the Covered Entity's website:
<https://www.dhhs.nh.gov/oos/hipaa/publications.htm> in accordance with 45 CFR Section 164.520.
- 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 BAA, 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 of Agreement for Cause

- a. In addition to the General Provisions (P-37) of the Agreement, the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a material breach by Business Associate of the Business Associate Agreement. 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.

(6) Miscellaneous

- a. Definitions, Laws, and Regulatory References. All laws and regulations

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herein, shall refer to those laws and regulations as amended from time to time. A reference in the Agreement, as amended to include this Business Associate Agreement, to a Section in HIPAA or 42 Part 2, means the Section as in effect or as amended.

- b. Change in law - Covered Entity and Business Associate agree to take such action as is necessary from time to time for the Covered Entity and/or Business Associate to comply with the changes in the requirements of HIPAA, 42 CFR Part 2 other 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 BAA and the Agreement shall be resolved to permit Covered Entity and the Business Associate to comply with HIPAA and 42 CFR Part 2.
e. Segregation - If any term or condition of this BAA 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 BAA are declared severable.
f. Survival - Provisions in this BAA regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the BAA in section (3) g. and (3) n.l., and the defense and indemnification provisions of the General Provisions (P-37) of the Agreement, shall survive the termination of the BAA.

IN WITNESS WHEREOF, the parties hereto have duly executed this Business Associate Agreement.

Department of Health and Human Services

Lamprey Health Care, Inc.

The State

Name of the Contractor

DocuSigned by: Iain Watt

DocuSigned by: Susan Durkin

Signature of Authorized Representative

Signature of Authorized Representative

Iain watt

Susan Durkin

Name of Authorized Representative

Name of Authorized Representative

Director - DPHS

CEO

Title of Authorized Representative

Title of Authorized Representative

6/5/2025

6/5/2025

Date

Date

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APPENDIX A

**NH FAMILY PLANNING PROGRAM
Title X Subrecipient Fee Policy**

TITLE X SUBRECIPIENT FEE POLICY AND SLIDING FEE SCALES
 Section: **Maternal & Child Health** Sub Section(s): **Family Planning Program** Version: 3.0
 Effective Date: [July 1, 2024] Next Review Date: [June 30, 2026]

Approved by:	Aurelia Moran
Authority	<p>Title X Program Handbook, Section 3: Financial Accountability (https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=21)</p> <p>Section 1006(c)(2), Public Health Service (PHS) Act (https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf)</p> <p>2021 Title X Final Rule:</p> <ul style="list-style-type: none"> • 42 CFR § 59.5(a)(7, 8, 9, 10); 42 CFR § 59.5(b)(7, 9) (https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5) • 42 CFR § 59.2 (https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.2) <p>OPA Program Policy Notice 2016-11 (https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/program-policy-notices/opa-program-policy-notice-2016-11-integrating-with-primary-care-providers)</p>

PURPOSE

The purpose of this policy is to describe the processes of the *Department of Health and Human Services, Division of Public Health Services, NH Family Planning Program* (NH FPP), the Title X Grantee, for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with Title X expectations related to Financial Accountability.

POLICY

I. Federal Poverty Level, Third Party Billing, and Income Verification

Client income and eligibility for a discount should be assessed, documented in the client ^{os}

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APPENDIX A

NH FAMILY PLANNING PROGRAM Title X Subrecipient Fee Policy

record, and re-evaluated at least annually. Reasonable measures should be taken to verify client income, without burdening clients from low income families. Documentation of income may include a copy of a pay stub or some other form of documentation of family income; however clients who cannot present documentation of income must not be denied services and are allowed to self-report income. Subrecipients that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on the client's self-report. If a client's income cannot be verified after reasonable attempts to do so, charges are to be based on the client's self-reported income. Whenever possible, there should be separate charts for client records and medical records.

Clients whose documented income is at or below 100% of the most recent Federal Poverty Level (FPL) must not be charged, although the agency must bill all third parties legally obligated to pay for the services (Section 1006(c)(2), PHS Act. 42 CFR 59.5(a)(7)). Bills to third parties may not be discounted.

Clients who are responsible for paying any fees for services received must directly receive a bill at the time services are received. Bills to clients must show total charges minus any allowable discounts. Fees charged to clients must reflect true costs to a subrecipient agency.

Agencies must offer by federal mandate a broad range family planning services including a broad range of medically approved services, which includes FDA-approved contraceptive products and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, and other preconception health services either on-site or by referral (a prescription to the client for their method of choice or referrals to another provider, as requested) (42 CFR 59.5(a)(1)). For the purposes of considering payment for contraceptive services only, where a client has health insurance coverage through an employer that does not provide the contraceptive services sought by the client because the employer has a sincerely held religious or moral objection to providing such coverage, the project director may consider the client's insurance coverage status as a good reason why they are unable to pay for contraceptive services (42 CFR 59.2).

II. Discount Schedules/Reasonable Cost

A discount schedule (schedule of discounts or sliding fee scale) must be developed and implemented with sufficient proportional increments so that inability to pay is never a barrier to receiving services. The discount schedule must be based on family size, family income, and other specified economic considerations and is required for individuals with family incomes between 101% and 250% of the FPL (42 CFR 59.5(a)(8)). For clients from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services (42 CFR 59.5(a)(8)).

The schedule of discounts should include charges for a new client, an established ^{PS} client,

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counseling and education, supplies, and laboratory costs. The schedule of discounts must be updated annually and be in accordance with the current Federal Poverty Guidelines (FPG). Subrecipient agencies may choose to apply alternative funds to the cost of services in order to provide more generous discounts than what is required under the Title X project.

On an annual basis, subrecipient agencies must submit to the New Hampshire Department of Health & Human Services, Division of Public Health Services, New Hampshire Family Planning Program (NH FPP) a copy of their most current discount schedule that reflects the most recently published FPG.

For recipients of the HRSA Health Center Program: the HRSA Health Center Program and the OPA Title X Program have unique sliding fee discount schedule (SFDS) program expectations, which include having differing upper limits. Title X agencies (or providers) that are integrated with or receive funding from the HRSA Health Center Program may have dual fee discount schedules: one schedule that ranges from 101% to 200% of the FPL for all health center services, and one schedule that ranges from 101% to 250% FPL for clients receiving only Title X family planning services directly related to preventing or achieving pregnancy, and as defined in their approved Title X project.

III. Third Party Payments, Copayments and Additional Fees

Subrecipient agencies are required to bill all possible third party payers, including public and private sources, without the application of any discounts, to ensure that Title X funds will be used only on clients without any other sources of payments. Subrecipient agencies are encouraged to have written agreements with NH Medicaid Plans, as appropriate. Title X funds will be used only as the payer of last resort.

Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title XIX, XX or XXI agency is required.

Family income of insured clients should be assessed before determining whether copayments or additional fees are charged. Clients whose family income is at or below 250% of the FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.

IV. Fee Waiver

Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the site director, are unable, for good reasons, to pay for family planning services provided through the Title X project. *Clients must not be denied services or be subjected to any variation in quality of services because of the inability to pay.*

V. Voluntary Donations

Voluntary donations from clients are permissible; however, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies.

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If a subrecipient agency chooses to ask for donations, then donations must be requested from *all* clients, including clients using public or private insurance. In such a case, it may be helpful to display signs at check-out or have a financial counseling script available for project staff who will be tasked with collecting donations.

Donations from clients do not waive the billing/charging requirements set out above (i.e., if a client is unable to pay the fees for services received, any donations collected should go towards the cost of services received).

VI. Discount Eligibility for Minors

Eligibility for discounts for unemancipated minors who receive confidential services must be based on the resources of the minor, provided that the Title X provider has documented its efforts to involve the minor's family in the decision to seek family planning services (absent abuse and, if so, with appropriate reporting) (42 CFR 59.2).

A minor is an individual under eighteen years of age. Subrecipients should determine and document whether minors are seeking confidential services (e.g., question on intake form) and alert all clinic and billing staff about minor clients who are seeking and receiving confidential billing. Subrecipients may not require written consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services. Subrecipients, however, must comply with legislative mandates that require them to encourage family participation in the decision of minors to seek family planning services, and provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities, and must comply with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Unemancipated minors who wish to receive services on a confidential basis must be considered solely on the resources of that minor. If a minor with health insurance requests confidential services, charges for services must be based on the minor's own resources. Income available to a minor client, such as wages from part-time employment and allowances transferred directly to the minor, must be considered in determining a minor's ability to pay for services. Basic provisions (e.g., food, shelter, transportation, tuition, etc.) supplied by the minor's parents/guardians must not be included in the determination of a minor's income.

Under certain conditions where confidentiality is restricted to limited members of a minor's family (e.g., there is parental disagreement regarding the minor's use of family planning services), the charge must be based solely on the minor's income if the minor client's confidentiality could be breached in seeking the full charge. It is not allowable for subrecipient agencies to have a general policy of no fee or flat fees for the provision of services to minor clients. Nor is it allowable for subrecipient agencies to have a schedule of fees for minors that is different from all others receiving services.

If a minor is unemancipated and confidentiality is not a concern, the minor's family income

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must be considered in determining the fee for services as with all other clients. Health insurance plans covering a minor under a parent/guardian's policy should be billed, if the minor does not need or request confidential services. In such a case, a written consent form permitting the billing of the health insurance plan, signed by the minor, must be included in the minor's client record.

VII. Confidential Collections

Subrecipient agencies must inform clients about the existence of the discount schedule and the fact that services will not be denied due to inability to pay. Subrecipient agencies must make reasonable efforts to collect bills, but they must in no way jeopardize client confidentiality in the process. Subrecipient agencies must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client. Subrecipients must also obtain a client's permission before sending bills or making phone calls to the client's home and/or place of employment.

PROCEDURES

I. Subrecipient Fee Policy Documentation Requirements

The NH FPP will collect documentation described below as required or as necessary in order to monitor subrecipient agencies to ensure compliance with the Title X project as it relates to the Fee Policy detailed above.

Subrecipient agencies must have written documentation (policies and procedures) of the following processes, which must be consistent and demonstrated throughout subrecipient service sites (e.g., in client records, clinic operations):

- A process that will be used for determining and documenting the client's eligibility for discounted services.
- A process for ensuring that client income verification procedure(s) will not present a barrier to receipt of services.
- A process for updating poverty guidelines and discount schedules.
- A process for annual assessment of client income and discounts.
- A process for informing clients about the availability of the discount schedule.
- A process used for determining the cost of services (e.g., using data on locally prevailing rates and actual clinic costs to develop and update the schedule of fees; frequency for updating the costs of services).
- A process for assuring that financial records indicate client income is assessed and that charges are applied appropriately to recover the cost of services.
- A process for how donations are requested and/or accepted.
- Documentation that demonstrates clients are not pressured to make donations and that donations are not a prerequisite to the provision of services or supplies (e.g., scripts).
- A process for determining whether a minor is seeking confidential services (e.g., question on intake form).
- A process for assessing minor's resources (e.g., income).

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- A process for alerting all clinic and billing staff about minor clients who are seeking and receiving confidential services.
- A process for obtaining and/or updating contracts with private and public insurers.
- A process used to assess family income before determining whether copayments or additional fees are charged.
- A process for ensuring that financial records indicate that clients with family incomes between 101%-250% of the FPL do not pay more in copayments or additional fees than they would otherwise pay when the discount schedule is applied.
- A process for identifying third party payers the subrecipient will bill to collect reimbursements for cost of providing services.
- A description of safeguards that protect client confidentiality, particularly in cases where sending an explanation of benefits could breach client confidentiality.

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II. SAMPLE SLIDING FEE SCALE

The following sliding fee scale (SFS) samples are intended to assist agencies in developing and formatting their own agency's SFS. These samples do not necessarily reflect the current Federal Poverty Guidelines and should not be directly adopted.

A. SAMPLE 1: FQHC (blended to accommodate multiple programs)

CLIENT FAMILY SIZE	CAT 1 0-100% Fee \$10.00 *	CAT 2 101-133% Fee \$20.00	CAT 3 134-168% Fee \$30.00	CAT 4 169-200% Fee \$40.00	CAT 5 201-250% No Discount	CAT 6 251+% No Discount
1 Annual	\$15,060	\$20,030	\$25,301	\$30,120	\$37,650	\$37,651
Monthly	\$1,255	\$1,669	\$2,108	\$2,510	\$3,138	\$3,139
Weekly	\$290	\$385	\$487	\$579	\$724	\$725
2 Annual	\$20,440	\$27,185	\$34,339	\$40,880	\$51,100	\$51,101
Monthly	\$1,703	\$2,265	\$2,862	\$3,407	\$4,258	\$4,259
Weekly	\$393	\$523	\$660	\$786	\$983	\$984
3 Annual	\$25,820	\$34,341	\$43,378	\$51,640	\$64,550	\$64,551
Monthly	\$2,152	\$2,862	\$3,615	\$4,303	\$5,379	\$5,380
Weekly	\$497	\$660	\$834	\$993	\$1,241	\$1,242
4 Annual	\$31,200	\$41,496	\$52,416	\$62,400	\$78,000	\$78,001
Monthly	\$2,600	\$3,458	\$4,368	\$5,200	\$6,500	\$6,501
Weekly	\$600	\$798	\$1,008	\$1,200	\$1,500	\$1,501
5 Annual	\$36,580	\$48,651	\$61,454	\$73,160	\$91,450	\$91,451
Monthly	\$3,048	\$4,054	\$5,121	\$6,097	\$7,621	\$7,622
Weekly	\$703	\$936	\$1,182	\$1,407	\$1,759	\$1,760
6 Annual	\$41,960	\$55,807	\$70,493	\$83,920	\$104,900	\$104,901
Monthly	\$3,497	\$4,651	\$5,874	\$6,993	\$8,742	\$8,743
Weekly	\$807	\$1,073	\$1,356	\$1,614	\$2,017	\$2,018
7 Annual	\$47,340	\$62,962	\$79,531	\$94,680	\$118,350	\$118,351
Monthly	\$3,945	\$5,247	\$6,628	\$7,890	\$9,863	\$9,864
Weekly	\$910	\$1,211	\$1,529	\$1,821	\$2,276	\$2,277
8 Annual	\$52,720	\$70,118	\$88,570	\$105,440	\$131,800	\$131,801
Monthly	\$4,393	\$5,843	\$7,381	\$8,787	\$10,983	\$10,984
Weekly	\$1,014	\$1,348	\$1,703	\$2,028	\$2,535	\$2,536

Add the following Amounts for Each Additional Family Member (over 8):

Annual	\$5,380	\$7,155	\$9,038	\$10,760	\$13,450	\$13,451
Monthly	\$448	\$596	\$753	\$897	\$1,121	\$1,121
Weekly	\$103	\$138	\$174	\$207	\$259	\$259

Public Health Service; Federal Register, January 22, 2024

Effective Date: through March 31, 2025

* No charge for Family Planning (Category #1 0-100%)

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B. SAMPLE 2: Title X only

Poverty Level	≤100%	101% - 150%	151% - 200%	201% - 250%	≥251%
Portion of Full	0%	25%	50%	75%	100%
Yearly Income & Household Size					
1	≤15060	15061 - 22590	22591 - 30120	30121 - 37650	≥37651
2	≤20440	20441 - 30660	30661 - 40880	40881 - 51100	≥51101
3	≤25820	25821 - 38730	38731 - 51640	51641 - 64550	≥64551
4	≤31200	31201 - 46800	46801 - 62400	62401 - 78000	≥78001
5	≤36580	36581 - 54870	54871 - 73160	73161 - 91450	≥91451
6	≤41960	41961 - 62940	62941 - 83920	83921 - 104900	≥104901
7	≤47340	47341 - 71010	71011 - 94680	94681 - 118350	≥118351
8	≤52720	52721-79080	79081 - 105440	105441 - 131800	≥131801
Each Additional Family Member	≤5380	5381 - 8070	8071 - 10760	10761 - 13450	≥13451
Monthly Income & Household Size					
1	≤1255	1,256 - 1,883	1884 - 2510	2511 - 3138	≥3139
2	≤1703	1704 - 2555	2556 - 3407	3408 - 4258	≥4259
3	≤2152	2153 - 3228	3229 - 4303	4304 - 5379	≥5380
4	≤2600	2601 - 3900	3901 - 5200	5201 - 6500	≥6501
5	≤3048	3049 - 4573	4574 - 6097	6098 - 7621	≥7622
6	≤3497	3498 - 5245	5246 - 6993	6994 - 8742	≥8743
7	≤3945	3946 - 5918	5919 - 7890	7891 - 9863	≥9864
8	≤4393	4394 - 6590	6591 - 8787	8788 - 10983	≥10984
Each Additional	≤448	449 - 673	674 - 897	898 - 1121	≥1122
Weekly Income & Household Size					
1	≤290	291 - 434	435 - 579	580 - 724	≥725
2	≤393	394 - 590	591 - 786	787 - 983	≥984
3	≤497	498 - 745	746 - 993	994 - 1241	≥1242
4	≤600	601 - 900	901 - 1200	1201 - 1500	≥1501
5	≤703	704 - 1055	1056 - 1407	1408 - 1759	≥1760
6	≤807	808 - 1210	1211 - 1614	1615 - 2017	≥2018
7	≤910	911 - 1366	1367 - 1821	1822 - 2276	≥2277
8	≤1014	1015 - 1521	1522 - 2028	2029 - 2535	≥2536
Each Additional Family Member	≤103	104 - 156	157 - 207	208 - 259	≥260

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Fee Policy Agreement

On behalf of _____, I hereby certify that I have read and understand the
(Agency Name)
Information and Fee Policy as detailed above. I agree to ensure all agency staff and
subcontractors working on the Title X project understand and adhere to the aforementioned
policies and procedures set forth.

Authorizing Official: Printed Name

Authorizing Official Signature

Date

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Date 6/5/2025

APPENDIX B

NH SEXUAL & REPRODUCTIVE HEALTH PROGRAM



Clinical Protocols and Standards of Care

Section: Maternal & Child Health Sub Section(s): Sexual & Reproductive Health Program

Bureau of Family Health and Nutrition, Division of Public Health Services

Document Type (select one): <input checked="" type="checkbox"/> PO (Policy) <input checked="" type="checkbox"/> PR (Procedure) <input type="checkbox"/> WI (Work Instructions)	Reference #: BFHN.SRH.1010
Document Name: Clinical Protocols and Standards of Care	
Original Effective Date: 2/5/2025	Next Review Date: 2/5/2026
Revision Date:	

References	<ul style="list-style-type: none"> Title X Program Handbook, Section 3, Provision of High-Quality Family Planning Services #5, #6 (https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=19) PA-FPH-22-001 NOFO (https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156) 2021 Title X Final Rule 42 CFR § 59.5(a)(3) (https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5) FY 22 Notice of Award Special Terms and Requirements
Additional Resources	<ul style="list-style-type: none"> National Recommendations for Providing Quality Family Planning Services (QFP) (https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning) Providing QFP Services in the United States: Recommendations of the U.S. Office of Population Affairs (Revised 2024) (https://www.ajpmonline.org/article/S0749-3797(24)00310-6/fulltext) https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P https://www.acog.org/ NH Family Planning Program (FPP) Clinical Guidelines NH FPP Subrecipient Required Trainings List

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 Date 6/5/2025

APPENDIX B**NH SEXUAL & REPRODUCTIVE HEALTH PROGRAM****PURPOSE**

To describe the New Hampshire Department of Health and Human Services (DHHS)/Division of Public Health Services (DPHS)/Sexual and Reproductive Health (SRH) Program expectation that services are provided in a manner that is equitable and quality service delivery is consistent with nationally recognized standards of care. (42 CFR § 59.5(a)(3))

Recipients must also provide quality family planning services that are consistent with the “Providing Quality Family Planning (QFP) Services: Recommendations from Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA)” and other relevant nationally recognized standards of care. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements)

POLICY

- Service sites operate within written clinical protocols aligned with nationally recognized standards of care.
- Clinical protocols are approved by the medical director or the clinical services provider overseeing the project.

PROCEDURE

- Nationally recognized standards of care such as the U.S. Preventative Services Task Force (USPSTF), CDC, and The American College of Obstetricians and Gynecologists (ACOG) will be utilized in the development of NH FPP Clinical Guidelines.
- NH DHHS/DPHS/SRH Program and contracted clinical consultant will review and update NH FPP Clinical Guidelines annually or as necessary to ensure they are current and reflect current federal and professional medical associations recommendations for each type of service as cited in the QFP.
- Clinical staff will participate in training on the QFP. All training will be documented, and annual training reports will be submitted to NH DHHS/DPHS/SRH Program annually.
- SRH Program staff will assess adherence to approved protocols through medical records reviews during site visits.
- NH DHHS/DPHS/SRH Program will monitor subrecipients and service sites to ensure compliance with this expectation through collection of NH FPP Clinical Guidelines signature page, review of annual training reports, during site visits through clinical record reviews and observation to assess adherence with this expectation.
- This policy will be made available to subrecipient project leads to disseminate to their staff. All staff should feel free to provide feedback about NH DHHS/DPHS/SRH Program policies & procedures. Staff can provide feedback to their project leads to coordinate or provide input directly to the program by emailing SexualandReproductiveHealth@dhhs.nh.gov.
- At the recipient level, policies and procedures will be included in orientation of all new staff.
- Policies will be reviewed once a year, any changes will be proposed to the network, by disseminating to subrecipient project leads to gather input from their organizations as

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APPENDIX B

NH SEXUAL & REPRODUCTIVE HEALTH PROGRAM



they deem appropriate (i.e., staff, community, board, I&E, etc.), final policies will be emailed to leads once finalized.

- Contracted agencies should have copies of all policies readily available to staff, however, if needed, policies can be shared upon request by contacting SRH program staff or SexualandReproductiveHealth@dhhs.nh.gov.

Approved By	Date
Name Administrator/Supervisor of Relevant Program (PR or WI if designated): Aurelia Moran	01/08/2025

REVISION LOG

Document Type (select one): <input checked="" type="checkbox"/> PO (Policy) <input checked="" type="checkbox"/> Procedure (PR) <input type="checkbox"/> WI (Work Instructions)		Reference #: BFHN.SRH.1010
Document Name: Clinical Protocols and Standards of Care		Original Effective Date:
Date	Explanation	Revised By

Contractor Initials DS
SD
 Date 6/5/2025



APPENDIX C

NH FAMILY PLANNING PROGRAM
I&E Materials Review and Approval Process
Policy

I&E Materials Review and Approval Process Policy
Section: Maternal & Child Health Sub Section(s): NH Family Planning Program Version: 4.0
Effective Date: April 1, 2024 Next Review Date: June 30, 2025

Approved by:	AURELIA MORAN
Authority	Section 1006(d)(1), PHS Act; 42 CFR 59.6

PURPOSE

The purpose of this policy is to describe the processes of the *Department of Health and Human Services, Division of Public Health Services, NH Family Planning Program (NH FPP)*, the Title X Grantee, for ensuring subrecipient compliance with the Title X Expectation to establish a review and approval process, by an I&E/Advisory Committee, of all informational and educational (I&E) materials (print and electronic) developed or made available under the Title X project prior to their distribution, to ensure that materials developed or made available under the project are suitable for the intended population or community to which they are to be made available.

POLICY

I. NH FPP ensures compliance with all Title X I&E Materials Review and Approval Expectations by dividing I&E responsibilities as follows:

- I&E review and approval operations, including the establishment of an I&E/Advisory Committee and review and approval of materials as described in CFR 59.6(b), are delegated to individual subrecipient agencies.
- Oversight of these operations rests with the NH FPP who will ensure each subrecipient's adherence to Title X Expectations relating to the review and approval of I&E materials per CFR 59.6 and as outlined in this policy document.

II. Expectations delegated to subrecipient agencies include:

- Having an advisory committee (or committees as appropriate) that reviews and approves print and electronic informational and educational materials developed or made available under the project, prior to their distribution, to assure that the materials are suitable for the population or community to which they are to be made available and the purposes of Title X. (Section 1006(d)(1) and (2), PHS Act; 42 CFR § 59.6(a))
- Ensuring at least 5 reviewers (clients, individuals who reflect the demographics of clients, and/or potential clients) for each material. *Subrecipient agencies do not need to have the same 5 reviewers for each material.*
- *Subrecipient agencies may fulfill I&E Advisory Committee membership expectations by:*
 - i. *creating one or more I&E Advisory Committees that resemble the demographic and other characteristics of the audience for whom the materials are intended.*



NH FAMILY PLANNING PROGRAM I&E Materials Review and Approval Process Policy

- ii. *using an Advisory Board or other committee that is already in existence, as long as such committee resembles the demographic and other characteristics of the audience for whom the materials are intended.*
 - iii. *soliciting feedback from clients recruited while visiting the health center for an appointment.*
- Establishing and maintaining an advisory committee that:
 - i. consists of no fewer than five members and up to as many members the recipient determines and
 - ii. includes individuals broadly representative of the population or community for which the materials are intended. (Section 1006(d)(2), PHS Act; 42 CFR § 59.6(b)).
- Ensuring that the advisory committee, in reviewing materials:
 - i. considers the educational, cultural, and diverse backgrounds of individuals to whom the materials are addressed,
 - ii. considers the standards of the population or community to be served with respect to such materials,
 - iii. reviews the content of the material to assure that the information is factually correct, medically accurate, culturally and linguistically appropriate, inclusive, and trauma informed,
 - iv. determines whether the material is suitable for the population or community to which is to be made available, and
 - v. establishes and maintains a written record of its determinations.
- It may be necessary for the I&E/Advisory Committee to delegate responsibility for the review of the factual, technical, and clinical accuracy of all I&E materials developed or made available under the Title X-funded project to appropriate project staff (e.g., RN, NP, CNM). If this function is delegated to appropriate project staff, the I&E/Advisory Committee must still grant final approval of each I&E material.
- **Frequency of Review.** *Each material being distributed under the Title X project must be reviewed on an annual basis to determine that it meets the Title X Expectations. The annual review must result in re-approval or expiration of each I&E material.*
- It is recommended that the advisory committee meet (virtually or in person) 1-2 times annually or more often as appropriate for the purposes of:
 - i. discussing the addition of new/updated I&E materials,
 - ii. determining if any old/outdated materials should be expired,
 - iii. re-approving I&E materials currently being made available to Title X clients.



NH FAMILY PLANNING PROGRAM I&E Materials Review and Approval Process Policy

PROCEDURES

I. Grantee Procedures:

- NH FPP staff will provide guidance, training, and technical assistance to subrecipient agencies to ensure that subrecipient staff have the knowledge and understanding of I&E expectations needed to comply with Title X Expectations.
- NH FPP staff will provide oversight by:
 - i. reviewing annual subrecipient submissions of the *NH FPP I&E Materials List Template* (see Attachment A) and providing feedback as needed. The list will be evaluated for required data elements for each material, including a date of approval for each material that is within one year from the date the I&E materials list is due to be submitted (refer to the current Family Planning Reporting Calendar)
 - ii. reviewing subrecipient I&E materials review policies and procedures, committee member lists (including demographic and other characteristics), individual committee member feedback on materials reviewed, and committee member summaries during subrecipient site visits.
- The NH FPP will produce and provide a de-identified master list of all I&E materials currently in use across the NH FPP Title X network on an annual basis. This list is to be used solely for the purposes of aiding sub-recipients in brainstorming materials or types of materials they would like to share with their own client population. *Materials on this list are not approved for network-wide use and must adhere to review and approval of the subrecipient's own advisory committee.*

II. Subrecipient Procedures:

- Sub-recipients must have written documentation that outlines their processes for conducting material reviews. This documentation should include at a minimum, detailed processes for:
 - i. assessing that the content of I&E materials is factually correct, medically accurate, culturally and linguistically appropriate, inclusive, and trauma informed, and how it is ensured by the committee or appropriate project staff.
 - ii. how the I&E/Advisory Committee provides oversight and final approval for I&E materials, if this responsibility is delegated.
 - iii. how the I&E/Advisory Committee members will ensure that the materials are suitable for the population and community for which they are intended.
 - iv. reviewing materials written in languages other than English.
 - v. how review and approval records will be maintained, including how old materials will be expired.
 - vi. documenting compliance with the membership size requirement for the I&E/Advisory Committee (updated lists/rosters, meeting minutes).
 - vii. selecting individuals to serve on the I&E/Advisory Committee(s) to ensure membership is broadly representative of the population/community being served.
 - viii. ensuring that new/updated materials are routinely added, as necessary (meeting minutes, review forms).
 - ix. documenting that the I&E/Advisory Committee(s) is/are active (meeting minutes).



NH FAMILY PLANNING PROGRAM I&E Materials Review and Approval Process Policy

- Subrecipients should have the following documents readily available during program and federal site visits or upon request:
 - i. written policies that describe subrecipient materials review and approval process, as described above.
 - ii. an up-to-date *NH FPP I&E Materials List* (Attachment A)
 - iii. documentation demonstrating that advisory committee members are broadly representative of the population or community for which the materials are intended (e.g., demographic information collected on the review form). See *Attachment B: I&E Advisory Committee Review Form*.

MONITORING AND ENFORCEMENT

Adherence to this policy and procedure is monitored by the NH Family Planning Program. Failure to comply with this policy may result in corrective action, withholding of funds or contract termination.

POLICY MAINTENANCE

This policy will be maintained by the NH Family Planning Program and will be reviewed and updated, as appropriate, on an annual basis.

**APPENDIX D
NH FAMILY PLANNING PROGRAM**



TEMPORARY ASSISTANCE FOR NEEDY FAMILIES FUNDING POLICY
 Section: **Maternal & Child Health** Sub Section(s): **Family Planning Program** Version: 1.0
 Effective Date: July 1, 2022 Next Review Date: June 30, 2025

Approved by:	Aurelia Moran
Authority	NH Department of Health and Human Services, Division of Economic and Housing Supports

The purpose of this policy is to describe the NH Family Planning Program’s (NH FPP) process for ensuring sub-recipient compliance with proper utilization of the Temporary Assistance for Needy Families (TANF) funding awarded by the NH Department of Health and Human Services, NH Division of Public Health Services, and as administered and required by the U.S Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Family Assistance (OFA).

I. TANF Funding Policy

Temporary Assistance for Needy Families (TANF) funding must only be utilized by sub-recipients for family planning program outreach and promotional activities or events that support knowledge of and access to family planning services by populations in need. Outreach and promotional activities/events may include, but are not limited to:

- Outreach coordination.
- Community table events.
- Social media.
- Outreach to schools.

Sub-recipients should produce a plan that documents a promotional strategy and marketing campaign that includes identification of populations in need of family planning services, details activities and projects for reaching the target population and specifies evaluation measures. ***Sub-recipients must submit an Outreach & Education Report on an annual basis on August 31 of each contract year or as requested by the NH FPP.***

Outreach efforts must be specific to the NH family planning program and sub-recipients must not report any outreach efforts conducted by any other program within their organization.

Suggestions for TANF-funded promotional activities/events:

- Community Presentations (e.g., providing education at a local school on a reproductive health topic)

Contractor Initials: SD^{DS}
 Date: 6/5/2025

APPENDIX D NH FAMILY PLANNING PROGRAM



- Attend community events to provide health education to attendees (e.g., tabling events, community meetings).
- Distribute program information at community events (e.g., tabling events).
- Conduct presentations to inform community partners (mental health and primary care providers, shelters, prisons, faith-based organizations, school personnel, parent groups, social service agencies, food pantries, and other community organizations) of services, locations, and hours.
- Meet with community partners and coalitions to discuss the family planning program and potential referral opportunities.
- Post up-to-date program information at a range of community venues, including virtual platforms (e.g., websites, social media).
- Distribute and post flyers.
- Create and post social media to promote family planning services.

TANF Funding Policy Agreement

On behalf of _____, I hereby certify that I have read and understand the
 (Agency Name)
 TANF Funding Policy as detailed above. I agree to ensure all agency staff and subcontractors
 working on the Title X project understand and adhere to the aforementioned policies and
 procedures set forth.

 Authorizing Official: Printed Name

 Authorizing Official Signature

 Date

Contractor Initials: DS
SD
 Date: 6/5/2025

APPENDIX F
NH SEXUAL & REPRODUCTIVE HEALTH PROGRAM



Staff Training	
Section: Maternal & Child Health	Sub Section(s): Sexual & Reproductive Health Program
Bureau of Family Health and Nutrition, Division of Public Health Services	

Document Type (select one): <input checked="" type="checkbox"/> PO (Policy) <input checked="" type="checkbox"/> PR (Procedure) <input type="checkbox"/> WI (Work Instructions)	Reference #: BFHN.SRH.1014
Document Name: Staff Training	
Original Effective Date: 02/5/2025	Next Review Date: 2/5/2026
Revision Date:	

References	<ul style="list-style-type: none"> Title X Program Handbook, Section 3, Staff Training #1, #2, #3, #4 (https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf - page=27) 2021 Title X Final Rules 42 CFR § 59.5(b)(4) (https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5)
Additional Resources	<ul style="list-style-type: none"> NH FPP Required Trainings Reproductive Health National Training Center (RHNTC): https://rhntc.org/ National Clinical Training Center for Sexual and Reproductive Health (CTC-SRH): https://ctcsr.org/ <u>Know and Tell</u>

PURPOSE

To describe the New Hampshire Department of Health and Human Services (DHHS)/Division of Public Health Services (DPHS)/Sexual and Reproductive Health (SRH) Program process for ensuring recipient, subrecipient, and service sites are compliant with the requirements for staff training.

POLICY

- Orientation and in-service training for all project personnel is provided by the project as outlined in the NH FPP Required Trainings plan and in compliance with Title X federal staff training requirements.
- Provide for orientation and in-service training for all project personnel. (42 CFR § 59.5(b)(4))


 Contractor Initials _____
 Date 6/5/2025

APPENDIX F

NH SEXUAL & REPRODUCTIVE HEALTH PROGRAM



- Ensure routine training of staff on federal/state requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest, as well as on human trafficking.
- Ensure routine training on involving family members in the decision-of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities.
-

PROCEDURE

- All project staff (recipient, subrecipient, and service site staff) should adhere to the NH FPP Required Trainings list, for new or existing staff as appropriate. The training list provides details and a timeline of completion for all Title X and SRH Program required and recommended trainings.
- The NH FPP Required Trainings list will be provided to subrecipient agencies by NH SRH Program staff when updated, on an annual basis, and as requested from subrecipient agency staff. The Required Trainings list can also be shared upon request by contacting SRH Program staff or SexualandReproductiveHealth@dhhs.nh.gov.
- Subrecipients/service sites will ensure and document that all project staff have received orientation and in-service training per the NH SRH training plan.
- Subrecipient monitoring activities will include making available on an annual basis at a minimum, a copy of project staff training records documenting completion of all required trainings per the appropriate and most up-to-date NH FPP Required Training list. Activities may also include review of staff training policies, procedures and records during site visits to ensure compliance with this expectation.
- This policy will be made available to subrecipient project leads to disseminate to their staff. All staff should feel free to provide feedback about NH DHHS/DPHS/SRH Program policies & procedures. Staff can provide feedback to their project leads to coordinate or provide input directly to the program by emailing SexualandReproductiveHealth@dhhs.nh.gov.
- At the recipient level, policies and procedures will be included in orientation of all new staff.
- This policy will be reviewed once a year, any changes will be proposed to the network, by disseminating to subrecipient project leads to gather input from their organizations as they deem appropriate (i.e., staff, community, board, I&E, etc.), final policies will be emailed to leads once finalized.
- Contracted agencies should have copies of all policies readily available to staff; however, if needed, policies can be shared upon request by contacting SRH program staff or SexualandReproductiveHealth@dhhs.nh.gov.

Contractor Initials DS
SD
Date 6/5/2025

APPENDIX F
NH SEXUAL & REPRODUCTIVE HEALTH PROGRAM



Approved By		Date
Name Administrator/Supervisor of Relevant Program (PR or WI if designated): Aurelia Moran		01/08/2025
REVISION LOG		
Document Type (select one): <input checked="" type="checkbox"/> PO (Policy) <input checked="" type="checkbox"/> Procedure (PR) <input type="checkbox"/> WI (Work Instructions)		Reference #: BFHN.SRH.1014
Document Name: Staff Training		Original Effective Date:
Date	Explanation	Revised By:

Contractor Initials DS
 Date 6/5/2025

APPENDIX G

New Hampshire Family Planning Program

Title X Staff Update Form



Reason for update:

- New hire
- Change in employment status (specify):
- Termination of employment
- Other (specify):

Date Effective:

Information of Person Completing Form (should be FP Director or upper management staff)

Full Name:

Last, First

Nickname/Preferred name

Agency name:

Email:

Job Title:

Please complete the table below for all staff changes

Staff Name	Specify Role/Credentials	Service Site Location	Reason for Update (new hire, termination, employment change)	Hours of work per week for this role

Describe any impacts of staff changes to the provision of Title X service delivery:

REMINDERS:

- This form should be completed within 30 days of Title X project staff change(s) occurring
- For new hires working on Title X project, please include resume
- Send updated Title X staff list

Please submit this form and any supporting documentation (e.g., resume) to:
SexualandReproductiveHealth@dhhs.nh.gov

Contractor Initials:

SD

Date: 6/5/2025

APPENDIX I

NH Family Planning Program Reporting Calendar SFY 2026-2027

All due dates and reporting requirements are subject to change at the discretion of the program and Title X Federal Requirements. More information on reporting items will be provided by the program prior to the due dates below.

ITEMS DUE WITHIN 30 DAYS OF G&C'S CONTRACT APPROVAL (unless otherwise noted):	
<ul style="list-style-type: none"> NH FPP Clinical Guidelines with staff signatures State Fiscal Year (SFY) 2026 Workplan Agency Title X staff list Minors Counseling Policy/Procedures Communication Access and Language Assistance Plan (due within 10 days of G&C approval) Documentation that all staff completed the Title X Orientation (new service sites only) 	
SFY 26 (July 1, 2025- June 30, 2026)	
Due Date:	Reporting Requirement:
August 29, 2025	SFY2025 Annual Reporting* only due for agencies contracted during SFY2025 (July 1, 2024 – June 30, 2025)
January 16, 2026	Family Planning Annual Reporting (FPAR)**
April 3, 2026	Sliding Fee Scales/Fee Schedules
May – June 2026 (Official dates shared when released from HRSA)	<u>340B Annual Recertification Period</u> for Title X Family Planning & CDC (STD/TB)
May 1, 2026	Pharmacy Protocols/Guidelines
May 29, 2026	I&E Material List with Advisory Board Approval Dates
SFY 27 (July 1, 2026 – June 30, 2027)	
Due Date:	Reporting Requirement:
August 28, 2026	SFY 2026 Annual Reporting*
January 8, 2027	Family Planning Annual Reporting (FPAR)**
April 2, 2027	Sliding Fee Scales/Fee Schedules
May – June 2027 (Official dates shared when released from HRSA)	<u>340B Annual Recertification Period</u> for Title X Family Planning & CDC (STD/TB)
May 7, 2027	Pharmacy Protocols/Guidelines
May 28, 2027	I&E Material List with Advisory Board Approval Dates
June 2027 (TBD)	Clinical Guidelines Signatures (effective July 1, 2025)
August 27, 2027	SFY 2027 Annual Reporting*

*Items to be submitted for Annual Reporting will include, but may not be limited to:

- Patient Satisfaction Surveys, Outreach and Education Report, Annual Staff Training Report, Work Plan Update/Performance Measure Outcome Report, Policies and Procedures.

**FPAR Reporting items will include, but may not be limited to:

- Sources of Revenue spreadsheet, Clinical Data (FPAR Tables 9, 11, 12), FTE/ Provider Type (FPAR Table 13)

Contractor Initials:

DS
SD

Date: 6/5/2025

APPENDIX I

NH Family Planning Program Reporting Calendar SFY 2026-2027

In addition to the above reporting requirements, agencies conducting in-house sterilizations must submit agency Public Health Sterilization Records on a quarterly basis and in accordance with the following timeline:

SFY 2026 Public Health Sterilization Records	SFY 2027 Public Health Sterilization Records
July 2025 - September 2025 records: <i>Due October 10, 2025</i>	July 2026 - September 2026 records: <i>Due October 9, 2026</i>
October 2025 - December 2025 records: <i>Due January 9, 2026</i>	October 2026 - December 2026 records: <i>Due January 8, 2027</i>
January 2026 - March 2026 records: <i>Due April 10, 2026</i>	January 2027 - March 2027 records: <i>Due April 9, 2027</i>
April 2026 - June 2026 records: <i>Due July 10, 2026</i>	April 2027 - June 2027 records: <i>Due July 9, 2027</i>

Contractor Initials: 
 Date: 6/5/2025

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: 0007175529



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 6th day of May A.D. 2025.

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

David M. Scanlan
Secretary of State

**CERTIFICATE OF
AUTHORITY**

I, Todd Hathaway, hereby certify that:

1. I am a duly elected Clerk/Secretary/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, CEO or Gregory White, CEO are 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: 5/8/25

/s/ Todd Hathaway

Signature of Elected Officer

Name: Todd Hathaway

Title: Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/26/2024

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	
INSURER A : Philadelphia Indemnity Insurance Company	NAIC # 18058
INSURER B : Atlantic Charter Insurance Company	44326
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Lamprey Health Care, Inc.
207 South Main Street
Newmarket, NH 03857

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			PHPK2563602	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WCA00545411	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

CERTIFICATE HOLDER State of New Hampshire Department 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
--	--

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 10/23/2024



CONSOLIDATED FINANCIAL STATEMENTS

and

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

**September 30, 2024 and 2023
With Independent Auditor's Report**





BDMP Assurance, LLP

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 sheet as of September 30, 2024, 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.

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, 2024, and the results of their operations, changes in their net assets and their cash flows for the year then ended, in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

Basis for Opinion

We conducted our audit in accordance with U.S. generally accepted auditing standards (U.S. GAAS) and the standards applicable to financial audit 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Prior Period Financial Statements

The consolidated financial statements of the Organization as of and for the year ended September 30, 2023 were audited by Berry, Dunn, McNeil & Parker, LLC, whose report dated February 16, 2024 expressed an unmodified opinion on those consolidated financial statements.

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. GAAP, 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.

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

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. GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audits 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 audits, significant audit findings, and certain internal control related matters that we identified during the audits.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheet as of September 30, 2024, and the related consolidating statements of operations and changes in net assets for the year 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. GAAS. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements as a whole. The consolidating balance sheet as of September 30, 2023, and the related consolidating statements of operations and changes in net assets for the year then ended, were subjected to the auditing procedures applied in the 2023 audit of the basic financial statements by Berry, Dunn, McNeil & Parker, LLC, whose report on such information stated that it was fairly stated in all material respects in relation to the 2023 consolidated financial statements as a whole.

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

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. GAAS. 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 January 28, 2025 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.

BMP Assurance, LLP

Manchester, New Hampshire
January 28, 2025

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Balance Sheets

September 30, 2024 and 2023

ASSETS

	<u>2024</u>	<u>2023</u>
Current assets		
Cash and cash equivalents	\$ 3,518,210	\$ 1,512,831
Patient accounts receivable	1,338,725	1,476,066
Grants receivable	470,387	1,150,512
Other receivables	324,825	153,045
Inventory	261,932	182,213
Other current assets	<u>359,558</u>	<u>437,916</u>
Total current assets	6,273,637	4,912,583
Assets limited as to use	2,243,324	3,134,849
Fair value of interest rate swaps	36,613	347,166
Property and equipment, net	<u>10,241,575</u>	<u>8,992,563</u>
Total assets	<u>\$ 18,795,149</u>	<u>\$ 17,387,161</u>

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	\$ 859,015	\$ 916,612
Accrued payroll and related expenses	1,479,301	1,420,265
Deferred revenue	107,702	277,623
Current maturities of long-term debt	<u>134,467</u>	<u>74,458</u>
Total current liabilities	2,580,485	2,688,958
Long-term debt, less current maturities	<u>4,442,126</u>	<u>2,615,291</u>
Total liabilities	<u>7,022,611</u>	<u>5,304,249</u>
Net assets		
Without donor restrictions	11,125,241	11,159,483
With donor restrictions	<u>647,297</u>	<u>923,429</u>
Total net assets	<u>11,772,538</u>	<u>12,082,912</u>
Total liabilities and net assets	<u>\$ 18,795,149</u>	<u>\$ 17,387,161</u>

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, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Operating revenue		
Net patient service revenue	\$ 13,437,715	\$ 10,280,924
Rental income	127,743	137,812
Grants, contracts and contributions	8,846,255	9,525,554
Other operating revenue	1,204,714	957,233
Net assets released from restriction for operations	<u>283,112</u>	<u>312,863</u>
Total operating revenue	<u>23,899,539</u>	<u>21,214,386</u>
Operating expenses		
Salaries and wages	13,770,982	13,327,788
Employee benefits	2,344,694	2,488,649
Supplies	1,956,534	1,275,176
Purchased services	3,975,256	3,559,583
Facilities	704,639	654,237
Other operating expenses	1,264,468	781,102
Insurance	174,842	150,776
Depreciation	603,621	480,056
Interest	<u>184,934</u>	<u>102,120</u>
Total operating expenses	<u>24,979,970</u>	<u>22,819,487</u>
Deficiency of revenue over expenses	(1,080,431)	(1,605,101)
Change in fair value of interest rate swaps	(310,553)	42,227
Grants for capital acquisition	650,778	-
Net assets released from restriction for capital acquisition	<u>705,964</u>	<u>111,559</u>
Decrease in net assets without donor restrictions	<u>\$ (34,242)</u>	<u>\$ (1,451,315)</u>

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, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Net assets without donor restrictions		
Deficiency of revenue over expenses	\$ (1,080,431)	\$ (1,605,101)
Change in fair value of interest rate swaps	(310,553)	42,227
Grants for capital acquisition	650,778	-
Net assets released from restriction for capital acquisition	<u>705,964</u>	<u>111,559</u>
Decrease in net assets without donor restrictions	<u>(34,242)</u>	<u>(1,451,315)</u>
Net assets with donor restrictions		
Contributions	712,944	132,705
Grants for capital acquisition, purchased and not in service	-	496,582
Net assets released from restriction for operations	(283,112)	(312,863)
Net assets released from restriction for capital acquisition	<u>(705,964)</u>	<u>(111,559)</u>
(Decrease) increase in net assets with donor restrictions	<u>(276,132)</u>	<u>204,865</u>
Change in net assets	(310,374)	(1,246,450)
Net assets, beginning of year	<u>12,082,912</u>	<u>13,329,362</u>
Net assets, end of year	<u>\$ 11,772,538</u>	<u>\$ 12,082,912</u>

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, 2024

	<u>Healthcare Services</u>	<u>AHEC/PHN</u>	<u>Total Program Services</u>	<u>Administration and Support Services</u>	<u>Total</u>
Salaries and wages	\$ 10,963,430	\$ 638,223	\$ 11,601,653	\$ 2,169,329	\$ 13,770,982
Employee benefits	1,830,704	106,571	1,937,275	407,419	2,344,694
Supplies	1,742,430	19,521	1,761,951	194,583	1,956,534
Purchased services	1,538,605	1,210,885	2,749,490	1,225,766	3,975,256
Facilities	704,639	-	704,639	-	704,639
Other	111,528	920,048	1,031,576	232,892	1,264,468
Insurance	126,781	19,269	146,050	28,792	174,842
Depreciation	442,610	67,272	509,882	93,739	603,621
Interest	129,187	19,635	148,822	36,112	184,934
Allocated program support	<u>1,518,047</u>	<u>110,271</u>	<u>1,628,318</u>	<u>(1,628,318)</u>	<u>-</u>
Total	<u>\$ 19,107,961</u>	<u>\$ 3,111,695</u>	<u>\$ 22,219,656</u>	<u>\$ 2,760,314</u>	<u>\$ 24,979,970</u>

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

	<u>Healthcare Services</u>	<u>AHEC/PHN</u>	<u>Total Program Services</u>	<u>Administration and Support Services</u>	<u>Total</u>
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	97,830	480,056
Interest	67,391	8,921	76,312	25,808	102,120
Allocated program support	<u>1,462,384</u>	<u>105,489</u>	<u>1,567,873</u>	<u>(1,567,873)</u>	<u>-</u>
Total	<u>\$ 17,374,975</u>	<u>\$ 2,248,232</u>	<u>\$ 19,623,207</u>	<u>\$ 3,196,280</u>	<u>\$ 22,819,487</u>

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, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Cash flows from operating activities		
Change in net assets	\$ (310,374)	\$ (1,246,450)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Depreciation	603,621	480,056
Amortization of deferred financing costs	6,775	1,341
Gain on disposal of assets	(263,097)	(189,817)
Insurance proceeds for capital acquisitions	(404,469)	559,251
Change in fair value of interest rate swaps	310,553	(42,227)
Grants for capital acquisition	(650,778)	(496,582)
(Increase) decrease in the following assets:		
Patient accounts receivable	137,341	307,658
Grants receivable	680,125	46,219
Other receivables	(171,780)	(13,314)
Inventory	(79,719)	55,911
Other current assets	78,358	(71,723)
(Decrease) increase in the following liabilities:		
Accounts payable and accrued expenses	304,931	(104,225)
Accrued payroll and related expenses	59,036	38,458
Deferred revenue	(169,921)	(6,015)
Net cash provided (used) by operating activities	<u>130,602</u>	<u>(681,459)</u>
Cash flows from investing activities		
Additions to assets limited as to use	(1,205,544)	(742,706)
Withdrawals from assets limited as to use	2,097,069	1,568,944
Capital acquisitions	(1,952,064)	(1,597,838)
Insurance proceeds for capital acquisitions	<u>404,469</u>	<u>(559,251)</u>
Net cash used by investing activities	<u>(656,070)</u>	<u>(1,330,851)</u>
Cash flows from financing activities		
Grants received for capital acquisition	650,778	496,582
Proceeds from line of credit	812,050	-
Payments on line of credit	(812,050)	-
Proceeds from issuance of long-term debt	2,026,124	-
Payment of deferred financing costs	(39,507)	-
Principal payments on long-term debt	<u>(106,548)</u>	<u>(84,868)</u>
Net cash provided by financing activities	<u>2,530,847</u>	<u>411,714</u>

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, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Net increase (decrease) in cash and cash equivalents	2,005,379	(1,600,596)
Cash and cash equivalents, beginning of year	<u>1,512,831</u>	<u>3,113,427</u>
Cash and cash equivalents, end of year	<u>\$ 3,518,210</u>	<u>\$ 1,512,831</u>
Supplemental disclosure of cash flow information:		
Cash paid for interest	<u>\$ 178,159</u>	<u>\$ 100,779</u>
Capital expenditures included in accounts payable	<u>\$ -</u>	<u>\$ 362,528</u>

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

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2024 and 2023

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 insurance proceeds of \$404,469 and \$559,251 for the years ended September 30, 2024 and 2023, respectively, 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.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2024 and 2023

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 2024 or 2023.

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.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2024 and 2023

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.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2024 and 2023

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, subject to annual inflation increases on July 1 of each year.

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 \$1,520,160 and \$1,282,844 for the years ended September 30, 2024 and 2023, 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.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2024 and 2023

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

Effective October 1, 2023, the Organization adopted Financial Accounting Standards Board Accounting Standards Update (ASU) 2016-13, *Financial Instruments—Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, as amended, which modifies the measurement of expected claims and credit losses on certain financial instruments. Topic 326 requires measurement and recognition of expected versus incurred losses for financial assets held. Financial assets held by the Organization that are subject to ASU 2016-13 include patient accounts receivable. The adoption of this ASU did not have a material impact on the Organization's financial statements.

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances and are reduced by explicit and implicit price concessions. Management estimates implicit price concessions based on its historical collection experience with patients. No additional valuation allowance is necessary for possible credit losses based on historical experience, current conditions, and reasonable and supportable forecasts.

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.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2024 and 2023

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, 2024 and 2023, 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 HHS as outlined below. The awards are cost reimbursable grants and have not been recognized as revenue at September 30, 2024 because qualifying expenditures have not yet been incurred but are available after September 30, 2024 as outlined below:

	<u>Amount</u>	<u>Available Through</u>
Health Center Program	\$ 2,416,858	May 31, 2025
Advanced Nursing Education-Nurse Practitioner Residency Fellowship Program	840,172	July 31, 2025
FY 2023 Early Childhood Development	183,939	August 31, 2025
FY 2024 Behavioral Health Service Expansion	599,554	August 31, 2025
Substance Abuse and Mental Health Services_Projects of Regional and National Significance	629,123	September 29, 2025
FY 2023 Bridge Access Program	5,864	December 31, 2024
Sustaining New Hampshire's CDSM & CPSM Self-Management Network	347,436	April 30, 2025
Community Health Worker Training Program	2,010,539	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.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2024 and 2023

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 of Revenue Over Expenses

The statements of operations and changes in net assets reflect the deficiency 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 January 28, 2025, 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.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2024 and 2023

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 6). The Organization had average days operating cash and cash equivalents on hand (based on normal expenditures) of 53 and 25 at September 30, 2024 and 2023, respectively.

Financial assets available for general expenditure within one year as of September 30 were as follows:

	<u>2024</u>	<u>2023</u>
Cash and cash equivalents	\$ 3,518,210	\$ 1,512,831
Patient accounts receivable	1,338,725	1,476,066
Grants receivable	470,387	1,150,512
Other receivables	<u>324,825</u>	<u>153,045</u>
Financial assets available	<u>\$ 5,652,147</u>	<u>\$ 4,292,454</u>

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 consisted of the following at September 30:

	<u>2024</u>	<u>2023</u>	<u>2022</u>
Patient accounts receivable	\$ 885,942	\$ 1,374,477	\$ 1,595,065
340B contract pharmacy program	<u>452,783</u>	<u>101,589</u>	<u>188,659</u>
Total patient accounts receivable	<u>\$ 1,338,725</u>	<u>\$ 1,476,066</u>	<u>\$ 1,783,724</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2024 and 2023

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:

	<u>2024</u>	<u>2023</u>
Governmental plans		
Medicare	15 %	34 %
Medicaid	31 %	27 %
Commercial payers	40 %	29 %
Patient	<u>14 %</u>	<u>10 %</u>
Total	<u>100 %</u>	<u>100 %</u>

Net patient service revenue was as follows for the years ended September 30:

	<u>2024</u>	<u>2023</u>
Gross charges	\$15,617,241	\$15,263,891
340B contract pharmacy revenue	<u>4,063,610</u>	<u>2,223,873</u>
Total gross revenue	19,680,851	17,487,764
Contractual adjustments and implicit price concessions	(5,686,197)	(6,629,422)
Sliding fee discounts	(1,042,420)	(905,871)
Other patient related revenue	<u>485,481</u>	<u>328,453</u>
Total patient service revenue	<u>\$13,437,715</u>	<u>\$10,280,924</u>

The mix of net patient service revenue from patients and third-party payers was as follows for the years ended September 30:

	<u>2024</u>	<u>2023</u>
Medicare	15 %	22 %
Medicaid	44 %	43 %
Commercial payers	36 %	31 %
Patient	<u>5 %</u>	<u>4 %</u>
	<u>100 %</u>	<u>100 %</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2024 and 2023

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:

	<u>2024</u>	<u>2023</u>
Board-designated for:		
Transportation	\$ 27,059	\$ 27,059
Working capital	1,449,500	1,284,122
Capital improvements	114,338	1,431,184
Other	<u>5,130</u>	<u>80,131</u>
Total Board-designated	1,596,027	2,822,496
Donor restricted	<u>647,297</u>	<u>312,353</u>
Total	<u>\$ 2,243,324</u>	<u>\$ 3,134,849</u>

5. Property and Equipment

Property and equipment consists of the following at September 30:

	<u>2024</u>	<u>2023</u>
Land and improvements	\$ 1,139,913	\$ 1,201,363
Building and improvements	15,405,920	12,017,205
Furniture, fixtures and equipment	<u>1,594,480</u>	<u>1,472,217</u>
Total cost	18,140,313	14,690,785
Less accumulated depreciation	<u>7,898,738</u>	<u>7,478,434</u>
	10,241,575	7,212,351
Construction in progress and assets not in service	<u>-</u>	<u>1,780,212</u>
Property and equipment, net	<u>\$10,241,575</u>	<u>\$ 8,992,563</u>

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.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2024 and 2023

6. Line of Credit

The Organization has an available \$1,000,000 revolving line of credit from a local bank through January 2025, with an interest rate at the Wall Street Journal Prime Rate, but not less than 3.25% (8% at September 30, 2024). The line of credit is collateralized by all business assets. There was no outstanding balance as of September 30, 2024 and 2023. The line of credit has a 30-day clean up provision which was met during the year ended September 30, 2024.

7. Long-Term Debt

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

	<u>2024</u>	<u>2023</u>
Promissory note payable to local bank; see terms outlined below. (1)	\$ -	\$ 758,910
Promissory note payable to local bank; see terms outlined below. (2)	2,729,038	-
Promissory note payable to local bank; see terms outlined below. (3)	<u>1,885,651</u>	<u>1,936,203</u>
Total long-term debt	4,614,689	2,695,113
Less unamortized debt issuance costs	38,096	5,364
Less current maturities	<u>134,467</u>	<u>74,458</u>
Long-term debt, less current maturities	<u>\$ 4,442,126</u>	<u>\$ 2,615,291</u>

(1) The Organization had 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 was due. The Organization had an interest rate swap agreement for the ten-year period through 2032 that limited the potential interest rate fluctuation and substantively fixes the rate at 3.77%. The note was refinanced during 2024 with the issuances of the promissory note described in (2) below.

(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 20 years, with fixed monthly payments of \$11,565 including principal and interest at the one-month SOFR plus 1.5% through February 2034 when a balloon payment is due. The note is collateralized by real estate. The purpose of this note was for the renovation of the Organization's Nashua, New Hampshire facility. The Organization has an interest rate swap agreement for the ten-year period through 2034 that limits the potential interest rate fluctuation and substantively fixes the rate at 5.249%.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2024 and 2023

(3) 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 in compliance with the loan covenants at September 30, 2024.

Maturities of long-term debt for the next five years and thereafter are as follows at September 30:

2025	\$ 134,467
2026	138,208
2027	144,625
2028	150,837
2029	158,392
Thereafter	<u>3,888,160</u>
Total	<u>\$ 4,614,689</u>

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:

<u>Entity</u>	<u>Fixed Rate Paid</u>	<u>Variable Rate Received</u>	<u>Notional Amount</u>	<u>2024 Fair Value (Liability) Asset</u>	<u>2023 Fair Value Asset</u>	<u>Termination Date</u>	<u>Counterparty</u>
LHC	5.2490 %	6.3454 %	\$ 2,729,038	\$ (101,342)	\$ -	02-28-2034	TD Bank
LHC	3.7700 %	- %	-	-	89,368	02-17-2032	TD Bank
FLHC	3.1730 %	6.7706 %	1,885,651	<u>137,955</u>	<u>257,798</u>	10-02-2029	TD Bank
Cumulative unrealized asset				<u>\$ 36,613</u>	<u>\$ 347,166</u>		

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2024 and 2023

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:

	<u>2024</u>	<u>2023</u>
Undesignated	\$ 9,529,214	\$ 8,336,987
Board-designated (Note 4)	<u>1,596,027</u>	<u>2,822,496</u>
Total	<u>\$11,125,241</u>	<u>\$11,159,483</u>

Net assets with donor restrictions were restricted for the following specific purposes at September 30:

	<u>2024</u>	<u>2023</u>
Temporary in nature:		
Capital improvements	\$ -	\$ 38,088
Capital acquisitions, purchased but not in service	-	611,076
Community programs	<u>647,297</u>	<u>274,265</u>
Total	<u>\$ 647,297</u>	<u>\$ 923,429</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2024 and 2023

Net assets released from restriction were used for the following for the year ended September 30:

	<u>2024</u>	<u>2023</u>
Community programs	\$ 283,112	\$ 296,993
Substance abuse prevention	-	15,870
Capital acquisition	<u>705,964</u>	<u>111,559</u>
Total	<u>\$ 989,076</u>	<u>\$ 424,422</u>

10. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b). The Organization contributed \$391,816 and \$373,182 for the years ended September 30, 2024 and 2023, 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, 2024, 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, 2024

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2024 Consolidated
Current assets			
Cash and cash equivalents	\$ 1,925,586	\$ 1,592,624	\$ 3,518,210
Patient accounts receivable	1,338,725	-	1,338,725
Grants receivable	470,387	-	470,387
Other receivables	324,825	-	324,825
Inventory	261,932	-	261,932
Other current assets	<u>359,558</u>	<u>-</u>	<u>359,558</u>
Total current assets	4,681,013	1,592,624	6,273,637
Assets limited as to use	2,243,324	-	2,243,324
Fair value of interest rate swaps	(101,342)	137,955	36,613
Property and equipment, net	<u>8,988,288</u>	<u>1,253,287</u>	<u>10,241,575</u>
Total assets	\$ <u>15,811,283</u>	\$ <u>2,983,866</u>	\$ <u>18,795,149</u>

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	\$ 859,015	\$ -	\$ 859,015
Accrued payroll and related expenses	1,479,301	-	1,479,301
Deferred revenue	107,702	-	107,702
Due to (from) affiliate	26,763	(26,763)	-
Current maturities of long-term debt	<u>82,906</u>	<u>51,561</u>	<u>134,467</u>
Total current liabilities	2,555,687	24,798	2,580,485
Long-term debt, less current maturities	2,608,036	1,834,090	4,442,126
Due to (from) affiliate	<u>990,331</u>	<u>(990,331)</u>	<u>-</u>
Total liabilities	<u>6,154,054</u>	<u>868,557</u>	<u>7,022,611</u>
Net assets			
Without donor restrictions	9,009,932	2,115,309	11,125,241
With donor restrictions	<u>647,297</u>	<u>-</u>	<u>647,297</u>
Total net assets	<u>9,657,229</u>	<u>2,115,309</u>	<u>11,772,538</u>
Total liabilities and net assets	\$ <u>15,811,283</u>	\$ <u>2,983,866</u>	\$ <u>18,795,149</u>

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
	<u> </u>	<u> </u>	<u> </u>
Current assets			
Cash and cash equivalents	\$ 399,404	\$ 1,113,427	\$ 1,512,831
Patient accounts receivable	1,476,066	-	1,476,066
Grants receivable	1,150,512	-	1,150,512
Other receivables	153,045	-	153,045
Inventory	182,213	-	182,213
Other current assets	<u>437,916</u>	<u>-</u>	<u>437,916</u>
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	<u>7,535,568</u>	<u>1,456,995</u>	<u>8,992,563</u>
Total assets	<u>\$ 14,558,941</u>	<u>\$ 2,828,220</u>	<u>\$ 17,387,161</u>

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	<u>29,001</u>	<u>45,457</u>	<u>74,458</u>
Total current liabilities	2,667,593	21,365	2,688,958
Long-term debt, less current maturities	724,545	1,890,746	2,615,291
Due to (from) affiliate	<u>1,021,406</u>	<u>(1,021,406)</u>	<u>-</u>
Total liabilities	<u>4,413,544</u>	<u>890,705</u>	<u>5,304,249</u>
Net assets			
Without donor restrictions	9,221,968	1,937,515	11,159,483
With donor restrictions	<u>923,429</u>	<u>-</u>	<u>923,429</u>
Total net assets	<u>10,145,397</u>	<u>1,937,515</u>	<u>12,082,912</u>
Total liabilities and net assets	<u>\$ 14,558,941</u>	<u>\$ 2,828,220</u>	<u>\$ 17,387,161</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2024

	Lamprey Health Care Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2024 Consolidated
Operating revenue				
Net patient service revenue	\$ 13,437,715	\$ -	\$ -	\$ 13,437,715
Rental income	127,743	227,916	(227,916)	127,743
Grants, contracts and contributions	8,846,255	-	-	8,846,255
Other operating revenue	902,351	302,363	-	1,204,714
Net assets released from restriction for operations	<u>283,112</u>	<u>-</u>	<u>-</u>	<u>283,112</u>
Total operating revenue	<u>23,597,176</u>	<u>530,279</u>	<u>(227,916)</u>	<u>23,899,539</u>
Operating expenses				
Salaries and wages	13,770,982	-	-	13,770,982
Employee benefits	2,344,694	-	-	2,344,694
Supplies	1,956,534	-	-	1,956,534
Purchased services	3,975,181	75	-	3,975,256
Facilities	932,255	300	(227,916)	704,639
Other operating expenses	1,262,468	2,000	-	1,264,468
Insurance	174,842	-	-	174,842
Depreciation	495,401	108,220	-	603,621
Interest expense	<u>123,687</u>	<u>61,247</u>	<u>-</u>	<u>184,934</u>
Total operating expenses	<u>25,036,044</u>	<u>171,842</u>	<u>(227,916)</u>	<u>24,979,970</u>
(Deficiency) excess of revenue over expenses	(1,438,868)	358,437	-	(1,080,431)
Change in fair value of interest rate swaps	(190,710)	(119,843)	-	(310,553)
Grants for capital acquisition	650,778	-	-	650,778
Net assets released from restriction for capital acquisition	705,964	-	-	705,964
Net asset transfer	<u>60,800</u>	<u>(60,800)</u>	<u>-</u>	<u>-</u>
(Decrease) increase in net assets without donor restrictions	<u>\$ (212,036)</u>	<u>\$ 177,794</u>	<u>\$ -</u>	<u>\$ (34,242)</u>

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	<u>312,863</u>	<u>-</u>	<u>-</u>	<u>312,863</u>
Total operating revenue	<u>21,210,878</u>	<u>231,424</u>	<u>(227,916)</u>	<u>21,214,386</u>
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	370,175	109,881	-	480,056
Interest expense	<u>48,087</u>	<u>54,033</u>	<u>-</u>	<u>102,120</u>
Total operating expenses	<u>22,880,990</u>	<u>166,413</u>	<u>(227,916)</u>	<u>22,819,487</u>
(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	<u>704,200</u>	<u>(704,200)</u>	<u>-</u>	<u>-</u>
Decrease in net assets without donor restrictions	<u>\$ (833,181)</u>	<u>\$ (618,134)</u>	<u>\$ -</u>	<u>\$ (1,451,315)</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2024

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2024 Consolidated
	<u> </u>	<u> </u>	<u> </u>
Net assets without donor restrictions			
(Deficiency) excess of revenue over expenses	\$ (1,438,868)	\$ 358,437	\$ (1,080,431)
Change in fair value of interest rate swaps	(190,710)	(119,843)	(310,553)
Grants for capital acquisition	650,778	-	650,778
Net assets released from restriction for capital acquisition	705,964	-	705,964
Net asset transfer	<u>60,800</u>	<u>(60,800)</u>	<u>-</u>
 (Decrease) increase in net assets without donor restrictions	 <u>(212,036)</u>	 <u>177,794</u>	 <u>(34,242)</u>
Net assets with donor restrictions			
Contributions	712,944	-	712,944
Net assets released from restriction for operations	(283,112)	-	(283,112)
Net assets released from restrictions for capital acquisition	<u>(705,964)</u>	<u>-</u>	<u>(705,964)</u>
 Decrease in net assets with donor restrictions	 <u>(276,132)</u>	 <u>-</u>	 <u>(276,132)</u>
 Change in net assets	 (488,168)	 177,794	 (310,374)
Net assets, beginning of year	<u>10,145,397</u>	<u>1,937,515</u>	<u>12,082,912</u>
Net assets, end of year	<u>\$ 9,657,229</u>	<u>\$ 2,115,309</u>	<u>\$ 11,772,538</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2023

	<u>Lamprey Health Care, Inc.</u>	<u>Friends of Lamprey Health Care, Inc.</u>	<u>2023 Consolidated</u>
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	<u>704,200</u>	<u>(704,200)</u>	<u>-</u>
 (Decrease) increase in net assets without donor restrictions	 <u>(833,181)</u>	 <u>(618,134)</u>	 <u>(1,451,315)</u>
Net assets with donor restrictions			
Contributions	132,705	-	132,705
Grants for capital acquisition	496,582	-	496,582
Net assets released from restrictions for operations	(312,863)	-	(312,863)
Net assets released from restriction for capital acquisition	<u>(111,559)</u>	<u>-</u>	<u>(111,559)</u>
 Increase in net assets with donor restrictions	 <u>204,865</u>	 <u>-</u>	 <u>204,865</u>
 Change in net assets	 (628,316)	 (618,134)	 (1,246,450)
Net assets, beginning of year	<u>10,773,713</u>	<u>2,555,649</u>	<u>13,329,362</u>
Net assets, end of year	<u>\$ 10,145,397</u>	<u>\$ 1,937,515</u>	<u>\$ 12,082,912</u>

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2024

<u>Federal Grant/Pass-Through Grantor/Program Title</u>	<u>Federal Assistance Listing Number</u>	<u>Pass-Through Contract Number</u>	<u>Total Federal Expenditures</u>
<u>U.S. Department of Health and Human Services</u>			
<u>Direct</u>			
Health Center Program Cluster			
Community Health Centers	93.224		\$ 2,042,665
COVID-19 Community Health Centers	93.224		<u>26,602</u>
Total AL 93.224			2,069,267
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		<u>1,767,920</u>
Total Health Center Program Cluster			<u>3,837,187</u>
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243		<u>358,163</u>
Advanced Education Nursing Grant Program	93.247		<u>538,664</u>
Congressional Directives	93.493		<u>500,000</u>
Public Health Training Centers Program	93.516		<u>670,638</u>
FIP Verification	93.526		<u>150,778</u>
Empowering Older Adults and Adults With Disabilities Through Chronic Disease Self-Management Education Programs - Financed by Prevention and Public Health Funds (PPHF)	93.734		<u>126,768</u>
<u>Pass-Through</u>			
<i>State of New Hampshire Department of Health and Human Services</i>			
Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services	93.043	010-048-8917-102-500731	29,569
Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services	93.043	010-048-8917-102-500731	<u>75,362</u>
Total AL 93.043			<u>104,931</u>
<i>State of New Hampshire Department of Health and Human Services</i>			
Public Health Emergency Preparedness	93.069	102-500731-90077410	29,061
Public Health Emergency Preparedness	93.069	074-500589-90077028	<u>29,594</u>
Total AL 93.069			<u>58,655</u>
<i>Dartmouth College</i>			
Area Health Education Centers	93.107	n/a	<u>118,894</u>
<i>State of New Hampshire Department of Health and Human Services</i>			
Family Planning Services	93.217	05-9590-902010-5530	49,550
Family Planning Services	93.217	05-9590-902010-5530	<u>267,047</u>
Total AL 93.217			<u>316,597</u>

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, 2024

Federal Grant/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
<u>U.S. Department of Health and Human Services</u>			
<i>State of New Hampshire Department of Health and Human Services</i>			
COVID-19 Immunization Cooperative Agreements	93.268	102-500731-90023210	1,495
COVID-19 Immunization Cooperative Agreements	93.268	102-500731-90023800	14,101
<i>Bi-State Primary Care Association, Inc.</i>			
COVID-19 Immunization Cooperative Agreements	93.268	n/a	<u>144,130</u>
Total AL 93.268			<u>159,726</u>
<i>State of New Hampshire Department of Health and Human Services</i>			
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	n/a	<u>94,374</u>
<i>First Choice Services, Inc.</i>			
Cooperative Agreement to Support Navigators in Federally-Facilitated Exchanges	93.332	n/a	<u>71,676</u>
<i>State of New Hampshire Department of Health and Human Services</i>			
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	48,034
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	13,093
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	<u>28,186</u>
Total AL 93.391			<u>89,313</u>
<i>State of New Hampshire Department of Health and Human Services</i>			
Well-Integrated Screening and Evaluation for Women Across the Nation (WiseWoman)	93.436	n/a	<u>120,889</u>
<i>State of New Hampshire Department of Health and Human Services</i>			
477 Cluster			
Temporary Assistance for Needy Families	93.558	010-045-61460000-500891	<u>53,582</u>
<i>Bi-State Primary Care Association, Inc.</i>			
Opioid STR	93.788	n/a	251,313
<i>State of New Hampshire Department of Health and Human Services</i>			
National Bioterrorism Hospital Preparedness Program	93.889	074-500589-90077700	<u>2,522</u>
<i>State of New Hampshire Department of Health and Human Services</i>			
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500589-92057502	<u>165,903</u>
<i>State of New Hampshire Department of Health and Human Services</i>			
Preventive Health and Health Services Block Grant	93.991	074-500589-90001022	<u>17,536</u>

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, 2024

<u>Federal Grant/Pass-Through Grantor/Program Title</u>	<u>Federal Assistance Listing Number</u>	<u>Pass-Through Contract Number</u>	<u>Total Federal Expenditures</u>
<u>U.S. Department of Health and Human Services</u>			
<i>State of New Hampshire Department of Health and Human Services</i>			
Maternal and Child Health Services Block Grant to the States	93.994	010-090-51900000-500731	12,866
Maternal and Child Health Services Block Grant to the States	93.994	010-090-51900000-500731	<u>50,355</u>
Total AL 93.994			<u>63,221</u>
Total Expenditures of Federal Award - All Programs			<u>\$ 7,871,330</u>

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, 2024

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.



BDMP Assurance, LLP

**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, 2024, 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 January 28, 2025.

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.

BDMP Assurance, LLP

Manchester, New Hampshire
January 28, 2025



BDMP Assurance, LLP

**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

Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Report on Compliance for the Major Federal Program

Opinion on the 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 its major federal program for the year ended September 30, 2024. 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 September 30, 2024.

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.

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

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.

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, 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.

BMP Assurance, LLP

Manchester, New Hampshire
January 28, 2025

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Findings and Questioned Costs

Year Ended September 30, 2024

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

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

None

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Summary Schedule of Prior Year Findings and Questioned Costs

Year Ended September 30, 2024

Finding Number: 2023-001

Condition: In a sample of three of nine cash draw downs from the Payment Management System, 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.

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.

Status: Resolved.

Not
For
External
Distribution

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

2024-2025 Board of Directors

Raymond Goodman, III (President/Chair)



Term ends 2027
Affiliation: Endicott College
Years of Service: 13¹

Audrey Ashton-Savage



Term Ends 2027
Affiliation: University of New Hampshire
Years of Service: 35

Andrea Laskey (Vice President)



Term Ends 2025
Affiliation: Retired
Years of Service: 6

Sarah Cronin



Term Ends 2027
Affiliation: Fidelity Investments
New

James Brewer (Treasurer)



Term Ends 2025
Affiliation: Eastern Bank
Years of Service: 6

Thomas "Chris" Drew



Term Ends 2025
Affiliation: Seacoast Mental Health Center
Years of Service: 27

Todd J Hathaway (Secretary)



Term Ends 2026
Affiliation: Wadleigh, Starr & Peters, PLLC
Years of Service: 4

Jane Goodman



Term Ends 2026
Affiliation: Nashua Soup Kitchen and Shelter
Years of Service: 2

Frank Goodspeed (Immediate Past Chair/Pres)



Term Ends 2026
Affiliation: Retired
Years of Service: 12

Susan Dorothy Hilchey



Term Ends 2027
Affiliation: Retired
New

¹ Calculated for 9/2025.

Not
For
External
Distribution

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

2024-2025 Board of Directors

Carol LaCross



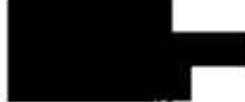
Term Ends 2027
Affiliation: Retired
Years of Service: 37

Jim Ryan



Term Ends 2026
Affiliation: Greater Lawrence Family Health
Years of Service: 2

Colin T. McHugh



colin.mchugh@snhhs.org
Term Ends 2027
Affiliation: Southern NH Health
New

Erika Farrell Taylor



Term Ends 2027
Affiliation: United Health Care
New

John G. Prieto



Term Ends 2027
Affiliation: Atherton Real Estate Group, LLC
New

Mark Whitney



Term Ends 2027
Affiliation: Retired
New

Arvind Ranade,



Term Ends 2027
Affiliation: SymbioSys Solutions, Inc.
Years of Service: 10

Querida S. Owen

Objective

Continuation of the application of my acquired psychological and bilingual skills.

Summary of qualifications

Bachelor degrees in Psychology and Spanish.
Completely bilingual as well as bicultural.
Strong Intra-personal skills.

Work Experience

1999 to Present

Area Agency for Developmental Services of Greater Nashua, Inc. Nashua, NH

Assistant Early Supports and Services Coordinator for 11 towns

Assist in the implementation of a family Centered Early Supports and Services program / Early Intervention, which focuses on supporting children of ages new born to three and their families, in non-facility based services.

Responsible for the arrangement and implementation of initial home visits, referrals to contracted teams for evaluations, goals development and implementation, in addition to an array of service options which include: Service coordination, family training, counseling, home visits and occupational / physical / speech therapy.

Provide technical assistance as it relates to state and federal Early Supports and Services regulations for the various evaluating teams.

1991 to 1999

Greater Nashua Child Care Center Nashua, NH

Associate level classroom teacher.

Worked intensively with children aged 13 months through 10 years, and their families.

Assisted in the planning and carrying out of developmentally appropriate activities, as well as in the implementation of behavior modification plans.

Querida S. Owen

Education

1993 to 1998

Rivier College Nashua, NH

Bachelor degree in Psychology.

Bachelor degree in the Spanish Language.

Various workshops on prenatal factors, child development, and challenging behaviors.

Accreditations

Named to the National Dean's List for the last three years of college.

Community activities / services

Neighborhood Health Center for Greater Nashua: Translating and interpreting for medical and counseling personnel (as part of Spanish Internship).

Area Agency for Developmental Services of Greater Nashua: Translating for initial home visits, evaluations, therapy sessions and transposing letters on the agency's behalf.

References

Upon request.

Personal

Female, United States Citizen, Single, Good Health.

ADDENDUM TO RESUME

**9/24/01-Present Lamprey Health Care, Nashua, NH
Care Coordinator/Counselor
Provide supportive services to patients through assessment and appropriate referral services. Provide care coordination including referrals and facilitation to appropriate social services within the community. Participate in team planning with center staff and appropriately document statistical information. Collaborates with community agencies and resources to identify needs within the communities served.**

Natalia Raya

PROFESSIONAL SUMMARY

Trained English/Spanish Interpreter and Community Health Worker with knowledge of medical terminology, pharmacology, medical law and ethics, and medical insurance. Solid work history in a field that demands excellent teamwork, interpersonal and organizational skills. Respectful of all individuals, regardless of cultural or economic background, and eager to make a positive difference in people's lives.

KEY SKILLS

- Fluent in English and Spanish
- Community Health
- Interpretation
- Microsoft Word and Excel
- Assisting clients via phone, email
- Active listening
- Excellent verbal & written communication skills
- Knowledge of medical terminology
- Adherence to Code of Ethics and HIPAA
- Cultural sensitivity
- Customer service

EDUCATION

56-Hour Community Health Worker Training | 2016

Southern New Hampshire Area Health Education Center (SNHAHEC) - Manchester, NH

Topics covered included:

- *Insurance Options and the Marketplace, CHW Code of Ethics, Culture and Cultural Effectiveness*
- *Community Assessment Skills Advocacy, Leadership and Empowerment Skills*
- *Chronic Disease Management and Oral Health*
- *Mental Health, Substance Abuse, Domestic Violence, and Care Coordination*
- *The Environment and Prevention and Wellness*

Health Care Community Interpreter | 2015

Southern New Hampshire Area Health Education Center (SNHAHEC) - Manchester, NH

64-hour training covered language access law, the protocol of interpretation, the national code of ethics and standards of practice, basic anatomy and medical terminology, impact of culture on interpretation, and role plays.

900-Hour Professional Medical Assistant Certificate | 2005

Seacoast Career Schools - Manchester, NH

120 hour clinical with Dr. Kundu at Catholic Medical Center

Courses included:

- *Anatomy & Physiology 1& 2*
- *Clinical Labs 1,2 & 3*
- *Office Procedures and Theory*
- *Phlebotomy*
- *Medical Manager*
- *Microsoft Word and Window XP*
- *Pharmacology*
- *Insurance*
- *Psychology*
- *Medical Terminology 1& 2*
- *Medical Law and Ethics*
- *Billing & Coding*
- *CPR / First Aid*
- *Medical Transcription*

Computer Programming (two-year program, GPA 3.8) | 1990

Instituto De Banca - San Juan, Puerto Rico

Natalia Raya, page 2.

(603) 361-4212 | Natalia-raya@comcast.net

WORK EXPERIENCE

Operation's - Customer Service (promotion) | Jan. 2006 – current

Freudenberg NOK - Manchester, NH

- Coordinate all finish good shipments for facility of 300 plus employees.
- Communicate by phone and email to manage schedules, prioritize work load, and manage daily shipping activity to meet customers' delivery expectations.
- Develop and execute contingency control plans for customer's requirements and anticipate customer's expectations.
- Reorganized inventory control process to reduce inventory review from twice a year to once every 3-4 years, significantly reducing staff hours for overtime pay.
- Key member of Kaizen team tasked with exploring strategies for continuous improvement. Took lead role in standardizing product packaging sizes to save money and reduce waste.

Quality Assurance (promotion) | Jan. 1999 – Jan. 2006

Freudenberg NOK - Manchester, NH

- Worked with Quality Assurance team to support 4-5 product lines for major auto manufacturers.
- Successfully served as backup Supervisor when needed.
- Demonstrated documentation control through computer skills & filing.
- Collaborated with team members at shift changes to ensure smooth work transition.
- Reviewed engineering drawings to verify measurements and specifications.

Cell Operator | Nov. 1997 – Dec. 1999

Freudenberg NOK - Manchester, NH

- Efficiently and accurately assembled and packaged molded gasket covers for major automobile manufacturers such as Chrysler and GM.
- Offered promotion to Quality Assurance position based on skill and excellent work ethic.

AWARDS

H-1B ICU Healthcare Skills Training Grant Award | Jan. 2016

One of approximately 300 participants selected for this competitive training grant sponsored by the U.S. Department of Labor, Employment and Training Administration and administered through Manchester Community College (Manchester, NH).

Academic Excellence Award - Seacoast Career Schools | Dec. 2004

Motivation Award - Seacoast Career Schools | Dec. 2004

Most Helpful Student Award - Seacoast Career Schools | Sept. 2004

Elizabeth McCarthy, RN

Scargil

EDUCATION

Rivier University, Nashua, NH

Bachelor of Science in Nursing (BSN), May 2014

Certificates

Basic Life Support - 11/2021

EXPERIENCE

Home Health & Hospice Care, Merrimack NH — RN

February 2017-present

Case managed up to 15 pts from 2017-2018

Proficient in PICC line, hickmans, midlines, CADD pumps and IV administration

Made independent decisions, utilized resources in the area, made appropriate referrals

Became comfortable with difficult conversations on palliative care/end of life

Helped patients formulate goals of care, and assisted them with motivation

Worked alongside medical social workers, and physical and occupational therapists using open communication

Became comfortable with colostomies/ileostomies, pleurx drains, nephrostomy tubes, biliary drains, JP drains and wound care of various types, suture/staple removal. Proficient with KCI wound vacs.

Concord Hospital / 4 East Medical Oncology — Staff RN/RP

August 2014 - January 2017

Provided proficient care to 5-7 patients during 12 hour shifts

As resource nurse, worked with staff nurses and nursing manager for bed/patient management

Administered chemotherapy, blood products, insulin drips, insulin, medications

Improved medical charting skills, and assessment skills

Gathered more knowledge of medications and IV fluids, including chemotherapy/biotherapy

Conducted therapeutic communication and further developed crisis management skills

Became more confident in patient education and disease treatment/prevention

Participated in team approach to patient care

Good Shepherd Nursing & Rehabilitation Center, Jaffrey NH
— Staff RN

August 2013 - April 2014

Provided competent primary care to residents on nursing & dementia wing

Improved medical charting skills, and assessment skills

Gathered more knowledge of medication and schedule compliance

Maintained positive relationships with LNAs following new position

Conducted therapeutic communication throughout dementia care.

Good Shepherd Nursing & Rehabilitation Center, Jaffrey NH
— License Nursing Assistant

August 2012 - Mar 2013

Implemented safe, direct resident care including daily living activities, postmortem care, collecting vital signs and I&O's.

Collaborated with RN's for stoma changes and wound care

Cared for 9-11 residents daily

Recognized for effective time management, teamwork and polite attitude by Director of Nursing and Unit Manager

Saint Joseph Hospital Cancer Center - Nashua NH —
Capstone / Internship - RN

Over 100 hours in 2013

Performed extensive face-to-face cancer-related care with various age groups

Increased IV skills, IV pump programming and hanging medication

Provided various resources and answered questions regarding intervention.

Competently followed chemotherapy precautions

Madeleine O. Craig

WORK EXPERIENCE

Community Health Worker - Nashua, NH

July 2022 - Present

Lamprey Health Care

- Outreach to patients in order to schedule routine cancer screenings
- Assist patients with follow-up medical appointments
- Coordinate patient health services
- Cultural outreach to assist patients in understanding their plan of care
- Utilize mobile health van to provide services to individuals who cannot make it to the on-site clinic
- Enroll patients in state run health programs for insured and uninsured persons
- Educate patients on healthy habits and encourage change within their lives
- Connect patients with local and state agencies for assistance programs
- Work in concert with the NH Food Bank to organize a food pantry available to patients experiencing food insecurity
- Enter patient data into the Med-IT, created by Oxbow, to secure database for the State of New Hampshire
- Proficient in using Centricity Practice Solution and AthenaOne to document patient information into charts
- Earned a certificate in Evidence-Based Health Coaching from The National Society of Health Coaches (NSHC)

Grocery Clerk – Salem, NH

April 2017 – August 2022

Market Basket

- Assist customers in checkout by receiving and processing payments by cash, check, credit card & Apple/Google Pay
- Answer customers questions in regard to merchandise
- Contribute to a positive customer experience, safety and cleanliness of store

EDUCATION

Colby-Sawyer College – New London, NH

Graduation: May 2022

Bachelor of Science: Public Health, Minor: Sociology & Political Science

- Trayne Scholarship, Salem Area Special Needs Scholarship
- Dean's List
- 2022 Public Health Capstone Award

Relevant Major Coursework: Introduction to Public Health, Introduction to Healthcare Systems, Mental Health Systems, Health Research Methods, Epidemiology, Prevention of Illness and Injury, Biomedical Ethics, Public Health Policy and Law, Public Health Capstone I, & Public Health Capstone II

Relevant Minor Coursework: Introduction to Sociology, Sociology of the Family, Gender and Society, Intimate Partner Violence, U.S. Social Problems, Introduction to American Politics, The American Presidency, Politics of the Middle East, The U.S. Constitution, & Politics of Sub-Saharan Africa

COLLEGIATE & LEADERSHIP INVOLVEMENT

Salem Area Special Needs – Salem, NH

September 2012 – Present

Volunteer with Salem Special Olympics Junior Devils

- Provide mentoring support to children and adults with intellectual disabilities
- Motivate, encourage, and provide enthusiasm for athletes at practice and competitions
- Create an environment of inclusion that nurtures physical development and social-emotional development

Colby-Sawyer Swimming – New London, NH

September 2018 – May 2022

NCAA Division III Swimmer

- Great Northeast Athletic Conference (GNAC) Swimming and Diving Finalist
- Student-Athlete Advisory Committee (SAAC) Representative
- Swimming and Diving Captain (2021-2022)
- Student-Athlete Advisory Committee (SAAC) Secretary
- Participates in community service/outreach

ADDITIONAL EXPERIENCE

Health Occupation Students of America (HOSA) – Salem, NH

September 2016 – June 2018

Salem High School

- Student in the Career and Technical Education (CTE) course for Health Science and Technology 1 & 2
- Participated in New Hampshire State & International Leadership Conference for Job Seeking Skills (winning state Gold both years)
- Earned a Licensed Nursing Assistant (LNA) license from the State of New Hampshire

Student Council / Class Council – Salem, NH

September 2014 – June 2018

Salem High School

- Facilitated, supported, and coordinated all activities of the class council
- Organized and coordinated various fundraising programs and funfair events to generate revenue
- Attended leadership workshops and conferences
- Attended National Leadership Conference (LEAD) January 2016 Washington, DC

Varsity Swim Team Captain – Salem, NH

September 2014 – June 2018

Salem High School

- Promoted a positive attitude, community, and team interactions
- Provided a positive role model demonstrating commitment, confidence, and responsibility
- Helped discuss team conflicts and resolve issues
- Received the Captain's Council Leadership Award

Mendoza

Cynthia J Nunez

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.

Rosy Lopez

Professional Summary

Experienced healthcare administrative professional with over 20 years of progressive responsibility in medical office operations. Proven ability to lead teams, optimize workflows, and improve patient satisfaction. Bilingual in English and Spanish, with extensive experience managing interpreter services to ensure culturally competent care.

Professional Experience

Lamprey Health Care — Nashua, NH

Practice Manager

January 2022 – Present

- Lead and supervise a team of 17, including patient service representatives, a financial counselor, and a team of 7 medical interpreters (6 Spanish, 1 Portuguese), ensuring smooth and patient-centered administrative operations.
- Oversee hiring, onboarding, scheduling, and performance management for front-line administrative staff, with a focus on building a resilient team amid staffing shortages.
- Manage interpreter services to provide culturally competent care and ensure effective communication between providers and diverse patient populations.
- Implement workflow improvements and process enhancements that optimize patient scheduling, registration, and financial counseling services, contributing to better patient outcomes.
- Collaborate with clinical leadership and administrative teams to streamline front office operations and improve patient satisfaction scores.

Patient Service Representative Manager

August 2021 – December 2021

- Managed a team of patient service representatives, ensuring efficient patient intake and communication.

- Coordinated scheduling, insurance verification, and front desk operations to improve workflow and reduce wait times.
- Handled patient concerns and resolved issues, maintaining a high level of service quality.

Southern New Hampshire Medical Center — Nashua, NH

Patient Service Representative

February 2016 – July 2021

- Helped patients enroll in Medicaid, Insurance through the Market Place as well as financial assistance.
- Assisted patients with billing inquiries, payments and financial counseling.
- Delivered exceptional customer service, contributing to improved patient satisfaction scores.

Skills

- Staff Supervision & Leadership
- Patient Services & Satisfaction
- Bilingual: English & Spanish
- Interpreter Services Management
- Scheduling & Workflow Optimization
- Budgeting & Resource Allocation
- EMR Systems (Epic, Athena)

Education & Training

High School — Profesor Ricardo Ramirez

1986-1990

Trained Medical Interpreter- AHEC

2004

Leadership Training

Leadership Class Graduate, Nashua Chamber of Commerce

2023

Languages

- English (Fluent)
 - Spanish (Fluent)
 - Portuguese (Basic)
-

CURRICULUM VITAE

NAME: David S. Deifik, M.D.

EDUCATION AND TRAINING

GRADUATE: 1973-1976	Baylor College of Medicine Houston, Texas	M.D. 1976
UNDERGRADUATE: 1969-1973	Oberlin College Oberlin, Ohio	B.A. Chemistry 1973 With Honors
POST-GRADUATE: 1977-1980	Residency in Obstetrics and Gynecology Brown University Affiliated Program in Obstetrics and Gynecology Women and Infants Hospital of Rhode Island Providence, Rhode Island	
1976-1977	Internship in Medicine and Surgery The Rhode Island Hospital Providence, Rhode Island	

CERTIFICATION AND LICENSURE

Medical License:	New Hampshire, 1983	#6822
Board Certification:	Obstetrics and Gynecology 1982 Recertified: 1991	

ACADEMIC APPOINTMENTS

7/1/95-Present

Adjunct Assistant Professor
of Obstetrics and Gynecology
Dartmouth Medical School
Hanover, New Hampshire

2002

~~1993-Present~~

Clinical Instructor in Health Science
Bouve College of Pharmacy and Health Sciences
Northeastern University
Boston, Massachusetts

1979-1980

Assistant Clinical Instructor
Section of Obstetrics and Gynecology
Division of Biology and Medicine
Brown University
Providence, Rhode Island

PROFESSIONAL ACTIVITIES

1983-Present

Multispecialty Group Practice
The Hitchcock Clinic Nashua Division
Nashua, New Hampshire

2001

~~1992-Present~~

Chairman, Department of Obstetrics and Gynecology
The Hitchcock Clinic Nashua Division

1985-1992

Vice Chairman Department of Obstetrics and
Gynecology
The Hitchcock Clinic Nashua Division

1992-1993

Chairman Department of Obstetrics and Gynecology
Nashua Memorial Hospital
Nashua, New Hampshire

1998

~~1988-Present~~

Member of the Health Care Policy Committee
The Matthew Thornton Health Plan
Nashua, New Hampshire

1980-1983

Multispecialty Group Practice
Group Health Medical Associates
Tucson, Arizona

MEMBERSHIP IN PROFESSIONAL SOCIETIES

Fellow of the American College of Obstetricians and Gynecologists
Present

1983-

HONORS AND AWARDS

1993 Physician of the Year Award
The Hitchcock Clinic, Nashua Division

PROFESSIONAL INTERESTS

General Obstetrics, Infertility, Laparoscopy

TEACHING EXPERIENCE

1976-1980 Teaching of Brown University and Tufts University
Medical Students during clinical rotations in Medicine, Surgery and Obstetrics-
Gynecology

1993 Teaching of Northeastern University Physicians.
assistant student during Obstetrics-Gynecology rotation.

ADDITIONAL TEACHING EXPERIENCE

2002- present Nashua Site coordinator for Dartmouth Medical School core rotation in Ob/Gyn

1998- present Teaching Dartmouth Ob-Gyn Residents during the first and second year of residency

Janna Thompson

Successful Diagnosis | Treatment of Childhood Illnesses | Strong Clinical Judgment | Committed to Pediatric Nursing Care & Treatment Plan Development | Patient and Family Focused | HIPPA & OSHA Compliant | Crisis Intervention

Board Certified Pediatric Nurse Practitioner, with a unique capability in building ongoing relationships with patients and their families. Patient advocate who achieves best possible outcomes. Board-Certified Pediatric Primary Care Mental Health Specialist able to provide all-inclusive integrated care to the pediatric population and their families.

PEDIATRIC NURSING EXPERIENCE

Harbor Care Health and Wellness Center | Nashua, NH | 2015-Present

Pediatric Primary Care Mental Health Specialist (2016-Present)

- Assess, diagnose, and manage developmental, behavioral, and mental health (DBMH) concerns. Identify and provide early intervention for DBMH concerns typically seen in the primary care environment.
- Collaborate and coordinate care with other professionals and the medical and educational settings.
- Provide a medical home with an integrated behavioral health approach to pediatric patients and their families.
- Perform active monitoring of pediatric behavioral health patients and provide appropriate referral for complex individual and family mental health disorders. Provide brief psychotherapeutic interventions and psychopharmacology.
- Attended a 2-day Trauma Focused Cognitive Behavioral Therapy Training and apply what was learned in my daily practice.

Certified Pediatric Nurse Practitioner (2015-Present)

- Established a pediatric primary care practice in a Federally Qualified Healthcare Center where previously only adult primary care was offered. Provide exceptional integrated care to a medically underserved pediatric population while incorporating the whole family unit.
- Provide medical care for acute problems and chronic illnesses for patients 0-21 years old while addressing any concerns.
- Trained clinical staff on methods for performing vital signs and administering necessary treatments to pediatric patients.
- Deliver primary care at a satellite to children of women recovering from substance use disorders at our inpatient facility.
- Collaborate with outside medical providers, school nurses, and Division of Youth and Child Services to provide optimal care for pediatric patients from diverse backgrounds.
- Complete age appropriate medical and developmental screenings as recommended by American Academy of Pediatrics.
- Attended state funded Naloxone training, established individual training program, and perform community training.
- Attended the Bureau of Special Medical Services- Nutrition Feeding and Swallowing Team Network Meeting and presented on Support of the baby with Neonatal Abstinence Syndrome and their families.
- Established policies, procedures, and standing orders for COVID-19 operations.
- Established COVID-19 clinic operations for testing and vaccinations.

Children's Hospital at Dartmouth-Hitchcock Manchester | Manchester, NH | 2014-Present

Certified Pediatric Nurse Practitioner

- Collaborate closely with a team of nurses and physicians and deliver exceptional primary care, including anticipatory guidance. Educate patients and families about healthcare, medications, treatment options and procedures.
- Manage acute illnesses and chronic disease exacerbations for infants, children, and adolescents while incorporating psychosocial elements into the treatments.
- Monitor short and long-term follow-up care and clinical lab results. Communicate with outside primary care physicians, providers, and additional specialists as needed.
- Oversee each patient's full evaluation: Medical and psychosocial. Coordinate disease specific testing, monitor, and communicate results while maintaining strict privacy policies.
- Perform physical exams, assess vital signs, administer medications and monitor responses.

CERTIFICATIONS & EDUCATION

- Medication Assisted Treatment (MAT) Waived Provider
- Pediatric Nursing Certification Board (PNCB) Certified Primary Care Pediatric Nurse Practitioner.
- Pediatric Nursing Certification Board (PNCB) Certified Pediatric Primary Care Mental Health Specialist.
- New Hampshire State licensed APRN.

Master of Science: Pediatric Nurse Practitioner, Boston College – Boston, MA

Bachelor of Science: Nursing, Franklin Pierce University – Concord, NH

Associate of Science: Nursing, NHTI, Concord's Community College – Concord, NH

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

Digna M. Landry

OBJECTIVE

Hard-working, creative, and ambitious individual ready to contribute technical knowledge, innovation and diversity to the success of the company and its goals.

SKILLS AND QUALIFICATIONS

- Bi-lingual English and Spanish (*read, write and speak fluently*)
- Knowledgeable with Microsoft: (Word, Excel, PowerPoint)
- Attended Workshops for Product Knowledge, Marketing and Customer Service
- Self-motivation
- Strong work ethic
- Time management
- Leadership
- Ability to work under pressure

EDUCATION

Continental Beauty School: Hudson, NH
Cosmetology-Certification

Graduated in November 2001

MOUNT WASHINGTON COLLEGE: Manchester, NH
Associate Degree in Business Administration

2012 September-2014 October

EMPLOYMENT EXPERIENCE

Great Clips: Bedford, Epping, Nashua NH
Manager

April 2011 – Present

- Ability to listen and understand what the customer wants
- Dedication to great customer service
- Ability to efficiently and effectively resolve customer issues
- Lead a team and commit to company goals and values
- Effective employee management skills
- Communicates with other managers/stores
- Plan effective schedules
- Manage inventory
- Ensure a safe and secure work environment
- Recruit and hire stylist
- Prepare and process employee reviews
- Process salon managerial reports and analyze figures
- Process daily deposits and record sales figures
- Setup workshops
- Train new employees

Smart Styles: Amherst, NH
Hair stylist

May 2002 – April 2011

- Customer service
- Ability to improve my passion
- Ability to use register
- Kept a clean and safe environment

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.

- 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

SARA TEKELBURG, MD

EDUCATION & TRAINING

Eastern Maine Medical Center, Bangor, ME
 Family Medicine Residency 2016 – 2019 (anticipated)

University of Toledo College of Medicine, Toledo, OH
 Medical Doctor 2012 – 2016
 Gold Humanism Honor Society

Denison University, Granville, OH
 B.S. in Biology, B.A. in Women's Studies 2008 – 2012
 Cum laude

PROFESSIONAL AND LEADERSHIP EXPERIENCE

CommunityCare Clinic: student-run free medical clinic
 Director of Quality Management: member of student executive board, oversaw community volunteers 2013 – 2014
 Student volunteer: clinical responsibilities, including triage and patient assessment 2012 – 2016

River Centre Clinic for Eating Disorders
 Community Health Internship 2013
 Counseling, general health education, research assistance

MOOSE (Medically-Oriented Outdoor Situational Education): wilderness medicine group
 President: head of executive board, organized activities including MedWAR, elective, rafting, skiing 2013 – 2014
 First-year representative: design and distribution MOOSE promotional items 2012 – 2013
 Wilderness Medicine Elective: lecture series on wilderness medicine, orienteering final project

SHARE (Sexual Harassment and Rape Education)
 Student Advocate 2010 – 2012
 Staffed support line for survivors of sexual assault, provided support, resources, and advocacy

PUBLICATIONS

Ancestral state reconstruction by comparative analysis of a GRN kernel operating in echinoderms
 Erkenbrack, E.A., Ako-Asare, K., Miller, E., Tekelburg, S., Thompson, J.R., & Romano, L.A.
Development Genes Evolution 216 (1): 37-45 2016

Comparative analysis of late regulatory genes required for skeleton formation in sea urchins
 Tekelburg, S.C. & Romano, L.A.
 Poster presentation at Butler Undergraduate Research Conference; Indianapolis, IN. 2012

CERTIFICATIONS

Basic Life Support (BLS)
 Advanced Cardiac Life Support (ACLS)
 Pediatric Advanced Life Support (PALS)
 Advanced Life Support in Obstetrics (ALSO)
 Neonatal Advanced Life Support (NALS)
 DATA 2000 Buprenorphine Training

PROFESSIONAL MEMBERSHIPS

Gold Humanism Honor Society
 American Academy of Family Physicians
 American Medical Association

PROFESSIONAL INTERESTS

Full-spectrum family medicine, including hospital medicine, obstetrics, and office-based medicine.
 Specific interests include preventive care, women's health, and office-based procedures including IUD and Nexplanon placement, colposcopy, skin biopsy, joint injection, and nail procedures.

SAIRA TEKELENBURG, MD

EDUCATION & TRAINING

Eastern Maine Medical Center, Bangor, ME
 Family Medicine Residency 2016 – 2019 (anticipated)

University of Toledo College of Medicine, Toledo, OH
 Medical Doctor 2012 – 2016
 Gold Humanism Honor Society

Denison University, Granville, OH
 B.S. in Biology, B.A. in Women's Studies 2008 – 2012
Cum laude

PROFESSIONAL AND LEADERSHIP EXPERIENCE

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 Neonatal Advanced Life Support (NALS)
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PROFESSIONAL MEMBERSHIPS

Gold Humanism Honor Society
 American Academy of Family Physicians
 American Medical Association

PROFESSIONAL INTERESTS

Full-spectrum family medicine, including hospital medicine, obstetrics, and office-based medicine.
 Specific interests include preventive care, women's health, and office-based procedures including IUD and Nexplanon placement, colposcopy, skin biopsy, joint injection, and nail procedures.

Sarah Tudisco

Seeking a position as a licensed practical nurse within an obstetrics office, where I can utilize my nursing skills and knowledge to provide compassionate care to mothers through all aspects of pregnancy.

Authorized to work in the US for any employer

Work Experience

Pediatric Triage Nurse

Dartmouth-Hitchcock Medical Center - Nashua, NH
December 2020 to Present

Triage calls for 10 Pediatric providers.
Determine appropriate disposition for phone calls using protocols and nursing judgement
Document telephone encounters in EMR's per policy.
Maintain HIPPA for all patients.
Provide compassionate care to all patients and parents.
Schedule appointments for multiple pediatric providers.
Order covid 19 testing per protocol.

Licensed Practical Nurse

Hanover Hill Health Care Center
May 2018 to April 2020

Function as primary nurse on skilled rehab unit.
Perform nursing assessments on all patients including vital signs, lung/bowel sounds, pain assessment etc.
Administer medications per doctor's orders to 13 patients throughout the day.
Perform dressing changes as ordered.
Obtain blood glucose checks, and INR's as ordered by provider.
Administer IV medications, flush peripheral and central venous access devices as ordered.
Follow facility procedure/protocols as directed, and complete daily documentation requirements, and complete any necessary assessments.
Perform admissions and discharges as scheduled.
Transcribe physicians orders onto MAR and TAR as ordered, obtain second checks as per policy.
Work in conjunction with multiple hospice providers to ensure quality end of life for patients.
Update provider with patient status changes and/or concerns as needed.
Perform other tasks as designated by unit manager.

Licensed Nursing Assistant/Video Monitoring Technician, Float Pool

Catholic Medical Center
November 2017 to March 2018

Assisted patients with activities of daily living.
Obtained vital signs, blood glucose levels, empty drains and record amounts.
Ensured patient safety through frequent rounds.
Observed multiple patients over video monitoring to ensure safety of lines, tubes, and to avoid potential falls.
Provided one to one care for patients with suicidal ideation, delirium etc.
Charted pertinent information regarding vitals, intake & output, and care in electronic record.

Medical Office Assistant

Exeter Hampton Physical Therapy - Exeter, NH
February 2016 to April 2017

Assisted new and established patients with scheduling appointments.
Answered patient questions regarding insurance and billing inquiries.
Contacted insurance companies regarding patient benefits, authorizations, claim status and billing problems.
Assigned diagnosis codes using ICD 10 codes.
Entered charges using correct CPT codes.
Processed insurance and patient payments.

Submitted electronic/paper claims using CMS-1500 forms.

Maintained patient confidentiality by following HIPPA regulations.
Utilized online provider portals to obtain information regarding benefits and claim status.
Typed and updated patient evaluations and reports per Physical Therapists' requests.
Answered and directed phones as directed.
Maintained patient charts.

Emergency Veterinary Technician

Massachusetts Veterinary Referral Hospital - Woburn, MA
November 2013 to February 2016

Triaged incoming patients, performed work ups for critical care patients.
Placed iv catheters, performed iv venipuncture, and took x-rays as directed by veterinarians.
Answered multi line phone system, assisted owners with any medical questions or patient updates.
Cared for patients in both the emergency room and intensive care unit, monitored patients during procedures and surgeries.
Performed CPR during codes and maintained professionalism during emergencies

Veterinary Technician/Receptionist

Wells Dog and Cat Hospital - Wells, ME
2012 to 2013

Answered multi line phone system, scheduled appointments, checked clients in/out.
Entered new patient information into computer system, faxed records per owner/veterinarian request.
Obtained patient history for annual and sick appointments.
Induced, intubated and prepared patients for surgery, maintained the controlled drug log.

Education

Certification

infusion knowledge and St. Anselm's College

September 2019

Bachelors' of Science in Animal Sciences

University of New Hampshire - Durham, NH

2008

Nursing Licenses

PN

Expires: March 2022

State: NH

Skills

- Nursing
- IV certified
- Medication Administration
- EMR Systems
- Experience Administering Injections
- Veterinary Technician Experience
- Triage
- Epic
- Medical Office Experience
- Medical Records
- Vital Signs

Certifications and Licenses

LPN

BLS Certification

LVN

CPR Certification

Susanne Gigliotti

Homeless Outreach Intervention Specialist - ROCKINGHAM COMMUNITY ACTION

Social Services professional with over 15 years' experience. Areas of expertise include planning, program management, process improvement, resource management, and client relations. Caring, compassionate with strong organizational, analytical, problem solving, communications and relationship management skills.

WORK EXPERIENCE

Homeless Outreach Intervention Specialist

ROCKINGHAM COMMUNITY ACTION - 2012 to Present

Provide outreach, intervention and assistance to prevent incidents of homelessness within Rockingham County averaging 12-20 cases a month.

- Establish relationships necessary to link the unsheltered homeless to temporary or transitional housing.
- Coordinate with 37 different town welfare directors and / or administrators.
- Identify clients who are unsheltered through referrals from local communities, homeless service providers, agencies and direct contact.
- Respond to referrals and requests for assistance from local agencies, 2-1-1, churches, individuals in a timely manner.
- Establish collaborative working relationships with members of the local homeless services system, municipal welfare and human services agencies.
- Coordinate with homeless shelters to include New Horizons, Crossroads, Seacoast Family Promise, Nashua Soup Kitchen, Western Family Promise and all public shelters in the state.
- Collaborate with outside agencies to include Seacoast Mental Health, St Vincent de Paul Community Assistance Center, Salvation Army, Center for Life Management, all agencies in Rockingham Community Action-Fuel Assistance, WIC, and Headstart.
- Secure appropriate placement and provide access to other supportive services for the unsheltered homeless clients.
- Assess the immediacy of need and type of appropriate intervention specific to the homeless considering their physical and mental/emotional condition. Other factors include: substance abuse, available resources, client's willingness to accept help, and weather conditions.

Family Services Coordinator

WIC - Exeter, NH - 1992 to 2012

Provided case management to an average of 10-20 families a month in need of resources and referrals in Rockingham County.

- Provided crisis intervention to families during home visits when necessary.
- Made reports to DCYF in cases of child abuse and neglect.
- Provided guidance, informal counseling and support services to families such as applying for NH Healthy Kids Gold Insurance.
- Coordinated with outside agencies to include Headstart, Seacare Health Services, Families First, Upper Room, Child Care Services, and Town Welfare Directors.
- Updated and distributed information on community resources available to participants.
- Updated staff on current resources.
- Started a well-attended support group for WIC mothers in the Salem area.

- Arranged for childcare and had speakers on various topics on a monthly basis.
- Organized a highly effective workshop on Housing presented by Legal Assistance.
- Worked closely with local community neighborhoods that provided gifts and financial help to WIC families at the holidays.
- Created a Family Resource Booklet designed specifically for WIC families covering all resources in Rockingham County
- Attended local and regional conferences throughout the state.

Outreach Caseworker for Troubled Youth

THE KEY PROGRAM - Dover, NH - 1990 to 1991

Personnel Coordinator

MANPOWER TEMPORARY SERVICES - Boston, MA - 1985 to 1987

EDUCATION

Bachelor of Arts in Political Science

University of New Hampshire - Durham, NH

1984

KATHRYN E. RUVOLO

EDUCATION

Ellis Medicine/Bellevue Woman's Hospital Obstetric Fellowship Niskayuna, NY, expected graduation date: July 2021

- Primary surgeon for cesarean sections, operative deliveries and vaginal deliveries
- Labor management
- Resident and medical student supervision and teaching
- Work as attending physician in outpatient office seeing patients and precepting residents

Ellis Family Medicine Residency Program Schenectady, NY, June 2020

**Chief Resident (April 2019-May 2020)*

New York Institute of Technology College of Osteopathic Medicine (NYITCOM) Old Westbury, NY Doctor of Osteopathic Medicine*, May 2017 Master of Science in Neuromusculoskeletal Sciences, May 2017

**Academic Medicine Scholars Program:*

- Selected to participate in a year-long scholarship program which prepares students for a career in academic medicine through research, teaching, and clinical activities (culminates in a Master of Science in Neuromusculoskeletal Sciences in conjunction with a Doctor of Osteopathic Medicine)

Siena College Loudonville, NY

Bachelor of Science, Biology, GPA 4.0, May 2012

LICENSURE/CERTIFICATION

New York State Medical License

DEA License

American Board of Family Medicine (ABFM) Board Certified

American Osteopathic Board of Family Medicine (AOBFM) Board Certified

Medication Assisted Treatment Waiver

Completion of Clinical Training Program for Nexplanon

BLS / ACLS / ALSO

New York State Certified Crisis Counselor

PRIVILEGES HELD

Ellis Hospital

EMPLOYMENT

Ellis Medicine Schenectady, NY

Per Diem Hospitalist, September 2020 - present

- Admissions and management for inpatient care
-

HONORS

The Phillip Parillo Award, 2020

Academic Excellence Award in Pre-clinical Years, 2017

Nominee, 'Student DO of the Year', 2016

Psi Sigma Alpha, National Osteopathic Scholastic Honor Society, 2014

Sigma Sigma Phi, National Honorary Osteopathic Service Fraternity, 2014

Siena College Academic Excellence Award, 2012

PROFESSIONAL DEVELOPMENT

New York Institute of Technology College of Osteopathic Medicine Old Westbury, NY

Participant - Student American Academy of Osteopathic Medicine (SAAO) Preceptorship Summer 2013

RESEARCH EXPERIENCE

Evaluation of Interconception Spacing in an Underserved Urban Community and the Impact of Contraception Counseling, Schenectady, NY

P. acnes and Parkinson's Disease Old Westbury, NY

Research Assistant (to Joerg R. Leheste, Ph.D) February - December 2015

Plant Heat Stress Research Loudonville, NY

Laboratory / Research Assistant (to Kenneth Helm, Ph.D.) Fall 2009 - Spring 2012

Advance Science Research Program North Bellmore, NY

2004 - 2008

- Studied correlation between job satisfaction and patient advocacy among nurses

North Shore University Hospital: Research Internship Program Manhasset, NY
Academic Associate Summers 2006 and 2007

TUTORING EXPERIENCE

Select Tutors Long Island, NY

Tutor (Math / Science) May 2012 – June 2017

Tutoring Service North Bellmore, NY

Tutor 2005 - 2013

- Tutor students from K-12 in math and science through self-developed lesson plans; adapt to diverse learning styles
- Established and operated as sole provider

Stena College Tutoring Center Loudonville, NY

Tutor Fall 2008 - Spring 2012

- Assisted students (in groups and individually) with course material and study methods

TEACHING EXPERIENCE

New York Institute of Technology College of Osteopathic Medicine Old Westbury, NY

Academic Medicine Scholars Program 2015

- Assisted teaching Osteopathic Manipulative Medicine (OMM) lab and workshop, Doctor Patient Relations Laboratory, and Anatomy Lab to 1st and 2nd year medical students
- Organized and presented Class of 2018 Cardiovascular Lecture:
"Osteopathic Manipulative Medicine: Review of Osteopathic Treatment Techniques and Diagnosis"
- Organized and presented Class of 2017 Endocrine System Lecture:
"OMM Classroom Session: Osteopathic Approach to Endocrine Disorders"

PUBLICATIONS

Hitscherich K., Smith K., Cuoco JA., Ruvolo KE., et al.

"The Glymphatic-Lymphatic Continuum: Opportunities for Osteopathic Manipulative Medicine"

JAOA. 116:170 - 177. March 2016

PRESENTATIONS

Leheste J., Ruvolo K., Caughey M., Goldfinger, M., Torres G. "Point of entry: a first step towards bacterial Parkinsonism." October 2015 which was presented at the Society of Neuroscience Conference

NYIT COM Summer Seminar Presentation: Neuroprotective Effects of T3, 2015

NYIT COM Research Symposium: "Point of Entry: a First Step towards Bacterial Parkinson's Disease", 2015

OMM Lab Presentations:

- Class of 2018: Nervous System Lab Four-Lumbar diagnosis, MFR, HVLA; Sacrum and Pelvic FFR
- Class of 2018: Genitourinary System Lab Four-Cervical Review of MET, CS, and HVLA
- Class of 2019: Foundations of Osteopathic Medicine Lab Seven: Osteopathic Evaluation of the Wrist & Hand and 10-Step OSE Integration/+ Thoracic and Lumbar Diagnosis Practice

Anatomy Prosecution Presentations:

- Pharynx and Larynx
- Nasal and Oral Cavities
- Brachial Plexus and Upper Arm
- Lower Limb: Gluteal and Thigh

PROFESSIONAL ORGANIZATIONS

American Academy of Family Physicians (AAFP)

VOLUNTEER EXPERIENCE

Migrant Clinic, September/October 2017-2019

City Mission and Bethesda House, July 2017-September 2019

Heart Screen New York, October 2013

OMM Mock Practical Exam Instructor, September 2013 & 2015

INTERESTS

Horseback Riding, Hiking, Camping, Kayaking, Gardening

Angela Fensore, RN

Career Objective

Became an RN in 2008 through a hospital based program. Worked in the ER for 9 years and traveled the country working in 6 different states and 15 Emergency Rooms. Currently work as a triage nurse for small family practice. I enjoy what I do, and would like to go back to school to further my education.

Skills

BLS certified. Have used Epic, Meditech, Nextgen, Sunrise, and Cerner computer systems. I can triage over the phone or in person. Knowledgeable in splinting and basic wound care. Comfortable in re-filling prescriptions, processing referrals, and booking appointments.

Education

Graduated from Bridgeport Hospital School of Nursing, Bridgeport, CT in 2008
Attended Quinnipiac University from 2003-2004
Attended University of South Florida from 2004-2006

Employment

Bridgeport Hospital, Bridgeport, CT 2008-2011
RN Network Travel Nurse Agency, Boca Raton, FL 2011-2016
Colonial Poplin Rehab and Assisted Living, Fremont, NH 2015-2017
Hampstead Nursing Services, Hampstead, NH 2015-2017
Core Physicians April 2018 to present

I feel I have really found a good home in the office setting. My co-workers would say I am positive, punctual, and persistent. I have gained such a well-rounded experience in healthcare, and I would like to continue serving my community healthcare needs.

Annalise Poirier

EDUCATION

Southern New Hampshire University
M.S. in Psychology
Concentration in Child and Adolescent Development
Manchester, NH
May 2023

University of Arizona, College of Psychology
B.A. in Psychology
Minor in Nutritional Sciences
Tucson, Arizona
May 2021

PROFESSIONAL EXPERIENCE

ABA Centers of America
Registered Behavior Technician
Portsmouth, NH
June 2022-October 2022

- Implemented scientifically based techniques in accordance with the Behavior Intervention Plan (BIP) including Discrete Trial Training (DTT), Natural Environment Teaching (NET), and Reinforcement.
- Observed and recorded client behavior and responses to individualized BIP through various data collection tools.
- Maintained SOAP notes on every client and submitted all forms in a timely manner.
- Collaborated closely with Board Certified Behavior Analyst regarding client's targeted behaviors, goals, necessary changes, and supervision hours.
- Upheld confidentiality and ethical guidelines when discussing matters with parents, supervisors, Board Certified Behavior Analysts, teachers, and other members of the client's team.
- Conducted client sessions with warmth, sensitivity to cultural needs, and professionalism.

Centre Elementary School
Substitute Teacher
Hampton, NH
December 2021-June 2022

- Successfully carried out lesson plans left by the classroom teacher in K-2 classrooms.
- Carefully followed all school rules and procedures, and efficiently adapted to any changes throughout the day.
- Strived to provide a sense of normalcy in the classroom for students by connecting one-on-one with each student.
- Provided assistance to students on completion of assignments in the areas of mathematics, science, arts, reading, and writing.
- Maintained professionalism when interacting with students, parents, teachers, and other members of the school team.
- Recorded detailed notes on student behaviors throughout the day to aid in helping the lead teacher.

Vista College Preparatory
Teacher
Phoenix, AZ
July 2021-November 2021

- Lead teacher in a second-grade classroom of 30 students.
- Effectively and creatively arranged curriculum plans to best serve the mass of students, as well as tailored plans to consider the needs of individual students.
- Diligently maintained records of student behaviors, successes, challenges, and issues that may need further assistance (ADHD screening, language specialists, and reading services).
- Prioritized a classroom built on creating supportive relationships, student collaboration, individual work, group work, and weekly check-in meetings.
- Upheld professionalism with colleagues, parents, and other staff in the school.
- Successfully led standardized testing with 100% of students scoring to show improvements in areas that posed as challenges.

SKILLS: Proficient in Microsoft Software, Active Listening, CPR and First Aid, Effective Communication.

Danielle Vickers-Tjalsma, CYA International

Communications & Development Professional

Influential and resourceful communications leader offering 25+ years of experience and proven success in telling 'The Story' to engage stakeholders in both corporate and non-profit environments. A strong understanding of messaging strategy, targeted marketing, relevant content, change management, and narrative development within an organization. Able to recognize, define, and solve problems to move projects forward effectively and economically. Counsel top management and marketing teams on effective communication strategies during times of crisis and calm using experience, intuition, and heart. Continuous improvement mindset in all ventures. **Proven success in:**

- Writing compelling content – Story Telling
- Creative Direction (print/video/web/digital)
- Developing attainable Marketing Plans
- Project Management across functional areas
- Team Building & Leadership
- Creating and maintaining vendor/partner relationships
- Strengthening stakeholder relationships
- Converting complex data into powerful messaging
- Reaching Fundraising Goals
- Change Marketing and Content Marketing
- Championing the true power of communications
- Strengthening donor relationships

Professional Highlights

CYA INTERNATIONAL (CYA)

2007 - Present

Marketing and Communications Company (Boston)

OWNER, MARKETING AND COMMUNICATIONS CONSULTANT

The launch of CYA International was fueled by my passion and desire for the ultimate customer, partner, and employee experience. I am skilled at listening intently to members of a team to quickly understand their immediate and long-range goals. We understand our clients have unique marketing and communications challenges and apply our experience, expertise, and best practices to create feasible, workable customized solutions to those challenges, and exceed KPI's. We have worked with multi-million-dollar corporations, associations, nonprofits, and sole proprietorships. Creative and content manager for new websites below.

PARTNERS IN CHILD DEVELOPMENT – CYA Contract (www.mypcd.org)

August 2022 – July 2024

THE KINDNESS COLLABORATIVE – CYA Contract (www.kindnesscollab.org)

January 2023 - present

NEIGHBORS IN NEED WEBSITE – CYA Contract (www.needfood.org)

May 2023 – August 2024

VIDEO PRODUCTION PORTFOLIO: <https://vimeo.com/showcase/10618780>

LAZARUS HOUSE MINISTRIES - CYA Contract

November 2018 – July 2022

Non-profit in Lawrence MA serving people struggling with poverty, food insecurity, homelessness (www.LazarusHouse.org)

Reported to: Executive Director

DIRECTOR OF COMMUNICATIONS

Hired to transform the role from a graphics focus to one of strategic impact on the whole Ministry by asking why at every turn and to bring an organizational health perspective to the Ministry. Responsible for all internal and external messaging (media, PR, donor newsletters, staff communication, email marketing, videos, storytelling, social media) and communicating the fulfilling experience LHM is for donors, partners, and volunteers. Rebranded and conducted Ministry-wide collateral and signage audit, centralizing for design and efficiency. Introduced video storytelling and photojournalism resulting in engaging new donor demographic groups.

Key Contributions:

- Designed, launched, and monitored user-friendly website serving all stakeholders for increased use and navigation.
- Identified, interviewed, and created compelling Guest video stories for fundraising events - increased event donations.
- Lead internal role in developing and writing 3-year strategic plan, organizational health goals, and redefined MVV.
- Created and Launched COVID-19 email campaign pivotal to over 1M\$ incremental donations and expanded donor base.
- Lead role in initiating and advancing DEIB efforts resulting in marked internal positive changes and raised awareness.
- Social media (SM): Evaluated SM platforms to increase engagement, volunteers, and donor revenue. Increased email read rate from 16% to 54% from 10K+ recipients (industry average: 33%), organically increased FB followers by 181% and IG followers by 130%.

VISION NEW ENGLAND – CYA Contract

September 2014- May 2016

An association network of faith organizations in New England (www.goconf.org)

PROJECT MANAGER – GO CONFERENCE

Tasked with relaunching the decade-old CONGRESS Convention from the ground up. Gathered a team of geographically and denominationally diverse leaders to reach our goal of launching the GO CONFERENCE in May 2016.

Lead the team to produce the event, secure nationally renowned speakers and Christian worship band, search out and book the venue, create logo and design style guidelines, develop the website, guide the prayer team, market and promote the event, organize the workshops, plan the vendor expo, coordinate over 80 volunteers for the event, organize hospitality and digital registration, and manage the budget.

Key Contribution: Successfully navigated the challenges and complexities of a volunteer leadership team resulting in over 800 people attending this inaugural event that set the stage for a growing event to inspire, equip and unite the body of Christ in New England. Imagined and created website collaboratively with marketing team and website designer.

IDEAS EXPRESS MARKETING (IEM)

1997 - 2007

B2B Sales and Marketing Agency (Toronto)

OWNER, SALESPERSON & PROMOTIONAL MARKETING ADVISOR

Sales Representation Agency in the promotional products Industry with a focus on creative marketing strategies to penetrate current customer base, reach new customers and strengthen customer loyalty. Created innovative, credible, accurate and memorable marketing events and strategies to raise awareness of product lines and exceed sales targets by providing solutions using promotional products. Developed proprietary idea generation service now widely used in the industry. Created and managed effective and award-winning "Sneak-Peek" product launch event for our suppliers and customers. Won 10+ PPAC awards for educational golf tournaments, collaborative marketing programs and customer education events.

CORPORATE EXPRESS (formerly Carlson Marketing)

1996 - 1997

Promotional Product Supplier (Toronto)

ACCOUNT MANAGER, MCDONALD'S CANADA

Managed McDonald's Canada account creating promotional marketing catalog, providing internal and event promotional products, and successfully integrated Carlson Marketing into McDonald's "think tank" marketing meetings resulting in more effective and 25% increase use of promotional products.

Education

Bachelor of Commerce (Marketing, IT, Organizational Health) 1986

McGill University, Montreal Quebec

Taught Organizational Behavior at McGill University 1985/1986

Volunteer Service

Board of Elders, Chair, Free Christian Church (Andover MA)

May 2011 – May 2014 and May 2018 – May 2021

Waitress/Server, Cor Unum Meal Center (Lawrence MA)

January 2014 – December 2019

PERSONALITY ASSESSMENTS:

Myers-Briggs (INFJ), StrengthsFinder 2.0 (connectedness, strategic, relator, responsibility, positivity)

SOFTWARE:

Microsoft Suite, Proofhub, Canva, Constant Contact, NXT Email

Kent Howard, MBA

SUMMARY

Over 15 years of financial analysis and senior accountant experience in the contract consulting, bio-tech research, and communications industries. Detail-oriented and results-driven Senior Accountant with vast experience in financial management and accounting operations. Expertise in supporting comprehensive financial reporting, budgeting, and analysis initiatives. Adept at implementing and optimizing internal controls to ensure accuracy and compliance with regulatory standards. Highly regarded problem solver with a distinguished track record of implementing effective accounting system solutions, maintaining dashboards, key reports, internal/external SOX controls and special projects.

SKILLS

- | | |
|---|--|
| <ul style="list-style-type: none"> • GL Account and Variance Analysis • Balance Sheet Monthly Reconciliations • Month-End Close & Journal entries • ASC 606 Contract Reviews • Revenue Recognition per GAAP & FASB • Project Systems Quarterly Internal Controls • Interim & Year End Audit Doc Requests • ERP Systems Expert User – SAP and Oracle | <ul style="list-style-type: none"> • Corporate Tax Research & State Filings • Excel (Pivots, BPC, EPM, VLOOKUPS) • Advanced Word, Access, PowerPoint • Unbilled AR Analysis and Accruals • Deferred Revenue Analysis and Accruals • Customer Expense, Billing & Deposits Tracking and Journal Entry Accruals • Performed SOX revenue controls |
|---|--|

PROFESSIONAL EXPERIENCE

ROBERT HALF CONTRACT PROFESSIONALS

March 2022 to present

Senior Consultant working remotely as a Financial Analyst with the following firms:

- Philadelphia, PA, Hill International – Lease reviews, Journal Entries, Blackline & Deltek
- Hartford, CT, LAZ Parking - Audit Classification and Master Spreadsheet Creation Project
- Boston, MA, GCP – SAP EPM Solutions wBPC data modeling errors correction project

CHARLES RIVER LABS

April 2018 – November 2021

CRL is the world's largest contract bio-tech research firm with 100 sites in 30 countries. CRL worked on all 4 covid-19 vaccines and >80% of FDA approved new drugs in 2020. Worked remotely from home.

Financial/Revenue Analyst - Revenue Center of Excellence

- Awarded "OWN" award and bonus for saving CRL \$900,000 by recommending compliance with 'timely payments clause' in a major customer's rebate agreement. Researched/documented slow payments history cutting their prior year rebate from \$1.8M to what they deserved for only payments made per contract.
- Responsible for month, quarter and year-end journal entries and account reconciliations using Blackline.
- Produced two SOX quarterly internal controls for Discovery/Safety and Biologics projects world-wide
- Coordinated interim and year-end audit documentation requests with all project/study sites in 10+ countries
- Analyzed unbilled AR and deferred revenue GL accounts and prepared related journal entries at month-end
- Reviewed contracts for GAAP, FASB and ASC606 compliance to identify revenue recognition issues
- Performed Qtr over Qtr and Qtr to Year-End variance analyses for notes to 10Qs and financial statements.
- Performed complex Excel data analyses to uncover SAP report variances to GL per BPC using EPM add in
- Tracked contracts, amendments, deposits and invoicing of rents and expenses to customers of the Cambridge MA and South San Francisco CRADL (Charles River Accelerated Development Lab) facilities.
- Performed the quarter-end OTC22 & OTC89 internal controls that, in turn, supported the interim and year-end external audits.

CONSOLIDATED COMMUNICATIONS

April 2008 -March 2018

Consolidated Communications operates advanced communications including local and long-distance voice, data, internet, broadband and secure data centers located in Maine, New Hampshire and Vermont.

Senior Accountant – Finance Process Improvement

- Blackline System Administrator for 64 license Oracle ERP GL from 2011 to 2017. Handled initial GL account naming and numbering system setup and all aspects of the daily maintenance and updating. Implemented the Blackline GL account reconciliation, task and variance modules.
- Worked closely with Capgemini and Accenture Consultants and the In-house IT team to test and implement Oracle related system upgrades, fix programming errors and automate procedures.
- Six years Access database and weekly payroll dashboard updating for Senior Management.
- Co-developed a new methodology for updating capitalized labor rates using Discoverer and Oracle.
- Team leader for problem resolution when payroll processing moved from Verizon to FairPoint in early 2009. Assisted with Oracle payroll system process improvements. Supervised the complete documentation of all payroll department personnel standard operating procedures.
- Assigned to corporate income tax department in 2012 - was soon **Awarded a bonus after fifteen months for filing amended NY prior year corp returns bringing back over \$100K in overpayments.** Assumed 1099 reporting responsibilities. Documented aggressive PA corporate tax collections history for lawsuit.
- Documented SOP policies and procedures within the F&A departments used for new hire training.
- Exceeded all expectations by collecting \$1M of \$6M of 6-year-old AR in 2015!

EDUCATION

Master’s in Business Administration, Southern NH University	Cum GPA 3.924
Bachelor of Arts in Psychology, Trinity College	Cum GPA 3.12
Associate in Science in Accounting, McIntosh College	Cum GPA 3.66

ADDITIONAL INFORMATION

Software & Accounting Skills wYears of Experience: SAP –3.5 Yrs, BPC – 2.5 Yrs, MS-Office (Excel, Word, Outlook, Access & PowerPoint) –15 Yrs, Oracle –10 Yrs, Brio -1 Yr, Discoverer -6Yrs, Business Objects -3.5Yrs, Blackline -9.5 Yrs, Yardi -1 Yr, Quickbooks -1Yr, GAAP -15Yrs, Month-End Close Process -3.5Yrs, Data Analysis -15Yrs, Enterprise Resource Planning-ERP -15Yrs, Attention to Detail – 15Yrs, Ad Hoc Reporting – 15Yrs, Experienced Trainer of Oracle, Blackline and SAP system users 14Yrs, Ad-hoc Testing -14Yrs, Confidentiality -15Yrs, Variance Analysis – 15Yrs, Revenue Recognition per ASC606 –3.5Yrs, Lease Reviews per ASC842 – 1Yr, Effective Communication -15Yrs, GL Account Reconciliations – 3.5Yrs, Prepare Financial Reports -14Yrs, Adept at Meeting Deadlines – 15Yrs, Superior Analytical and Problem Solving – 15Yrs, Interim and Year-end audit tasks – 3.5Yrs, Ability to work independently -15Yrs, Creating/Posting Journal Entries – 3.5Yrs, Driver of Internal Controls -3.5Yrs, Pivot Tables – 14Yrs, Concatenate – 10Yrs, VLOOKUP – 14 Yrs, SumIf Formulas – 2.5Yrs, Develop and Implement Databases – 14Yrs, Data Mining – 14Yrs, Locate and Define New Process Improvement Opportunities – 14Yrs, Solid Communication and Interpersonal Skills -15Yrs, Detail-oriented, analytical, and accurate -15Yrs,

Military service: Branch: United States Army: 7th Corp Europe - Rank: Specialist - E-5

Sarah C. Marino

EDUCATION

1998-2002 BS, Family Studies, minor: Psychology and Sociology, University of New Hampshire, Durham, NH

EMPLOYMENT

4/2006-Present Home Visitor, Strafford County Early Head Start, Rochester, NH

- Provide comprehensive outreach services to families, prenatal women and children ages zero to three in the areas of health, nutrition, social services, and education.
- Manage a caseload of 10 children, engage child and parent in a weekly home visit and assist with coordinating services in the classroom.
- Help families to identify goals, provide referrals to social services and advocate for services.
- Plan and facilitate an informative parent meeting on a weekly basis in order to provide participants with socialization and educational opportunities.
- Participate in recruitment efforts; provide prospective applicants with a detailed program overview, process applications and income verification with applying families.

12/2007-Present Support Center Program Assistant, Families First Health and Support Center, Portsmouth, NH

- Model safe, healthy, and positive interactions for families participating in program activities.
- Implement high quality childcare services to children and families during the evening parent and family programming.
- Assist center staff as needed and provide direction and leadership to volunteers.

9/2004-4/2006 Child and Family Outreach Specialist, Seacoast Mental Health Center, Exeter, NH

- Implemented mental illness management services for children and their families in the home, school and community setting with a caseload of up to fifteen clients.
- Provided case management services to clients and their families, assisted with referrals and advocated for services to meet client needs.
- Designed individual treatment plans cooperatively with each client and facilitated achievable goal setting, explored methods for accomplishing goals with the client in the home, school and community.
- Documentation responsibilities included treatment plans, quarterly reviews, contact notes, crisis plans and interventions, and state

eligibilities to assess impairments and ensure compliant Medicaid billing for the child and family program.

8/2002- 7/2004 Pre-K Teacher, Bright Horizons Family Solutions, Glastonbury, CT

- Developed and implemented emergent curriculum.
- Conducted assessments of children and held parent/teacher conferences, documentation responsibilities include daily notes, progress reports, and curriculum outlines.
- Cultivated a knowledge and skill base for students to enter kindergarten.
- NAEYC accredited program.

9/1998-5/2002 Teacher Aide, Growing Places, Durham, NH

- Taught and facilitated activities with children.
- Assisted head teacher with maintaining a consistent and safe classroom environment.
- Fulfilled all duties as head teacher in their absence.
- Provided flexible care for children ranging from infants to kindergarten as needed.

OTHER RELATED QUALIFICATIONS

Infant, Child and Adult CPR Certification

First Aid

Parents As Teachers Home Visiting Curriculum

Creative Curriculum

CPI Crisis Prevention Institute

American Red Cross, Certified Smoke Cessation Counselor

COMPUTER SKILLS:

MS Word/Works, MS Office, Netscape, Internet Explorer, Lotus Notes, Microsoft Exchange, Windows, Mac OS, Microsoft Excel

REFERENCES

References and letters of recommendation are available upon request.

Wendy J. McGonigle

MSW with 10+ years of experience working with children and families in hospital, home and school-based programs providing guidance to those in need. Experienced in providing parent education and counseling, information and coordination of community resources and supporting individualized service needs for children and families including referrals to mental health, disabilities, nutrition and health.

Work Experience: **Family Worker, Southern New Hampshire Services Head Start Program, November 2014 - June 2019**

Liaison between the home and classroom providing parent education and ensuring access to needed resources and services for families of pre-school age children. Supervised BSW intern September 2018-May 2019

Home Visitor, Greater Derry Family Outreach Program, November 2009 - November 2014
The Upper Room Family Resource Center, Derry, New Hampshire

Provide in-home parent education and counseling.

Scope of services include: short-term family support, education and counseling; groups and workshops; referrals and resource coordination.

Comprehensive Therapist, August 1997 - February 2000
Anna Jaques Child Psychiatry Program, Amesbury Massachusetts

Certified Therapeutic Recreation Specialist, August 1989 - September 1993
Jewish Memorial Hospital, Roxbury Massachusetts

Education: **Master of Social Work**
Simmons College, Boston Massachusetts, 1997

Bachelor of Arts,
Leisure Management and Tourism/Therapeutic Recreation
University of New Hampshire, Durham New Hampshire 1989

Amy R Hull

and Recreation Department – Town of Amherst, NH

Program Coordinator

January 2023 – Present

- Manage marketing, registration, hiring, uniform distribution and all other daily and seasonal operations of youth sports for an average of 1,000 youth athletes annually
- Recruit, train, and manage an average of 150 youth sports volunteers annually for soccer, basketball, baseball and softball seasons
- Conduct cost estimation based on participant fees to create and manage program budgets for sports leagues, summer camps, excursions, and contracted programs
- Facilitate partnerships with school districts, municipal departments, and businesses to expand offerings
- Revitalized Counselor-in-Training program to create a better pipeline for future summer camp staff
- Interview, train, and manage 40 seasonal employees each summer

Peabody Mill Environmental Center (PMEC), Amherst Parks and Recreation Department, NH

Program Coordinator

July 2017 - November 2022

- Managed all aspects of the daily operations of PMEC programs, including Outdoor Discovery Camps, School Science Programs, Homeschool Science Programs, Afterschool Programs, Outdoor Vacation Camps and Environmental and Outdoor Education for both children and adults
- Oversaw all aspects of planning for each session including marketing, budgeting, scheduling, and staff management
- Managed over 20 counselors and CITs to support camper engagement
- Assisted Recreation Director with hiring, training and supervision of employees and volunteer
- Created a safe and supportive environment for children to explore new activities
- Planned and taught over 15 courses of Safe Sitter Babysitting training including First Aid and CPR

Opportunity Networks, Amherst, NH

Health and Wellness Coordinator

October 2015 - April 2017

- Developed, conducted, and incorporated all physical activities scheduled for clients
- Facilitated and managed group Health and Wellness activities in the community overseeing clients and support staff in a group setting
- Collaborated with support staff on documenting client health and wellness goals based on clients' monthly progress
- Created new campaigns to encourage clients to develop skill sets necessary for overall health and wellness

Amherst Recreation Department, Amherst, NH

Independent Contractor

June 2014 - July 2017

- Conceptualized and facilitated the program Couch to 5K
- Established and coordinated the program Trail Running 101
- Developed the program Amherst RoadRunners

EDUCATION

Mount Ida College, Newton, MA

Associates Degree, Human Services

CERTIFICATIONS

- Red Cross First Aid and CPR Certification
- USA Track & Field Certified Coach
- Road Runners Club of America Coaching Training Clinic
- Training for Girls On the Run Coaching Program
- Girl Scouts Leadership Training Program
- Vocational Rehabilitation Program Models
- Safe Sitter Instructor Certification

SKILLS

- Microsoft Office, Google Docs, Teams, MyRec Software
- Management and Supervision
- Written and Verbal Communication

Thayna Miquelino

Professional Summary

Skilled Sales Leader/Manager with 3 years of experience in retail management, driving sales and leadership initiatives. Proficient in sales management, organizational skills, and leadership. Currently pursuing a Bachelor's degree in Nutrition. Bilingual, I do speak portuguese and english.

Work Experience

Sales Leader/Manager

Express-Manchester, NH
February 2021 to Present

Education

Bachelor's degree in Nutrition

Husson University - Remote
October 2024 to Present

Bachelor's degree in Nutrition

UNH - Durham, NH
August 2022 to July 2023

Skills

- Retail Management
- Leadership
- Sales Management
- Sales
- Organizational skills

Family Planning SFY 26

NH Department of Health and Human Services

KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.

Job descriptions not required for vacant positions.

Contractor Name:

Lamprey Health Care, Inc.

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Owen, Querida	Care Coordinator	\$28,298.00	\$ 62,837.00
Raya, Natalia	Interpreter	\$31,624.00	\$ 56,222.00
Scargil, Elizabeth	Nurse	\$26,238.00	\$ 85,883.00
Craig, Madeline	CHW	\$11,960.00	\$ 50,024.00
Mendoza, Cynthia	Medical Assistant	\$10,400.00	\$ 46,032.00
Lopez, Rossy	Practice Manager	\$10,641.00	\$ 89,002.00
Deifik, David	Physician	\$13,704.00	\$137,042.00
Thompson, Janna	ARNP	\$31,939.00	\$108,592.00
Gagnon, Tracie	Medical Information Assistant	\$9,548.00	\$ 38,675.00
Landry, Digna	Financial Assistance Coordinator	\$3,634.00	\$ 54,371.00
Taveras, Jarenis	Patient Service Rep	\$5,015.00	\$ 48,693.00
Tekelenberg, Saira	Provider	\$38,124.00	\$221,117.00
Tudisco, Sarah	FP Coordinator/Nurse	\$27,333.00	\$ 73,401.00
Gigliotti, Sue	CHW	\$10,282.00	\$ 53,498.00
Ruvolo, Kathryn	Provider	\$18,384.00	\$237,500.00
Fensore, Angela	Nurse	\$14,851.00	\$ 63,492.00
Poirier, Annlise	CHW	\$9,776.00	\$ 52,374.00
Vickers-Tjalsma, Danielle	Marketing Director	\$1,096.00	\$100,000.00
Howard, Kent	Grant Accountant	\$2,710.00	\$ 53,310.00

TANF SFY 26

NH Department of Health and Human Services

KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.

Job descriptions not required for vacant positions.

Contractor Name: Lamprey Health Care, Inc.

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Raya, Natalia	Translator	\$8,225.00	\$56,222
Marino, Sarah	Care Coordinator	\$5,603.00	\$45,895
McGonigle, Wendy	Care Coordinator	\$5,603.00	\$60,694
Owen, Querida	Care Coordinator	\$5,604.00	\$62,837
Poirier, Annalise	CHW	\$10,171.00	\$52,374
Hull, Amy	CHW	\$8,656.00	\$50,024
Miquelino, Thayna	CHW	\$8,656.00	\$42,640
Tudisco, Sarah	FP Coordinator/RN	\$14,502.00	\$73,401
Scargill, Elizabeth	FP/Teen Clinic RN	\$14,502.00	\$85,883

Family Planning SFY 27

NH Department of Health and Human Services

KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.

Job descriptions not required for vacant positions.

Contractor Name: Lamprey Health Care, Inc.

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Owen, Querida	Care Coordinator	\$28,298	\$65,376
Raya, Natalia	Interpreter	\$31,624	\$58,493
Scargil, Elizabeth	Nurse	\$26,238	\$89,353
Craig, Madeline	CHW	\$11,960	\$52,044
Mendoza, Cynthia	Medical Assistant	\$10,400	\$47,892
Lopez, Rossy	Practice Manager	\$10,641	\$92,598
Deifik, David	Physician	\$13,704	\$142,579
Thompson, Janna	ARNP	\$31,939	\$112,979
Gagnon, Tracie	Medical Information Assistant	\$9,548	\$40,238
Landry, Digna	Financial Assistance Coordinator	\$3,634	\$56,567
Taveras, Jarenis	Patient Service Rep	\$5,015	\$50,660
Tekelenberg, Saira	Provider	\$38,124	\$230,050
Tudisco, Sarah	FP Coordinator/Nurse	\$27,333	\$76,366
Gigliotti, Sue	CHW	\$10,282	\$55,659
Ruvolo, Kathryn	Provider	\$18,384	\$247,095
Fensore, Angela	Nurse	\$14,851	\$66,057
Poirier, Annlise	CHW	\$9,776	\$54,489
Vickers-Tjalsma, Danielle	Marketing Director	\$1,096	\$104,040
Howard, Kent	Grant Accountant	\$2,710	\$55,464

TANF SFY 27

NH Department of Health and Human Services

KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.

Job descriptions not required for vacant positions.

Contractor Name: Lamprey Health Care, Inc.

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Raya, Natalia	Translator	\$8,225.00	\$57,346.44
Marino, Sarah	Care Coordinator	\$5,603.00	\$46,812.90
McGonigle, Wendy	Care Coordinator	\$5,603.00	\$61,907.88
Owen, Querida	Care Coordinator	\$5,604.00	\$64,093.74
Poirier, Annalise	CHW	\$10,171.00	\$53,421.48
Hull, Amy	CHW	\$8,656.00	\$51,024.48
Miquelino, Thayna	CHW	\$8,656.00	\$43,492.80
Tudisco, Sarah	FP Coordinator/RN	\$14,502.00	\$74,869.02
Scargill, Elizabeth	FP/Teen Clinic RN	\$14,502.00	\$87,600.66